

**Fetal Alcohol Syndrome in the Canadian Press:
A Discourse Analysis**

by


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Abstract

The discourse analysis of newspaper articles about Fetal Alcohol Syndrome (FAS) published between 1977 to 1994 in six Canadian daily newspapers sheds light on how the phenomenon of Fetal Alcohol Syndrome was constructed in the press.

Within two decades of being identified, Fetal Alcohol Syndrome came to be seen as an epidemic, and as the totally preventable number one cause of mental disability in North America. The construction of Fetal Alcohol Syndrome in the print media was shaped by five key events which are described. Voices absent and present in the discourse, and an examination of the messages are examined. In addition three themes are explored: 1) The use of numbers in the Fetal Alcohol Syndrome discourse; 2) Fetal Alcohol Syndrome identified as an aboriginal problem; and 3) Fetal Alcohol Syndrome as a women-blaming issue.

Key words: Fetal Alcohol Syndrome (FAS), social phenomenon, discourse analysis, press analysis, social construction, women and health.

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THIS THESIS IS DEDICATED, WITH DEEP APPRECIATION,

TO MY PARENTS:

Maria and Karl Huber

To my father, who had to leave this world too early, and whose sense of humour, humanity, intelligence and demand for social justice will be with me always.

To my mother, whose love of life is an inspiration to all who have the privilege of knowing her, and whose dedication to her family is immeasurable.

CHAPTER ONE: INTRODUCTION

The way in which a story is told inevitably shapes a listener's response to it, summoning and ordering emotions so that they settle like a halo around the flame of a candle that is the truth as seen by the story-teller. (Oberman, 1992, p.505)

Much of what we, as a society, learn about the world concerning our social and political knowledge and beliefs is acquired through the many news reports we see and read daily (van Dijk, 1991). The press are in a powerful position, as they do not merely reflect or mirror events, objects, and categories pre-existing in the natural world, but actively construct a particular version of those things (Potter & Wetherell, 1987). Despite the news media's claim of reporting stories in an objective manner, all news items are written from a particular perspective, using words and phrases that construct a distinctive reality. Often, the perspective adopted by journalists mirrors that of their source, for example the scientific community. One phenomenon which has been constructed in the print media is Fetal Alcohol Syndrome.

Jones and Smith (1973a; 1973b) first identified and labelled Fetal Alcohol Syndrome over two decades ago, when they described a number of similar characteristics in a small group of young children who had been born to women labelled as severe alcoholics, and who were reported to have consumed large amounts of alcohol throughout their pregnancies. Subsequently, Fetal Alcohol Syndrome, a condition which is attributed solely to a mother's alcohol consumption during pregnancy, has been described as

consisting of a variation of facial anomalies; prenatal and/or postnatal growth retardation, and central nervous system involvement, including behavioural and learning problems (Hankin, 1994 ; McCreight, 1991; Remkes, 1993). Disabilities attributed to Fetal Alcohol Syndrome are considered permanent and irreversible, and Fetal Alcohol Syndrome is now being cited as the number one cause of mental disability and birth defects in North America (Abel & Sokol, 1987; Burgess & Streissguth, 1992; Streissguth et al., 1991). Fetal Alcohol Syndrome has therefore been constructed as a substantial health risk in North America.

Less than two decades after Fetal Alcohol Syndrome was formally identified, over 5000 academic articles have been published on the topic (Abel & Sokol, 1990). Fetal Alcohol Syndrome has received a large amount of attention not only in the clinical literature, but also in the popular media. As a component of the popular media, Canadian newspapers have participated in the construction of this phenomenon by publishing over 100 Fetal Alcohol Syndrome related articles during the past twenty years.

Statement of the Problem

Fetal Alcohol Syndrome is a real phenomenon, but how it became constructed as an epidemic bears closer scrutiny (Musto, 1996). The press have played a pivotal role in informing people about Fetal Alcohol Syndrome by participating in the construction of the current discourse. To most of us, the way Fetal Alcohol Syndrome has been presented in the media is accepted as actuality, especially if the information is repeatedly

substantiated by medical experts and scientific studies, and matches information we have previously received through the media or in conversation with others. Health care practitioners also use the media as a source of information, and one study has revealed that 33% of physicians used the mass media as a source of information about Fetal Alcohol Syndrome (Nanson, Bolaria, Snyder, Morse & Weiner, 1995). The discourse as it is constructed in the media will therefore have an impact on all who read it.

Much of the information about Fetal Alcohol Syndrome seems to be presented as scientific fact and appears to be provided with such certainty that few question its accuracy. What is currently lacking is an examination of how the print media have constructed the social phenomenon of Fetal Alcohol Syndrome: Whose voices have been reflected in the Fetal Alcohol Syndrome discourse, and what has their message been? Whose voices are not heard, and what messages are absent? What language are we using in the discourse, and what perceptions do the words which currently dominate the discourse create? My analysis will not be limited to the print media's discourse on pregnant women who drink, as it will also include an examination of how the media constructs the lives of children affected by Fetal Alcohol Syndrome. Are news stories depicting how horrifying and hopeless the lives of children affected by Fetal Alcohol Syndrome are, or does the discourse contain messages of hope, courage and success despite challenge?

It will be my goal to perform a discourse analysis in order to examine how the social phenomenon of Fetal Alcohol Syndrome has been constructed in the print media. This type of analysis is important because Fetal Alcohol Syndrome continues to get a large amount of attention in the academic literature and the popular media, where each new piece is informed by 'facts' echoed from previous sources, without questioning how the presence and absence of certain voices or messages has resulted in a particular version of reality that may be problematic. Despite efforts at public education, and a variety of programs aimed at 'the problem', incidence rates for Fetal Alcohol Syndrome have not decreased over the past decade, and may even have increased (Jo Nanson¹, personal communication, January 31, 1997). It is my belief that the present construction of Fetal Alcohol Syndrome contributes towards the barriers that exist in dealing effectively with this complex issue. Some of these barriers include the difficulty of moving away from stereotypes about women who misuse alcohol; making invisible the many uncertainties surrounding the issues of prevalence and etiology; the difficulties associated with diagnosis; the pros and cons of 'labelling' children with a condition such as Fetal Alcohol Syndrome; and society's ambivalence towards alcohol as a legal drug.

¹ Jo Nanson is the director of the Fetal Alcohol Syndrome Clinic of the Art Buckwold Child Development Program in Saskatoon, Saskatchewan.

Purpose and Objectives of the Study

The purpose of the study is to analyze the construction of Fetal Alcohol Syndrome in the press by performing a discourse analysis.

The objectives of the study are to examine how the Fetal Alcohol Syndrome discourse has been constructed in the press over the past two decades. These objectives will be achieved by:

1. Describing the type of information available to the public as found in seven daily Canadian newspapers over an eighteen year time span.
2. Identifying a number of key events that have been instrumental in bringing the phenomenon of Fetal Alcohol Syndrome to the forefront.
3. Identifying a number of key themes that are prevalent in the discourse.
4. Critically analyzing the discourse contributing to the construction of these key events and themes.

The Research Questions

My interest in doing this research involves asking the following question:

What are the characteristics of the Canadian press's construction of Fetal Alcohol Syndrome over the past two decades?

This includes an examination of the following sub-questions:

A. Between 1977 and 1994, how often and in what manner (i.e., article size, article location) has the topic of Fetal Alcohol Syndrome been addressed

in a number of key Canadian daily newspapers? This question will establish the context for the discourse analysis. The information I will gain in the content analysis will allow me to establish in what manner the topic has been absent or present in the print media since Fetal Alcohol Syndrome was formally identified in 1974.

B. What key events have been instrumental in bringing the issue of Fetal Alcohol Syndrome to the media's attention during the past eighteen years?

This question will identify and examine a number of key events which have participated in shaping the phenomenon of Fetal Alcohol Syndrome as it is constructed in the print media. An examination of key events will include using a set of criteria to identify the events, analyzing whose voice is present and absent in the discourse, examining the message of each key event, and analyzing the language used in the discourse (with a focus on emotive and dramatic words and phrases).

C. What key themes are evident in the discourse over the eighteen-year time span? This question will identify, describe and analyze a number of themes which are pivotal to the discourse over the eighteen-year time span.

The Conceptual Framework

The conceptual framework of the study centers on the construction of a social phenomenon, in this case Fetal Alcohol Syndrome, within the specific location of the press. Pivotal to this framework are the press's construction of

Fetal Alcohol Syndrome as a substantial health risk and the subsequent outcome of Fetal Alcohol Syndrome as a social phenomenon.

Furthermore, this framework includes the concepts of the media's construction of a particular reality, the textual construction of an audience and a journalist, and the notion of giving voice. All of these concepts will be examined in more detail in the literature review. In addition, an examination of the phenomenon of Fetal Alcohol Syndrome includes an exploration of the history of Fetal Alcohol Syndrome, the physiological, psychological and educational implications of being affected by Fetal Alcohol Syndrome, issues surrounding the diagnoses of Fetal Alcohol Syndrome, as well as an examination of the use of alcohol in our society, alcoholism, and society's view of women who drink alcohol.

The following are my personal values and beliefs. It is my hope that by clearly stating what my values and beliefs are, the reader will be able to determine through which lens I am dealing with the issues contained in this thesis.

- The press tend to deal with complex matters in simplistic terms.
- The news media tend to portray situations in a sensationalistic manner, focusing on the negative, and rarely telling success stories.
- Audiences, as well as journalists, function within a socially constructed reality that strongly frame their thinking.

- Language is not neutral but value-laden, and specific words are able to evoke particular images (e.g., the word tragedy in combination with Fetal Alcohol Syndrome for me conjures up gloom, despair and a 'sad ending').
- Alcohol addiction is a disease that is frequently compounded by multiple social factors of everyday living.
- In order to understand why women become addicted to substances like alcohol, we need to understand women's lives from their own perspective.
- Alcohol is a teratogenic drug and can adversely affect the development of the fetus at all stages during pregnancy.
- Mothers and fetuses are interconnected and have mutual, rather than conflicting, interests.
- The optimal way to protect fetuses is by fostering the conditions in society that enable women to make decisions in the best interests of themselves and their fetuses.
- The responsibility for creating a healthy and nurturing environment for a fetus belongs not only to the mother, but needs to be shared with the father, family, friends, and the community as a whole.
- Pregnant women want to do what is best for themselves as well as their fetuses and children, and if they are empowered by education and adequate emotional and financial support, they will be able to make healthy choices.

- Alcohol is an integral part of our social fabric, and society has very ambivalent feelings about its use and misuse.

- Drinking does not usually occur in isolation, and the drinking habits of friends and family members will strongly influence the drinking habits of women who are pregnant.

The above stated beliefs and values will facilitate my critical analysis and guide my examination of the discourse by either challenging or supporting these values.

CHAPTER TWO: LITERATURE REVIEW

The key concepts explored in this literature review are the construction of a social phenomenon (Fetal Alcohol Syndrome) by the media, alcohol use in Canadian society, and Fetal Alcohol Syndrome. The review is divided into three parts.

Part One: Components of Media Representations explores the construction of reality by the media within a social context and addresses issues which include news as discourse, the construction of journalists and of an audience, and the construction of a newsworthy issue. Part Two: Alcohol and Canadian Society includes an exploration of alcohol use in Canadian society, and society's view of women who drink. The final part, Part Three: Fetal Alcohol Syndrome includes an exploration of the history of Fetal Alcohol Syndrome; a description of the physiological, psychological and behavioural characteristics associated with Fetal Alcohol Syndrome; the terminology used to describe fetal alcohol related birth defects; the cause of Fetal Alcohol Syndrome; issues associated with estimating prevalence figures, and issues associated with the diagnosis of children affected by Fetal Alcohol Syndrome.

Part One: The Construction of Reality by the Media

There are a number of key concepts inherent to the construction of reality by the media². These concepts include:

1. All media products are constructions. This concept posits that media are more than mere reflections of reality. Media are carefully created constructions, produced to fulfill specific purposes. Some examples of purposes of the media would be to deliver an audience to an advertiser, to inform, or to present a particular viewpoint.

2. The media construct reality. This concept conveys that observations and experiences make up our view of the world. When a large number of these observations and experiences come to us pre-constructed by the media, then it is the media who are constructing our reality, instead of ourselves. Examples of this concept would be the way Fetal Alcohol Syndrome is often portrayed as an aboriginal issue, and the portrayal of women who drink while pregnant as irresponsible and sinful.

3. Audiences negotiate meaning in media. Every individual absorbs or interacts with media texts in a different way, depending on her own background and experience. This concept also deals with the processing of a medium, e.g., the print media. Research used to focus on the traditional

² In this case, my definition of media includes television, movies, radio, magazines, newspapers, and billboards.

sender-receiver model of communication, but the new communications model sees the receiver as a highly involved participant in the communication (Duncan, 1989).

This line of argument suggests that as a highly involved participant in media negotiation, the consumer's interpretation of what she reads will be influenced by her own life experience. This includes identifying with the people she sees represented in news stories. For example, as a middle-class, professional woman who reads an article on Fetal Alcohol Syndrome, I may be able to remove myself as someone who may be at risk by interpreting the identified problem as something "they" (i.e., aboriginal women, impoverished women, alcoholic women) must deal with; as an aboriginal woman, what I read may contribute further to my oppression; and as a man, I may be able to disassociate myself from the identified problem, because I view it as something that only women need to be concerned about.

4. Ideology and values in media. These concepts enable an examination of how all media products reflect particular ideologies or value systems. This includes political or cultural biases, assumptions of lifestyle or affluence, and attitudes toward gender roles and race. Many people may not be adequately media literate to decode these ideological messages. Examples of these concepts would be an examination of the limited role women play in news stories, the way aboriginal people are portrayed in news stories, and the stereotypes of women who 'willfully create' babies with Fetal Alcohol Syndrome. One of the key points to remember is that the press does many

things and serves many functions, but its major role, its irreducible responsibility is to continually recreate a view of reality supportive of existing social and economic class power (Chomsky & Herman, 1988; Parenti, 1986).

5. The social and political implications of the media. These concepts address the broad range of social and political effects stemming from the media. They are often closely tied to the concepts of ideology and values in the media. Examples include analyzing to what degree the media shape or merely reinforce social or political perceptions; in what manner the following groups are represented: homeless people, white collar criminals, environmentalists, single mothers; and whose reality the representations are reflecting.

Construction

The concept of construction by the print media must be examined as it is so integral to the discourse analysis. There are some key components inherent to the concept of construction (Potter & Wetherell, 1987). First, the concept of construction implies that accounts or events are built out of a variety of pre-existing structures. Of particular interest here is an examination of whose pre-existing structures are reflected in the media. For example, any media discourse incorporating health issues may reflect the discourses located in the medical and scientific communities. Secondly, construction points to an active selection, where some choices are omitted while others are included. This concept would include the argument that

some sources (e.g., scientists conducting a study) are seen as a more reliable source than others, and will therefore have a greater voice in the discourse.

Newspapers and communities

The study of newspapers and other mass media involves the study of a set of interrelated communities. There is the community constituted by the act of communication, those who produce the paper and those who read it. There is also the community which the newspaper transmits or creates; the world that it records, the images of social relations and events involving people in its pages, the community implied by this content. Finally there is what we can call the real world, the world of people and actions which are recorded, accurately or inaccurately, or ignored by the paper concerned. (Hodge, 1979, p.157)

Although the thesis will focus on a critical analysis of the discourse located in newspaper articles, it is important to keep in mind that all three kinds of communities are involved. Of special interest are the communities from which newspapers get their information (e.g., the medical community, the political arena, etc.). Newspapers give only a partial version of the world, and it is this partial version which will be examined here. It is beyond the scope of this thesis to examine what the audience does with the information they read, but a limited understanding of reception analysis is called for in order to establish why it is important to examine how the media construct reality.

The construction of audience members

Early research saw the audience as vegetative, where the audience member passively absorbed media influence (Neuman, Just & Crigler, 1992). Much of this early research was based on a study of some of the propaganda used during the First World War (Davis, 1990; Kornhauser, 1959). More

recent research has viewed the audience as powerless to resist the "persistent, pervasive, and emotionally sophisticated persuasions of an interlocking media-political-economic establishment" (Neuman et al., 1992, p.8) by using various mechanisms of media manipulation. Proponents of the media dependency hypothesis propose that our society has become dependent on the media to orient and inform ourselves about community and world issues.

One component of the media effects tradition of research emphasizes not simply a reliance on television, but rather a dependence on media generally. Citizens have come to depend on the media because they have virtually nowhere else to turn for information about public affairs and for clues on how to frame and interpret that information. (Neuman et al., 1992. p.11)

The media gratification theory argues that the effects of the media depend on the "uses and gratification" that media users apply to orient their media experience. Audience members are not seen as passive recipients of media messages, but rather as active participants who demand and expect the media to meet certain needs (Neuman et al., 1992). Research in this field has focused more on generalized motivation of media behaviour and use of a specific medium (e.g., newspaper vs. television), rather than on an examination of why people pay attention to certain messages, and how that information is used (Neuman et al., 1992).

The construction of journalists

Journalists do not operate in a vacuum, and although many would state that they attempt to be 'unbiased and objective' in their reporting, they must

create their stories within a socially constructed framework. Journalists tend to operate in a professional world that is occupied mostly by news sources, public relations specialists and other journalists (Neuman et al., 1992). As it would be impossible for journalists to have in-depth knowledge about many of the issues they write about, they must go elsewhere to create their knowledge base. In the case of Fetal Alcohol Syndrome, they may refer to medical or scientific information garnered from the academic or popular literature, or they may consult people who are considered to be experts in the field. As mentioned earlier, much of the construction of Fetal Alcohol Syndrome in the media reflects the construction of Fetal Alcohol Syndrome as it is located in the clinical and academic literature. It is therefore likely that the values and ideological viewpoints located in the clinical and academic literature have framed the thinking of most journalists. The journalists may then amplify the value-laden messages they receive from their sources in order to make the story appear more interesting, sensational and newsworthy.

The construction of a newsworthy issue

Before any item can appear in a newspaper, a process of selection and transformation must occur. Hall and Philo (as cited in Fowler, 1991, p.19) explain it as follows: Hall states that "the media do not simply and transparently report events which are 'naturally' newsworthy in themselves. News is the end product of a complex process which begins with a systematic sorting and selecting of events and topics according to a socially constructed

set of categories", while Philo asserts that "news on television and in the press is not self-defining. News is not 'found' or even 'gathered' so much as made. It is a creation of a journalistic process, an artifact, a commodity even." In other words, news is not something that simply happens, but instead news consists of that which can be regarded and presented as newsworthy in accordance with a complex process of selection by persons in the news media (Fowler, 1991). In order for Fetal Alcohol Syndrome to appear in a news story, it must therefore be deemed newsworthy.

Part Two: Alcohol and Canadian Society

*Inflaming wine, pernicious to mankind,
unnerves the limbs
and dulls the noble mind.
Homer, The Iliad, VI 261 (850 B.C.)*

History of alcohol use

Alcohol use is global (with a small number of exceptions), and alcoholic beverages appear to have played a role in human culture since prehistory. In Canada, as in most countries, the recreational use of alcohol amongst adults is treated as a right. Alcohol plays an integral part in many of our ceremonies, such as weddings, birthdays, and anniversaries, and is often used as a symbol of a coming of age (Malbin, 1990). Although alcohol continues to be the most abused drug in the world (Malbin, 1990), the image of alcohol use in conjunction with fun, attractive people, and glamour has been continually reinforced by advertisements (Streissguth, 1995).

Current drug use

Alcohol consumption in Canada continues to decline. A 1989 Alcohol and Other Drug Survey (Health and Welfare Canada, 1989) revealed that over 81 percent of Canadians were alcohol users. The latest national survey (McKenzie & Single, 1997) shows that this figure has declined to 72.3% (compared to 79% in 1990). British Columbia contains the greatest proportion of drinkers. Alcohol appears to be the drug of choice, with an average consumption rate of 7.6 litres of absolute alcohol, although other drug use is also fairly common in British Columbia (Health and Welfare Canada, 1989; McKenzie, 1997). Some studies have indicated that the highest rates of alcohol and other drug consumption in women occurs during the childbearing years (Health and Welfare Canada, 1989). It has also been noted that an increasing number of women of childbearing age are using alcohol (Howard, Dropenske & Tyler, 1986), and that the number of women alcoholics are on the rise (Graham-Clay, 1983; Remkes, 1993). The research does not clarify if more women are coming forward with their problems with alcohol, or what other factors may account for the apparent increase in alcohol consumption amongst women.

According to the Committee to Study Fetal Alcohol Syndrome (Stratton, Howe & Battaglia, 1996b) four percent of women would be considered to have alcohol abuse or alcohol dependence issues. With regard to drinking during pregnancy: "available data indicate substantially lower rates of both drinking (approximately 20 percent according to national surveys) and heavy

drinking (less than one percent) among pregnant women, relative to non-pregnant women of childbearing age" (Stratton et al., 1996b, p.8). Stratton et al. also indicate that "although researchers have seen some encouraging changes in drinking patterns during pregnancy over the years, there is no substantive evidence of any change in drinking behavior among women who drink more heavily or abuse alcohol, either in terms of proportions of heavy drinkers at the time of conception or in terms of consumption levels during pregnancy" (Stratton et al., 1996b, p.8). The message to completely abstain from alcohol use during pregnancy is therefore followed by some women, while others continue to drink.

Alcohol use versus alcohol abuse

Nearly one in 10 adult Canadians (9.2%) report that they have problems with their drinking (McKenzie & Single, 1997). When does alcohol use turn into alcohol abuse? Heavy social drinking replicates alcoholism, and there are no clear criteria differentiating one from the other. Due to the prevalence of alcohol use, the lack of clarity in distinguishing between heavy alcohol use and alcoholism, and the stereotype associated with being an alcoholic, there is a resistance to identify alcoholism (Malbin, 1990). It is much easier for many people to distinguish illegal drug use as something that needs to be prohibited and stopped. The consumption of alcohol, on the other hand, is legally sanctioned, even though it is currently the most abused drug in the world (Malbin, 1990). The ready availability and frequent use of alcohol by

the majority of people, coupled with the legal sanction, creates an ambivalence toward alcohol use and misuse issues.

I also perceive there to be a difference amongst the variety of words used when alcohol consumption by pregnant women is discussed. A reader's reaction may be very different if the situation is framed as *alcohol use* during pregnancy vs. *alcohol abuse* during pregnancy vs. *alcohol misuse* use during pregnancy.

Prevention

Drug and alcohol addiction are difficult issues to deal with as they are deeply embedded in social customs and have numerous causes that require behavioural changes not only on the part of the affected individual, but also of the entire community (Clemmons, 1985; Robinson & Bibber, 1987a; Streissguth, 1994b).

Despite the many programs designed to reduce alcohol dependency, alcohol-impaired pregnancies continue to occur. In part this may be due to inadequate programs or a failure of programs to reach the population at risk, but the basic cause is the continuing existence of those human experiences that foster dependency on alcohol in the individual and the community. In other words, we treat the symptom (alcoholism) and not the cause. (Robinson & Bibber, 1987a, p.3)

The prevention of Fetal Alcohol Syndrome is a very complex issue and requires multi-faceted solutions. It encompasses a wide mix of social phenomena, such as public awareness, adequate treatment facilities for pregnant women and women with children, dealing with society's attitude towards alcohol and women who drink, and increased data on effective intervention with high-risk groups. Some common themes for effective

programs for women have included therapy, job training, child care, and adequate program planning and staffing (Anderson & Grant, 1984), as well as job availability, safe housing and transportation.

Women and alcoholism

Women have historically been expected to behave in ways that are morally superior to those of men (Beckman & Amaro, 1986; Ehrenreich & English, 1979; Malbin, 1990). Throughout history women who use alcohol have been associated with promiscuity and sexual immorality (Clemmons, 1985; Hanisberg, 1991). The stereotype of a woman who drinks includes the perception that she may be immoral, promiscuous, unkempt, a poor housekeeper and an unfit mother (Malbin, 1990).

It used to be said that the worst thing you could say about an alcoholic woman is that she was a poor mother. Now, the worst thing people say is that she harmed her unborn baby. This collective cultural condemnation of alcoholic women a priori precludes any interaction with a client with tremendous embarrassment and discomfort around reference to substance use and abuse and therefore, implicitly, to these attendant behaviours. Because of these essentially global stereotypes, women alcoholics are seen as worse than their male counterparts. (Malbin, 1990, p.5)

Clemmons (1985) asserts that research on alcoholism and women during the last five decades is a reflection of social thought, and that these reflections change in accordance with the social context in which they take place. Of particular relevance is her review of studies conducted in the 70's where two predominant themes were sexual promiscuity and Fetal Alcohol Syndrome. She further posits that "each of these topics has led to moral censure of the female alcoholic rather than investigation of a social issue" (Clemmons,

1985, p.77). The recognition of Fetal Alcohol Syndrome resulted in a focus away from the alcoholic woman and toward her offspring. Instead of an increased understanding and awareness of the many effects of alcohol abuse on both mother and fetus, the focus continues to be degradation towards the mother for having neglected the unborn child. This made female alcoholism once again into a moral, rather than a socio-medical issue in need of comprehensive treatment (Clemmons, 1985).

In addition to the differential stigma associated with alcoholism among women and men (Beckman & Amaro, 1986), gender differences for reasons why people drink and/or misuse alcohol have also been researched. It has been found that women's alcohol misuse is often linked to current or childhood physical, emotional and/or sexual abuse (Amaro & Hardy-Fanta, 1995; Embree & De-Wit, 1997; Wilsnack, 1997; Vogeltanz, Klassen & Harris, 1997).

Part Three: Fetal Alcohol Syndrome

The history of Fetal Alcohol Syndrome

"Behold thou shalt conceive and bear a son; and now drink no wine or strong drink" (Good News Bible, Judges 13:7).

Although the term Fetal Alcohol Syndrome was not coined by Jones and Smith until 1973 (1973a), historical reviews on Fetal Alcohol Syndrome tend to cite much earlier instances of speculations about the detrimental effects of alcohol on the fetus. Rosett (Rosett & al., 1978) and others (Jones & Smith, 1973b; Streissguth & al., 1980; Warner & Rosett, 1975) cite references from

biblical times, Greek mythology, and medical observations that date back as far as 250 years.

Examples given include Carthage, where the bridal couple was forbidden to drink on their wedding night in order to avoid the conception of defective children (Haggard & Jellinek, 1942 ; Jones & Smith, 1973b). In the 1720's, during the "Gin Epidemic" in England, the College of Physicians reported to Parliament that parental drinking was a cause of weak, feeble and distempered children. A 1834 report to the House of Commons (England) reported that children born to alcoholic mothers sometimes had a starved, shriveled and imperfect look, while a 1899 study of alcoholic women in a Liverpool jail reported that there was a high correlation between alcohol use and perinatal mortality (Streissguth & al., 1980). Finally, in 1900, Sullivan noted an increase in abortion and stillbirth rates among chronic alcoholic women, as well as an increased frequency of epilepsy in their surviving offspring (Warner & Rosett, 1975).

Although these examples may indicate that there was some awareness of the damaging effects of alcohol on the fetus, until two decades ago the widely held belief in the scientific community, and amongst the general population, had been that the placenta protects the fetus from harmful substances such as alcohol (Dedam & Hennessy, 1993; Streissguth, 1977). Despite what are now described as early warning signs (Shostak & Brown, 1995), any problems noted were ascribed to poor nutrition and the disruptive home environment, and government reports and textbooks up to the late 50's

indicated that the consumption of alcohol during pregnancy would not harm the developing fetus (Streissguth, 1977). It was not until the late 60's before researchers in the scientific community described what appeared to be a clear correlation between birth defects and the consumption of large amounts of alcohol during pregnancy. Although Jones and Smith (1973a) are usually credited with 'discovering' Fetal Alcohol Syndrome, a group of French scientists had published similar findings five years prior to the Smith and Jones (1973a) study.

French scientists (Lemoine, Harrouseay & Borteyru, 1968) had made observations of one hundred children of alcoholic mothers and noted that these children all had similar facial characteristics, growth deficiencies, and psychomotor disturbances, which appeared to be attributable to their mothers' use of alcohol during pregnancy. However, the group who published this study did not name this condition, and it was not until five years later that the term Fetal Alcohol Syndrome was coined by Jones and Smith (1973a; 1973b).

Jones and Smith (1973a; 1973b) examined a small group of children born to women who had previously been identified as chronic alcoholics, most of whom were of aboriginal descent. In their landmark study (Jones & Smith, 1973a) they described a similar pattern of malformations and growth deficiencies in eight children of chronically alcoholic mothers that led to the formal nomenclature and clinical description of Fetal Alcohol Syndrome. The eight children, ranging in age from 11 weeks to 4 years, were assessed for

pre-natal and post-natal growth deficiencies, performance, craniofacial abnormalities, and cardiac anomalies. The second landmark study published in the same year, and by the same team (Jones & Smith, 1973b) was also based on case studies, this time featuring three children, all of whom had mothers who were identified as chronic alcoholics of aboriginal ancestry. No explanation was given why only Native women were represented in the study.

Since these initial studies were published in 1973, there has been an exponential increase in the amount of North American and international academic literature that deals with Fetal Alcohol Syndrome, and other birth defects attributed to alcohol consumption during fetal development. Articles can now be found in a large variety of fields, including social work (Anderson & Grant, 1984 ; Gardner, 1992; Giunta & Streissguth, 1988), education (Ministry of Education, 1996; Naka, 1992; Soby, 1994), aboriginal issues (May, 1992 ; May & Hymbaugh, 1989; Streissguth, 1994b), drug addiction studies (Sokol & Clarren, 1989), medicine (Smith, 1981; Smith & Heshusius, 1986; Sokol, 1988; Streissguth et al., 1980), and law (Hanisberg, 1991; Logli, 1992; Oberman, 1992; Ruhle, 1992), as well as the popular media, including newspapers, magazines, and books (Dorris, 1989; Gifford-Jones, 1992; Kleinfeld & Wescott, 1993; Nevitt, 1996). During the past three years the topic has also made an appearance on numerous talk shows (e.g., Leeza, Oprah, Riki Lake) as well as more serious television programs (e.g., 20/20, The National, and Northwest Focus).

Physiological characteristics

Physiological characteristics ascribed to Fetal Alcohol Syndrome include damage to the central nervous system, prenatal and/or postnatal retardation of growth and development, reduced circumference of the skull (microcephaly), short eye slits (short papebral fissures), vertical fold of skin on either side of the nose (epicanthal folds), incomplete development of the upper jaw (maxillary hypoplasia), cleft palate, unusual smallness of the jaws (micrognathia), joint anomalies, altered grooves across palm, cardiac anomalies, irregular genitalia, area of pink to dark bluish-red skin (capillary hemangiomata) and fine motor dysfunction (Graham-Clay, 1983; Jones & Smith, 1973a; Remkes, 1993; Streissguth, 1985). It is now believed that many of the facial features observed in early childhood soften and become difficult to distinguish once children reach their teens.

Psychological and behavioural characteristics

A description of psychological and behavioural characteristics assigned to Fetal Alcohol Syndrome and other alcohol related birth defects (ARBD) has included disabilities that result in poor academic performance, socio-emotional problems, speech and language disorders, and information processing deficits (Abel, 1984; McCreight, 1991; Streissguth et al., 1991). In addition, individuals affected by fetal alcohol are said to manifest poor impulse control, an inability to relate behaviour with consequences, a lack of sense of connection to societal rules, poor short term memory, poor personal boundaries, an inconsistent knowledge base, confusion under pressure, an

inability to manage money and anger, as well as poor judgment (McCreight, 1991; Smith, 1981). These type of disabilities will greatly impact on a person's education and social interaction with others.

Fetal alcohol effect and other associated terms

As discussed earlier, the initial term used to describe a specific cluster of symptoms that included facial characteristics, central nervous system dysfunction and prenatal and/or postnatal growth retardation was the Fetal Alcohol Syndrome (Smith & Jones, 1973b). When it was discovered that a smaller amount of alcohol could produce some, but not all, of these symptoms the term possible fetal alcohol effects was introduced and received increased usage. Possible fetal alcohol effects described what was initially seen as a less severe form of Fetal Alcohol Syndrome, where children are seen to exhibit some, but not all of the symptoms, and where these children were usually not affected by the facial abnormalities characteristic of Fetal Alcohol Syndrome. Although the term fetal alcohol effect continues to enjoy frequent usage in the clinical and popular literature, it continues to be an ambiguous term that is often seen as problematic.

Fetal Alcohol Effects

It appears that the term fetal alcohol effects is misused in most of the clinical and popular literature. Although the term possible fetal alcohol effects is occasionally used, it commonly gets shortened to fetal alcohol effects or just FAE. The term has been seen as problematic by Sokol and Clarren

(1989) who, as members of the *Fetal Alcohol Study Group of the Research Society on Alcoholism (RSA)*, have attempted to achieve some uniformity in terminology, and who now discourage the use of the term fetal alcohol effects in the clinical literature.

In order to demonstrate the ambiguity and confusion that surrounds the term fetal alcohol effects, I will use a number of articles co-authored by Dr. Clarren over an 11 year time span. This is meant to demonstrate that terminology not only varies amongst researchers, but also by the same researchers at different points in time. An article written in 1978 (Clarren & Smith, 1978) includes the following statement:

Variability of severity is an important principle in the appreciation of the effects of any teratogen. In medical centers where large number of children affected by ethanol have been studied, a wide spectrum of effects of alcohol on the fetus have been appreciated. At the most severe end of the spectrum are patients with the unique constellation of anomalies initially termed "Fetal Alcohol Syndrome." Along the rest of the continuum toward normal are persons with every subcombination of fetal-alcohol-syndrome anomalies. Each anomaly can independently vary in severity and grade into the normal range.....Until more knowledge has been accumulated, less complete partial expressions can only be referred to as "suspected fetal alcohol effects". (Clarren & Smith, 1978, p.1063)

This above definition then changed from 'suspected fetal alcohol effects' to 'possible fetal alcohol effects' in a paper Dr. Clarren also co-authored (Clarren, 1981).

Since the recognition of FAS, it has become clear that in any specific patient each individual anomaly can vary in severity and any subcombination of anomalies can occur. When a person's cluster of anomalies is inadequate for confident syndrome identification, we suggest the term "possible fetal alcohol effects" be used in the differential diagnosis. In some patients, behavior and intelligence can be altered

without associated diagnostic changes in growth, head circumference, or facial morphogenesis. (Clarren, 1981, p.2438)

The ambiguity of this term was discussed in 1989 by *the Fetal Alcohol Study Group of the Research Society on Alcoholism* (Sokol & Clarren, 1989) who could not come to any consensus about if or how the term could best be used:

The term, Possible Fetal Alcohol Effect(s) (FAE), is problematic. It was previously defined formally (Clarren & Smith, 1978) namely that alcohol was being considered as one of the possible causes of a patient's birth defects. However, the term has often and (in the opinion of the authors) incorrectly been used to indicate a birth defect judged milder than FAS.....This term is sometimes used by individuals in the treatment and prevention community as a basis for obtaining benefits for an individual or in support of public health policy. The term, FAE, as its usage has evolved, is ambiguous.....It was possible reaching near-consensus on a single statement concerning FAE. We believe that the use of this term in publications by the scientific community should be strongly discouraged. (Sokol & Clarren, 1989, p.598)

Despite the recommendations of the Fetal Alcohol Study Group to no longer use the term, it continues to have widespread use in scientific (e.g., Dedam, 1993), academic (Soby, 1994) and popular publications (e.g., "Health workers", 1992).

To clarify some of the confusion surrounding the ambiguity of terminology, I will attempt to define both terms as they are frequently used in the clinical and popular literature. There seems to be consensus that in order to make a medical diagnosis of Fetal Alcohol Syndrome, a pattern of defects must be present that includes the following: growth deficiency, facial anomalies, and central nervous system dysfunction, in a child who was

known to have been exposed to alcohol in utero (Sokol & Clarren, 1989; Streissguth, 1994b).

Children who are exposed to alcohol before birth and have one or two of these features, but not all three are termed **possible fetal alcohol effect**, “which is not a medical diagnosis but a descriptive term to describe observed effects that could have been caused by prenatal alcohol exposure” (Streissguth, 1994b, p.50). The word ‘possible’ is usually dropped in the popular literature, leaving us with the frequently used term **fetal alcohol effects**. It is important to note that clinicians now believe that children with Fetal Alcohol Syndrome are not necessarily more affected than those with fetal alcohol effect, although they may be (Streissguth, 1994b). In Streissguth & Kantor’s (1996) study of secondary disabilities, they posit that people with fetal alcohol effects had a greater incidence of various difficulties than did people affected by Fetal Alcohol Syndrome. Despite this, the popular literature continues to define fetal alcohol effects as a lesser form of Fetal Alcohol Syndrome (e.g., see Soby, 1994).

There are several other terms that are used in association with Fetal Alcohol Syndrome. Due to the wide range of characteristics that were attributed to alcohol use during pregnancy after the initial diagnosis, the term **fetal alcohol spectrum** (FAS) was finding increased use among human service professionals. This term encompassed both Fetal Alcohol Syndrome and fetal alcohol effects, and reflected the large variety of effects associated with, and thought to be attributable to, the consumption of alcohol during

pregnancy, and of which one individual child could display a few or a large number of symptoms. This term has not found wide-spread use in the literature, although it still gets used (Jo Nanson, personal communication, January 31, 1998). Other terms that are currently used to describe a similar set of characteristics include **Alcohol Related Birth Defects (ARBD)**, and **Alcohol Related Developmental Disabilities (ARDD)**.

Throughout the thesis, I will focus on the term Fetal Alcohol Syndrome (FAS), as it is the only recognized medical term. I will include the term fetal alcohol effects (FAE) if and when necessary, for example, if its inclusion is pivotal to the analysis of a news story.

Etiology of Fetal Alcohol Syndrome

The main cause of Fetal Alcohol Syndrome has been described as the consumption of alcohol by a pregnant woman (Anderson & Grant, 1984; Streissguth, 1994b). Alcohol is now recognized as a teratogenic drug, a drug which can cause birth defects by prenatal exposure (Anderson & Grant, 1984; Jones & Smith, 1973b; Jones & Smith, 1974; Kleinfeld & Wescott, 1993; McCreight, 1991; Streissguth, 1994b; Streissguth et al., 1980).

Alcohol acts in a “dose-dependent” fashion like all teratogenic drugs. This means that the more the mother drinks, the worse may be the effect on her child (Streissguth, 1994b). This issue gets confusing when women who drink large amounts produce children with almost no effects, while some others who only drank sporadically during their pregnancy produce children

with 'full blown' Fetal Alcohol Syndrome. Reasons given for the variability of anomalies are thought to be due to variable dose exposure at variable gestational timings, offset by the genetic background of the individual fetus (Clarren & Smith, 1978) and the mother. Only in recent years have these factors been examined further. It is now thought that maternal risk factors include low socioeconomic status, cultural and ethnic patterns, and cigarette smoking, while biological factors include under-nutrition, environmental pollutants, stress, high parity, and use of tobacco and other drugs (Abel, 1995a; Abel, 1995b).

Diagnosis

It has been shown that early intervention (e.g., support from the BC Infant Development Program) can make a marked difference in the lives of children who appear to have been affected by fetal alcohol (Kleinfeld & Wescott, 1993; Streissguth, 1995). Making an early and proper diagnosis is therefore important. Unfortunately, diagnosing Fetal Alcohol Syndrome has been found to be very difficult, especially for children who are considered to have possible fetal alcohol effect(s).

One of the main indicators of identifying these children is based on seeking accounts from mothers regarding their drinking habits during pregnancy. Obtaining this information retrospectively is said to be difficult, due to incomplete or inaccurate recollections. In addition, health care practitioners may have some preconceived ideas about who tells the truth (e.g., an aboriginal impoverished woman who denies she had anything to

drink during her pregnancy may be believed to a differing degree than a middle-class, professional Caucasian woman). In addition to a possible racial bias, the task of diagnosing is seen as all the more challenging because many of these children are in foster care or are adopted.

I am intrigued with how, and by whom, these individuals are diagnosed. Despite the recommendation that a dysmorphologist, or geneticist should make the diagnosis (Giunta & Streissguth, 1988), diagnoses have been made by psychologists, school counselors, teachers, and family physicians with no or very limited training in that area. As there appear to be concerns that patients' needs may continue to go unmet due to lack of identification (Giunta & Streissguth, 1988), the notion amongst some professionals seems to be that 'any diagnosis is better than none'. This has resulted in many children who may have been labelled as having Fetal Alcohol Syndrome without a proper diagnosis, while others were misdiagnosed or not diagnosed at all. Even among those pediatricians and other health professionals who have experience in diagnosing Fetal Alcohol Syndrome, a wide variety of indicators are used for diagnosis (B. McCreight, personal communication, June 2, 1994; Stratton, 1996b).

Furthermore, even trained observers often have difficulty in agreeing on a diagnosis (Ernhart, Sokol & Martier, 1987). In part, this difficulty has been attributed to interviewer bias, inconsistencies in diagnosis of Fetal Alcohol Syndrome and fetal alcohol effect, ethnicity, socio-economic status, nutrition, and other substance abuse, all of which make it difficult to interpret data in

regards to the relationship between the amount of alcohol consumed and Fetal Alcohol Syndrome (Little, 1990). Continued research is being conducted to determine if and how children are diagnosed. For example, a study by Little et al. (1990) found a 100% failure rate in the diagnosis of Fetal Alcohol Syndrome in a number of newborn children who were subsequently diagnosed with Fetal Alcohol Syndrome, and despite a record of the mother's alcohol use during pregnancy.

In order to create more consistent diagnoses, efforts are being made to establish some guidelines. The Fetal Alcohol Study Group of the Research Society on Alcoholism (Sokol & Clarren, 1989) has developed the following guidelines for diagnosing Fetal Alcohol Syndrome:

“1. Prenatal and/or postnatal growth retardation (weight and/or length or height below the 10th percentile when corrected for gestational age).

2. Central nervous system involvement (including neurological abnormality, developmental delay, behavioral dysfunction or deficit, intellectual impairment and/or structural abnormalities, such as microcephaly (head circumference below the 3rd percentile) or brain malformations found on imaging studies or autopsy).

3. A characteristic face, currently qualitatively described as including short palpebral fissures, an elongated midface, a long and flattened philtrum, thin upper lip, and flattened maxilla.

It is necessary for abnormalities to be present in all three categories before a secure diagnosis of Fetal Alcohol Syndrome can be made (Sokol & Clarren, 1989; Streissguth, 1994b). Furthermore, these diagnoses have recently been fine-tuned, and the current diagnostic categories include: Fetal Alcohol Syndrome with confirmed maternal alcohol exposure, Fetal Alcohol Syndrome without confirmed maternal alcohol exposure; partial Fetal Alcohol Syndrome with confirmed maternal alcohol exposure; alcohol-related birth defects (ARBD); and alcohol-related neurodevelopmental disorder (Stratton, Howe & Battaglia, 1996a).

Conclusion

Fetal Alcohol Syndrome is a relatively new phenomenon that has grown in complexity as many different aspects of the phenomenon are being explored and researched. As mentioned in the introduction, over 5000 academic articles have been published since 1973 (Abel & Sokol, 1990). The above literature review has attempted to establish a context for exploring the construction of the social phenomenon of Fetal Alcohol Syndrome in the press. This included a brief examination of the construction of reality by the media within a social context; the construction of journalists, of an audience, and of a newsworthy issue. The literature review also examined concepts surrounding alcohol use including a brief exploration of alcohol use in Canadian society; and society's view of women who use and misuse alcohol.

Finally, the literature review explored some of the aspects of Fetal Alcohol Syndrome, including the history of Fetal Alcohol Syndrome; a

description of the physiological, psychological and behavioural characteristics associated with Fetal Alcohol Syndrome; the terminology used to describe fetal alcohol related birth defects; and the etiology and diagnosis of Fetal Alcohol Syndrome. Facing the depth and breadth of information about Fetal Alcohol Syndrome has aided me in understanding the dilemma journalists face in reporting on Fetal Alcohol Syndrome. A deeper understanding of these concepts will contribute to the data analysis.

CHAPTER THREE: METHODOLOGY

The Research Design

I decided that the most appropriate method for examining the print media's construction of Fetal Alcohol Syndrome is to perform a discourse analysis. A discourse analysis allows me to meet the objectives of my study by providing a means whereby I can identify and analyze the voices, the messages and the language of the discourse.

A definition of discourse analysis varies greatly depending on which aspect of the academic literature is examined. This "terminological confusion" (Potter & Wetherell, 1987, p.6) abounds because developments in the field of discourse analysis have been occurring concurrently in a number of disciplines including psychology, sociology, linguistics, anthropology, literary studies, media and communication studies, and philosophy, and utilizing a variety of theoretical perspectives (Potter & Wetherell, 1987).

The label 'discourse analysis' has been used to describe a plurality of research. This diverse application includes the use of the label 'discourse analysis' as a generic term for a wide variety of research concerned with language in its social and cognitive context (which will be my focus), as well as a description for studies that center on linguistic units above the level of the sentence, as the proper term describing research concerned with cohesion and connectedness across sentences or turns of talk, or as a method for underpinning structuralist and semiotic studies (Potter & Wetherell, 1987).

Potter and Wetherell (1987) articulated this diverse use of the term well when they stated "it is a field in which it is perfectly possible to have two books on discourse analysis with no overlap in content at all" (p.6).

Parker (1992) established a number of criteria that have assisted me in distinguishing discourses. Parker's seven criteria are:

1. A discourse is realized in texts;
2. A discourse is about objects;
3. A discourse contains or constructs subjects;
4. A discourse is a coherent system of meaning;
5. A discourse refers to other discourses;
6. A discourse reflects on its own way of speaking;
7. A discourse is historically located;

Three auxiliary criteria discussed by Potter are:

8. Discourses support institutions;
9. Discourses reproduce power relations;
10. Discourses have ideological effects.

Both quantitative and qualitative methods of textual analysis are available and are utilized in this study. "Quantitative content analysis provides a useful means of uncovering the manifest or overt meanings of a

phenomenon in a large body of data" (Lupton, 1994a, p.307). This is usually achieved by systematically categorizing and enumerating characteristics of the texts. This study begins with a quantitative content analysis of newspaper articles dealing with Fetal Alcohol Syndrome. The quantitative content analysis will allow me to determine how often, and in what manner (e.g., size of each article, number of articles found) the issue of Fetal Alcohol Syndrome is dealt with in the press. This information will assist me in establishing the context for describing 'the big picture' and performing a qualitative discourse analysis.

Qualitative media analysts engage the tools of literary criticism, semiotics, critical linguistics, cultural studies, rhetorical analysis, and psychoanalysis to uncover the meanings generated by texts (Lupton, 1994a). "Many of us are interested in the subtle means by which text and talk manage the mind and manufacture consent, on the one hand, and articulate and sustain resistance and challenge, on the other hand" (Van Dijk, 1993a, p.132). My discourse analysis will be informed by a branch of discourse analysis often referred to as critical discourse analysis.

Critical Discourse Analysis

Over the past twenty years the face of textual analysis has changed greatly. At one point, analysts were interested in studying text for its own sake (Birch, 1989), believing that they were giving a neutral description of language. Gradually a powerful argument developed that rejected the idea that language can be neutral. Critical linguistics involves the articulation of

the interpreter's meaning of text, not reconstructing other people's meaning (Birch, 1989). Critical linguists are interested in not simply observing a process, but "in using an analysis as a base to argue for a greater political awareness of the way that language as linguistically constructed reality can be changed to remove classist, racist and sexist injustices in the world" (Birch, 1989, p.31).

Critical discourse analysis therefore goes beyond mere description and explanation, and includes an examination of the sociopolitical and cultural presuppositions and implications of discourse analysis (Van Dijk, 1993a; 1993b). Using a critical perspective means challenging old paradigms and bringing to light many of the assumptions that are usually taken for granted. Critical discourse analysts emphasize that many of society's inequalities and injustices are enacted, reproduced and legitimated by text and talk. But as Van Dijk (1993a, p.131) points out "critical discourse analysis is obviously not a homogeneous method, nor a school or a paradigm, but at most a shared perspective on doing linguistic, semiotic or discourse analysis".

Critical discourse analysis as defined for this study involves an examination of the print media's construction of Fetal Alcohol Syndrome as a newsworthy issue, by focusing on whose voice and message is present and absent in the discourse, and what those messages are.

Data Collection

All data collected consist of selected newspaper articles that were subjected to a brief content analysis and an extensive discourse analysis. The newspaper articles were selected from seven key Canadian daily newspapers and cover an article search-period beginning with January 1, 1977, and ending with December 31, 1994. I chose this broad time span to allow me to collect a large number of articles, which in turn would allow me to examine what events continued to make Fetal Alcohol Syndrome a newsworthy issue, and how these events were constructed.

Initially I had planned to collect materials over a twenty year time span, covering the period from 1974 to 1994. This twenty year period was chosen because the medical literature formally identified Fetal Alcohol Syndrome in 1973 (Jones, Smith, Ulleland & Streissguth, 1973a; Jones & Smith, 1973b). I wanted to determine how soon after Fetal Alcohol Syndrome had been identified in the clinical literature the issue would appear in the Canadian press. Unfortunately, newspaper indexing did not begin until 1977 for the majority of the key Canadian newspapers, and in particular by the *Canadian (News) Index* used for this research. Given the scarcity of materials I was able to collect between 1977 and 1979 (4 articles), I believe that I would have been able to collect only a very small number of articles between the period of 1974 to 1976. However, it would have been interesting to examine the print media's discourse immediately after the "discovery" of Fetal Alcohol

Syndrome in the clinical literature, to ascertain how the 'discovery' was treated.

The particular newspapers used for the study were selected according to their representation in the *Canadian Newspaper Index*. The papers contained in the index represent a broad geographical distribution. This index was first published in 1977, and changed its name in 1992, when it combined with another index, the *Canadian Periodicals Index*, to become the *Canadian Index*. I will refer to both indexes simultaneously as the *Canadian (News) Index*.

The seven daily Canadian newspapers located in these indexes are:

1. *The Calgary Herald*
2. *The Globe and Mail*
3. *The Halifax Chronicle Herald*
4. *The Montreal Gazette*
5. *The Toronto Star*
6. *The Vancouver Sun, and*
7. *The Winnipeg Free Press.*

Data collection took place on a number of occasions, within a time span of eight months. The majority of data were collected by cross-indexing Fetal Alcohol Syndrome in the *Canadian (News) Index*. The term Fetal Alcohol Syndrome did not appear in the index as its own heading until 1989, therefore a number of alternative terms were used to search for articles. A search under these alternative terms was conducted for the entire period (1977 - 1994), including the period after the term Fetal Alcohol Syndrome

appeared in the index. The alternative search terms consisted of the following key words: Alcoholism, alcoholic beverages, birth, birth defects, childbirth, fetus, mental retardation, mental handicaps/mentally handicapped, pregnancy, and unborn children.

A total of 93 articles were collected using the *Canadian (News) Index*. Seventeen further articles were collected through other means. Twelve of the previously uncollected articles were located in the newspaper clipping file at the Main Vancouver Public Library. Clipped articles are available from key Canadian newspapers, but there appeared to be a focus on the *Vancouver Sun*, the *Province*, the *Times Colonist* and the *Globe and Mail*. The remaining five previously uncollected articles were located by searching the *British Columbia Legislative Library Index*. The *Legislative Library Index* was the only index available to me that collected information prior to 1977 (the indexing began before 1900). Unfortunately, as this is a British Columbia Index, only articles appearing in BC papers were indexed here. In total, articles were collected from the following sources:

- Canadian (News) Index, n=93 articles.
- Microfilm -- legislative library (BC papers only), n=5 articles.
- Vancouver Public Library -- newspaper clippings folder, n=12 articles.

As seventeen articles were found through means other than by searching through the *Canadian (News) Index*, I tried to determine why I was unable to locate these articles in the *Canadian (News) Index*. The majority of the extra

articles (15) originated from the Vancouver Sun, while the remainder originated from the Globe and Mail (2).

Upon closer examination, there seemed to be no major content difference between the indexed and non-indexed articles, with the following exceptions. Three of the fifteen articles were extremely short. All three were less than 100 words, with two of them containing less than 50 words. While five of the articles had the term Fetal Alcohol Syndrome or FAS in the title (one had alcohol syndrome), and a further two mentioned the term Fetal Alcohol Syndrome in the subtitle, the remaining ten articles had headlines that did not contain the term Fetal Alcohol Syndrome. This may have misled the person indexing the article, as the exact nature of the article was unclear from the title. For example, one headline stated "Changing a Way of Life in the North", which gave no clear indication that the article was about Fetal Alcohol Syndrome. As only 10 of the 93 articles found in the *Canadian (News) Index* also mentioned the term Fetal Alcohol Syndrome in the headline, the lack of that term in the headlines of the non-indexed articles still does not give a clear indication why they were not indexed.

Overall, there seems to be no clear indication why these 17 articles were not indexed. Two possible explanations are that (1) they were indexed under different categories and I was unable to locate them, or that (2) the indexing is not completely thorough, which may mean that an unknown number of further articles exist.

As my goal was to collect the largest number of articles possible that dealt with Fetal Alcohol Syndrome during a specified period, and from a number of select papers, I will include all 110 articles collected in my sample, regardless of their source. This should not pose a problem with the qualitative analysis, but will have to be taken into consideration with certain aspects of my content analysis. For example, I will not be able to use the total sample of $N=110$ articles to compare geographical and individual paper representation. In instances where the method of data collection (e.g., *Canadian (News) Index vs. Legislative Library Index*) would influence results, I will use only the original sample of $n=93$ articles collected from the *Canadian (News) Index*, with the assumption that any missed articles would have been omitted from all papers at a comparable rate.

After data collection was completed, each article was entered individually into a word-processing file, using MS Word 5.1, and later 6.0.1., for Macintosh. This was done in order to utilize word search, word counts, grammar checks and other options for each individual article. Once the 110 individual documents were contained in separate files, they were entered into FileMaker Pro 2.1, a database program. The information was divided into a number of categories, which included the title (headline), the date of publication, the page and section number, the name of the newspaper it was collected from, a copy of the actual article, and various counts including word count and the Flesch-Kincaid grade level score.

Rigor

In order to ensure that standards of rigor are met in this study I will apply the criterion of auditability. A study is auditable when another researcher is able to clearly follow the 'decision trail' used by the researcher, and furthermore, when another researcher could arrive at the same or comparable, but not contradictory conclusions given the researcher's data, perspective and situation (Sandelowski, 1986). An example of how I achieved auditability by clearly explaining my decision-making train can be seen in my development of categories for exploring key events (see p.55).

CHAPTER FOUR: CONTENT ANALYSIS

The following section describes and summarizes a variety of characteristics of the data. Describing and summarizing the data in this manner will provide some contextual richness for the critical discourse analysis.

The initial quantitative content analysis is based on all data collected (N=110), with the earlier noted exceptions (see previous pages). Content analysis measures include the number of articles located over the eighteen-year time-span sorted by year, individual paper, and geographic location (n =93); and the readability of the article (e.g., number of words in each story, Flesch-Kincaid grade level score, N =110).

Articles sorted by paper and year

Articles (n=93) were sorted according to the paper they were collected from, and the year in which they were published, to allow me to examine if certain years or papers stood out. Table 1 shows a breakdown of the number of articles collected per year and per newspaper.

Table 1
Number of articles collected per paper and per year, n =93

<u>Newspaper</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>1983</u>
The Calgary Herald							
The Globe and Mail	1						2
The Halifax Chronicle Herald							
The Montreal Gazette	1				1		1

The Toronto Star				1			
The Vancouver Sun, and	1			1			
The Winnipeg Free Press.			1	1			2
Total	3		1	3	1		5

Newspaper	1984	1985	1986	1987	1988	1989	1990
The Calgary Herald				1		3	
The Globe and Mail						1	
The Halifax Chronicle Herald	1						
The Montreal Gazette				1	1	1	
The Toronto Star				1		2	
The Vancouver Sun, and	1			3	1		2
The Winnipeg Free Press.				1			
Total	2			7	2	7	2

Newspaper	1991	1992	1993	1994	Total per paper
The Calgary Herald	1	1	3		9
The Globe and Mail		1			5
The Halifax Chronicle Herald		7	1		9
The Montreal Gazette		5	1		12
The Toronto Star	2	5		1	12
The Vancouver Sun, and	8	10	1	1	29
The Winnipeg Free Press.		6	3	3	17
Total	11	35	9	5	93

The largest number of articles were collected in 1992 (n=35), which will be discussed in more detail shortly. I was unable to locate any articles for four years out of the eighteen-year collection period. The years for which I was

unable to locate any data are 1978, 1982, 1985 and 1986. The most recent period of 1991 to 1994 comprises 65% of the data, while the initial ten-year period between 1977 to 1986 comprises 15% of the total data.

Articles sorted by newspaper

In decreasing order, data was collected from the seven sources as described in Table 2.

Table 2
Articles sorted by individual paper, n =93

<u>Newspaper</u>	<u>Number of articles collected</u>	<u>Percentage of total articles collected</u>
The Vancouver Sun	29	31%
The Winnipeg Free Press	17	18%
The Toronto Star	12	13%
The Montreal Gazette	12	13%
The Halifax Chronicle Herald	9	10%
The Calgary Herald	9	10%
The Globe and Mail	5	05%

As stated earlier, the year for which the largest number of articles were located was 1992. A total of thirty-five articles were collected, comprising 38% of the total sample, and warranting further examination. The Vancouver Sun published the greatest number of articles (n=29), while the Globe and Mail published the least (n=5). See [Table 3](#) for a distribution of 1992 articles by paper, and [Table 4](#) for a distribution of 1992 articles by months.

Table 3
1992 articles sorted by paper, n=35

<u>Newspaper</u>	<u>Number of articles for 1992</u>	<u>% of total articles collected per paper</u>
The Calgary Herald	1	11%
The Globe and Mail	1	29%
The Halifax Chronicle Herald	7	78%
The Montreal Gazette	5	46%
The Toronto Star	5	50%
The Vancouver Sun	10	24%
The Winnipeg Free Press	6	32%
Total number of articles	35	100%

Table 4
1992 Articles sorted by month, n=35

Jan.	0	July	7
Feb.	1	August	0
March	1	September	0
April	2	October	0
May	4	November	1
June	12	December	7

The *Halifax Chronicle Herald*, which provided 10% of the total data, published the highest percentage (78%) of its articles during 1992, while the *Calgary Herald*, which also provided 10% of the total data, published the least amount of its articles (11%) during 1992.

June 19, 1992 represents an interesting date as I was able to locate an article in each of the papers represented in the study. It is also the only date where each of the sample newspapers covered a story related to Fetal Alcohol

Syndrome. All seven articles appeared in the A section of the paper, two of these on the front page. This date will be discussed in detail in Key Event Five, Chapter Five.

Articles sorted by geographical location

Data were sorted by geographical region. I categorized each article as originating³ from a western, a central or an eastern Canadian region. The majority of articles (59%) were collected from the three western Canadian newspapers (the Vancouver Sun, the Calgary Herald, and the Winnipeg Free Press). Thirty-one per-cent (31%) of the articles were collected from central Canadian newspapers (the Globe & Mail, the Toronto Star, and the Montreal Gazette), while 10% of the articles came from the only eastern Canadian newspaper indexed (Halifax Chronicle Herald).

It may be noteworthy that although the Globe & Mail had the least number of articles to contribute (five stories on Fetal Alcohol Syndrome), three of these five stories were featured on the front page of the Globe & Mail. As the Globe and Mail is a paper that is read regionally, as well as nationally, a front page story in the Globe and Mail may have an especially powerful impact.

³ The word 'originating' refers to the newspaper from which the article was collected, as opposed to where the article may have been originally written or published.

Readability of newspaper articles

I analyzed the readability of each article by measuring the size of each article using a word count and by collecting the Flesch-Kincaid Grade Level Score assigned to each article.

Size of articles (word count)

I measured the size of each of the 110 articles using the word count program contained within Microsoft Word 5.1 for the Macintosh. The average number of words per article is 555 words. The shortest article contains 47 words, while the longest article contains 1829 words.

Sixty-seven (67) articles, which comprise 60% of the data, are between 300 and 700 words long. The largest number of articles are in the 400-500 words (20%), and the 500-600 words category (16%). See Table 6 for a complete listing.

Table 5

Number of words per article , N=110

Number of words per article	Number of articles	Percentage of total articles
<100	3	3%
101-200	9	8%
201-300	10	9%
301-400	14	13%
401-500	22	20%
501-600	18	16%
601-700	13	12%
701-800	6	6%

801-900	3	3%
901-1000	3	3%
1001-1100	0	-
1101-1200	1	1%
1201-1300	1	1%
1301-1400	2	2%
1401-1500	1	1%
1501-1600	0	-
1601-1700	2	2%
1701-1800	1	1%
1801-1900	1	1%

Articles were further divided into a number of sub-categories to allow for a better overview of the size of article (see Table 7). According to this categorization sixty-one per-cent of all articles are of medium size.

Table 6
Number of words per article, sub-categories, N=110

Size of article	Number of articles	% of total articles
Extra-small (<100)	3	3%
Small (<300 words)	19	17%
Medium (300-700 words)	67	61%
Large (700-1000 words)	12	11%
Extra-large (>1000 words)	9	9%

Flesch-Kincaid Grade Level Scores

All articles were subjected to a Flesch-Kincaid Grade level assessment (see Table 8). The program used to determine this score is part of the grammar check and readability assessment option of MS Word 6.0.1 for the

Macintosh. The Flesch-Kincaid Grade Level assessment is described as follows:

Flesch-Kincaid Grade Level Score: Computes readability based on the average number of syllables per word and the average number of words per sentence. The score in this case indicates a grade-school level. For example, a score of 8.0 means that an eighth grader would understand the document. Standard writing approximately equates to the seventh-to-eighth-grade level. (Microsoft, 1994, p.101)

Table 7
Flesch-Kincaid Grade Level Scores, N =110

Flesch-Kincaid grade level scores	Number of articles	Percentage of total articles
grade 06.1 - 07.0	1	1%
grade 07.1 - 08.0	2	2%
grade 08.1 - 09.0	9	8%
grade 09.1 - 10.0	11	10%
grade 10.1 - 11.0	24	22%
grade 11.1 - 12.0	18	16%
grade 12.1 - 13.0	21	19%
grade 13.1 - 14.0	16	14%
grade 14.1 - 15.0	4	4%
grade 15.1 - 16.0	4	4%

As standard reading and writing averages seventh to eighth grade (Microsoft Word 5.1 for the Macintosh Manual) the same should hold true for newspaper article writing. Yet, when the total sample was tested using the Flesch-Kincaid Grade Level scoring system, only 11% of the articles (12 articles) were written below the 9th grade level, and only three percent below the eighth grade level. Forty-eight per-cent (53 articles) were written between a grade 9 and grade 12 level, while 41% (45 articles) were written above the grade 12 level. It is unclear whether newspaper articles on other topics are

closer to the 8th grade level, or whether the nature of the Fetal Alcohol Syndrome articles (e.g., scientifically based articles) tend to use a more complex vocabulary. Given that over 80% of the articles were written above the ninth grade level, it raises the question of how accessible articles on Fetal Alcohol Syndrome are to the 'average' reader, and especially those identified as 'high risk' by medical personnel concerned with decreased incidence.

Description of the Discourse Analysis

Journalists identify pressing issues by selecting them as newsworthy events (Nelkin, 1987). What are seen as the most important or interesting of these newsworthy events are chosen for the front page of each newspaper. In order to organize the large quantity of data (N=110 articles), all of which had been read a number of times and coded, I initially focused on articles that were featured on the front page of each newspaper. By placing the article on the front page, the stories are deemed as the most interesting or important newsworthy items by the media. Selecting articles by placement gave me one way of organizing the data for critical exploration of how these materials are given meaning by the media. A total of nine front page articles were collected. These articles will be referred to as key articles.

Each key article was read several times and then colour coded according to the broad content topics that appeared in each article. Categories identified in the nine key articles included:

The various voices represented in the articles, including:

- ◆ the experts' voices (I coded who they are and where they work)
- ◆ the foster parents' voices,
- ◆ the brewers' and distillers' voices
- ◆ the politicians' voices, and
- ◆ the native voices

In addition, the following categories were coded:

- ◆ the bottle labelling issue
- ◆ mention of native people vs. mentioning Fetal Alcohol Syndrome as a problem that affects all races (both are coded)
- ◆ the FAS government committee (especially relevant in 1992)
- ◆ any mention of a government report on FAS

Furthermore, various aspects of Fetal Alcohol Syndrome were coded

including:

- ◆ prevention/treatment/warning of/about Fetal Alcohol Syndrome
- ◆ prevalence and incidence rates
- ◆ a description of Fetal Alcohol Syndrome (including a description of the behaviour of a child affected by FAS)
- ◆ the financial costs associated with FAS
- ◆ women's rights issues
- ◆ any mention of a research study (including study results), and
- ◆ any mention of alcoholism or social class.

I also marked any negative emotive words, such as shocking, alarming, and tragic. These words were singled out because their dramatic tone often colours the discourse.

A newsworthy issue: Key events

For the period between 1977 and 1994 a total of 110 newspaper articles dealing with Fetal Alcohol Syndrome were collected. Once all 110 articles had been read and transcribed, they were coded according to the above-mentioned categories. I identified five key events that participated in, and contributed towards, the construction of Fetal Alcohol Syndrome in the print media. In order to be chosen as a key event, I established a number of criteria that had to be met. These criteria were developed by using the conceptual framework utilized in the work by Herlich and Pierret (1989) who examined the construction of a social phenomenon (AIDS) in the French press, as well as the work of Lupton (1992; 1993a,b; 1994a,b) who has performed discourse analyses on public health issues including breast cancer, condoms and risk discourse in the Australian press. The criteria, as well as an explanation of why they were chosen as criteria, follow.

All key events identified had to be featured on the front page of at least one newspaper, which I chose as an indicator that the story was treated as an important event. The story also had to appear as part of a cluster of stories published around the same time. A cluster was determined to be any story which appeared in more than one paper, or in the same paper, on at least three occasions within the same month.

After a story met the above criteria, it also had to fit the category (or topic) of the key event. The key event categories were determined by asking the

following question of each article that matched the above criteria (headline and cluster): What issue is this story primarily about?

Each category was assigned a different colour, and all 110 articles were then colour coded according to these categories:

- ◆ The earliest year (1977)
- ◆ The Robinson study
- ◆ Doris Lessing and the monster child
- ◆ The release of the government report
- ◆ The bottle labelling issue, and
- ◆ Curtailing women's rights

Different coloured pens were used to identify each category. Each article was read a number of times.

Throughout the data description and analysis I will include excerpts from the newspaper articles, including as much surrounding text as possible in order to preserve the context within which the story was told. Preserving the context is a difficult task because quoting only a few words could allow too much room for taking the quote out of context, while not providing the reader with enough information. On the other hand, including too much of the article could overwhelm the reader and dilute the focus. To simplify this, I will underline specific words or phrases that relate to the issue being described or analyzed. In order to determine which part of the article I am describing, and whether or not paragraphs were taken out of context I will preface sentences with "..." if any material is omitted.

When portions of more than one article are presented in sequence, they will be listed according to their date of publication, in increasing date order. Articles published prior to others will therefore appear first. Each sequence of articles will be preceded by the year of publication, and followed by three initials representing the headline (e.g., "Health workers worry" will be coded as "hww"). All 110 articles are referenced in Appendix A and are therefore identifiable to the reader.

The data analysis chapters

The description and examination of each of the five key events is divided into the following sections:

Article: This section consists of a copy of one of the key event articles. As there were several articles to choose from for each key event, I chose the article that I thought best represented the key event. Often the cluster of articles used the same source, and contained closely matching information.

Introduction: Introduces the event.

The event: This section explains how the event met the criteria to qualify as a key event.

The headlines: "Headline: Summarizing word or words, set in large bold type at top of newspaper column or story" (McMaster, 1972). Headlines are what first draws a reader's attention to a story, and often set the tone for the article. This section lists the headlines of the key event stories and includes a brief analysis of the headlines.

The voices: This section describes who in the story is talked with, and who is talked about. Anyone who is quoted or appears to have been interviewed is seen as being talked with, while anyone who is made reference to, but is not given her own voice is seen as being talked about. Ideally there should be an overlap between the two.

The messages: This section consists of an analysis of the body of the story. It examines the key messages presented in the story, and the meanings these messages convey.

The language: This section includes a brief analysis of the use of particular words or phrase utilized in the discocourse, focusing on dramatic and emotive words that have been coded as described earlier.

Conclusion: This section sums up each key event.

CHAPTER FIVE: THE KEY EVENTS

Key Event 1 - 1977: The Naming of Fetal Alcohol Syndrome

Vancouver Sun, September 1, 1977, A1, A2

Drinking mothers 'leading to more retarded newborn'

By Tim Padmore

Doctors are observing an alarming number of newborn infants suffering from mental impairment and other abnormalities as a result of their mothers' heavy drinking.

Dr. David Smith, an assistant professor of pediatrics at the University of B.C. and director of the children's outpatient department at the Vancouver General Hospital, said in an interview Wednesday that he and his colleagues have collected data on more than 30 cases in the past 3 1/2 years and suspect they are getting only the "top part of the iceberg."

The condition, called the Fetal Alcohol Syndrome, is characterized by low IQ - many victims are severely retarded - a small head and small eyes.

Often occurring are facial hair at birth, drooping eyelids, bone defects than can interfere with normal limb motion, heart murmurs, cleft palate, fish mouth - a mouth with downturned corners and a thin upper lip - and spina bifida, a condition in which the backbone does not develop properly leaving part of the spinal cord exposed. Growth is slow and the children become "runts."

Mothers who drink heavily during pregnancy run a substantial risk of delivering a damaged baby, Dr. Smith said. He cited one study of alcoholic mothers which determined that six of the 19 children they bore suffered from the syndrome.

The risk is great enough, he said, that he would counsel any woman who drinks heavily and finds herself pregnant to have an abortion.

All but one of the British Columbia cases involved children with some native Indian ancestry, he said. However, the problem is not confined to one race. The syndrome was first observed by a French physician who identified 127 cases in his country.

All the same, there does seem to be a special risk for Indians, Dr. Smith said.

"Most people don't want to touch the racial issue because it's a hot potato; I'm in an awkward position, yet they do seem to be an increased risk for the syndrome, for reasons we don't know."

'Alcohol babies' increase

continued from page 1

He theorized that the answer may be differences in the way alcohol is metabolized. He cited recent evidence that alcohol levels in Indians and Eskimos remain elevated relatively long after alcohol consumption.

There may be a connection between that observation and UBC experiments in which mice fed alcohol so as to maintain a steady, moderately high blood alcohol level gave birth to mice suffering similar defects as the human babies, he said.

The abnormalities appeared at alcohol concentrations slightly less than .08, the legal level of impairment for humans.

Dr. Smith said more cases are being reported as health workers become more aware of the syndrome, identified only a few years ago.

And he said he is worried about how many children are born suffering slighter degrees of the syndrome but are not so severely impaired that they are likely to be referred to a specialist.

"If we're seeing the gross abnormalities related to alcohol, what are the fine ones we're missing?" he asked.

What kind of a future can the victims of Fetal Alcohol Syndrome expect?

Surgeons can correct physical defects like heart abnormalities and cleft palate, Dr. Smith said, and with proper stimulation some of the IQ deficit can be recovered.

The peculiar facial characteristics also tend to disappear as the children grow older, he said.

Unfortunately, a home environment in which alcohol abuse continues may not provide adequate stimulation, and the child's condition may deteriorate, he said.

Introduction

Fetal Alcohol Syndrome was officially described, but not named as such, by French scientists in a 1969 scientific journal (Lemoine et al., 1968). The term Fetal Alcohol Syndrome was first officially used in a scientific study published in *the Lancet* by Smith & Jones (1973a). As mentioned earlier, due to the fact that the earliest Canadian newspaper index available to me is for 1977, I was unable to see if, and how, the media picked up the initial identification of this newly named condition. An analysis of early material is

still possible by examining and analyzing the three articles that appeared in 1977.

The event

All articles appearing in 1977 were chosen as a key event because they are the earliest articles available for analysis, because a Fetal Alcohol Syndrome related story appeared in three out of the seven newspapers, including one front-page story in the *Vancouver Sun*, and because Fetal Alcohol Syndrome was still considered a new discovery at that time ("*Heavy drinking*", June 2, 1977).

The articles do not fit the criteria of a cluster, as they are published throughout the year. However, all three match the category of "research study". The 1977 articles were chosen as a key event because they fit most of the criteria, but more importantly, because they are the earliest articles available for analysis.

Two of the three articles are of American origin, while the third article is clearly a Canadian story. This follows a trend where overall, earlier articles are more often US based, while later articles are almost exclusively Canadian based. This shift from American to Canadian content may be attributable to the increasing amount of Canadian research, discussion and government involvement regarding Fetal Alcohol Syndrome.

The headlines

The following headlines appear in the 1977 articles:

- ◆ Alcohol blamed
- ◆ (Warnings date back to Greek mythology):
Heavy drinking endangers fetus, science confirm
- ◆ Drinking mothers 'leading to more retarded newborn'

Headlines are what first draws the readers attention to a story. Health risks are a favoured topic for making headlines in the news (Lupton, 1993b). The focus of the above headlines shifts from blaming alcohol (i.e., Alcohol blamed) to blaming mothers (ie., Drinking mothers 'leading to more retarded newborn'), and alert the reader to the dangers of alcohol consumption. The second headline also emphasizes the importance of scientific confirmation (and therefore accuracy) of something that is said to date back to Greek mythology.

The voices

Who is talked with

All three articles focus on scientific research studies. The main voices in two of the three articles are medical researchers, who have been interviewed. Both are male. They are identified by name, position and the organization they belong to. The third article only refers to 'researchers of the University of Washington'.

Who is talked about

The medical experts and journalists talk about the unborn child, the offspring of women who drink while pregnant, children of native ancestry, and women who drink (a large amount) while pregnant. None of the people who are talked about are given their own voice in any of the articles.

The messages

The principal messages of the articles are to establish alcohol consumption during pregnancy as a substantial health risk, and to describe what may happen if the warning is not heeded. For a complete excerpt of the Canadian based article, please refer to the beginning of this section. In 1977, public discussion about Fetal Alcohol Syndrome was still a new event.

The discovery of a new disease

Two of the three articles make reference to the discovery of Fetal Alcohol Syndrome in 1973 (Smith & Jones, 1973a), even though only one article makes an overt connection:

1977-ab⁴: In one study, researchers at the University of Washington, Seattle, studied the offspring of 74 women who drank two ounces of alcohol daily during pregnancy, and of 90 women who drank less than two ounces or none at all.

hde: Although scientists have suspected some link between high alcoholic intake and birth abnormalities for years, Dr. Noble said the scientific breakthrough came in 1973 when researchers in Seattle identified a pattern of defects in the children of chronic alcoholic mothers.

dml: Dr. Smith said more cases are being reported as health workers become more aware of the syndrome, identified only a few years ago. The syndrome was first observed by a French physician who identified 127 cases in his country.

⁴ The code preceding any newspaper quote (e.g., 'hde') is provided for easy identification of each article. The letters preceding each article represent the first three initials of the title (headline) of the article. A list of all articles in alphabetical order (by title) is provided in Appendix A. The ** indicates that the article consists of a front page article. The year preceding each section of articles refers to the year of publication.

The 'scientific' breakthrough is therefore attributed to American researchers who coined the term Fetal Alcohol Syndrome, with one article giving credit to the French researchers who initially 'discovered' the problem.

Establishing risk

The word risk is utilized in all three articles. Along with identifying alcohol consumption during pregnancy as a substantial health risk, a variety of scientific 'formulas' are provided that allow us (the reader) to better assess this newly identified risk. The formulas try to establish how much alcohol a pregnant woman can 'safely' consume during pregnancy, and during which stage of the pregnancy her fetus is most at risk:

1977-ab: ...In one study, researchers at the University of Washington, Seattle, studies the offspring of 74 women who drank two ounces of alcohol daily during pregnancy, and of 90 women who drank less than two ounces or none at all. Twelve per cent of the women drinking two ounces daily gave birth to babies with a small head or body size, tremors, jitteriness, small openings between the eyelids or other abnormalities.

In contrast, only two babies with these defects were born to women who drank less than two ounces daily during pregnancy.

So precisely what are the risks of drinking alcohol during pregnancy? The researchers estimate that if a woman consumes below two ounces of 100-proof whisky a day during pregnancy, her chances of triggering birth defects in her child are low. If she drinks between two and four ounces a day, the risks are 10 per cent, and if she drinks 10 ounces or more a day, the danger could approach 50 per cent or even higher.

hde: Pregnant women who take more than two alcoholic drinks daily increase their chances of giving birth to mentally retarded and physically deformed babies, according to Dr. Ernest P. Noble, director of the U.S. National Institute on Alcohol Abuse and Alcoholism.

...The most dangerous periods for the unborn child of a heavy drinker are 3 to 4 1/2 months after conception when the brain is developing rapidly, and during the final three months. And going on binges periodically is more dangerous than drinking in moderation throughout pregnancy.

... "The best scientific evidence indicates that two drinks a day or less produce no adverse effects," he said. But "both the risk and the extent of abnormalities appear to be dose-related, increasing with higher alcohol intake during the pregnancy period."

Women who drink as much as six cans of beer, glasses of wine or mixed drinks daily during pregnancy may have babies with all the symptoms of the syndrome, while those who take more than two drinks but fewer than six many produce children with one or more symptoms, Dr. Noble said.

A mixed drink as defined by the institute would contain about one half an ounce of pure alcohol. That's the same as one ounce of 100 proof vodka, for example, and slightly less than 12 ounces of 86 proof whisky.

****dml**...Mothers who drink heavily during pregnancy run a substantial risk of delivering a damaged baby, Dr. Smith said. He cited one study of alcoholic mothers which determined that six of the 19 children they bore suffered from the syndrome.

The risk is great enough, he said, that he would counsel any woman who drinks heavily and finds herself pregnant to have an abortion.

The abnormalities appeared at alcohol concentrations slightly less than .08, the legal level of impairment for humans.

There is an attempt to create a picture of scientific accuracy, by using words like 'precisely' and quoting figures in exact ounces and percentages (as opposed to ranges for each). And yet this precision is based solely on the estimation of a number of researchers. No explanation is given as to what may have caused the defects in the babies whose mothers completely abstained from alcohol, or whether or not these defects were similar to those experienced by children who are said to be affected by Fetal Alcohol Syndrome.

Although it is clearly stated that problems occur when women consume large amounts of alcohol during their pregnancies, none of the articles address the subject of alcoholism, or the complex issues of addiction, detection, and treatment.

In addition to the word risk, the words caution, danger and warning are used to fully alert us to the seriousness of this health risk:

hde: Dr. Noble said the institute is circulating a "health caution" to physicians and health-care facilities warning of the dangers of heavy drinking during pregnancy.

The U.S. Food and Drug Administration and Centre for Disease Control have agreed to include the warning in their publications for the doctors.

Yet another warning

Along with creating a sense of risk and danger to the fetus, there is at the same time the impression that alcohol is yet another item which is part of an ever-growing number of health risks that pregnant women need to be worried about:

ab-Yet another drug - alcohol - has been shown to be capable of triggering birth defects in the offspring of pregnant mothers.

This, in some way, negates the risk factor as alcohol is not stated to be one of the most important risk factors, but rather one more on a list that seems to be getting too long (Lupton, 1993b; MacLeod, 1980). Other newspaper articles have described some of these 'risk' items, which range from anti-convulsant drugs to industrial chemicals such as methylmercury (Mackenzie, 1983), and from minor tranquilizers, such as Daizepam, or pain

relief medicines, such as aspirin, to something as frequently consumed as coffee (MacLeod, 1980). Even tap-water (e.g., due to a toxoplasmosis outbreak in 1992 and more recently a study that posits that the chlorine in tap water may be harmful) have made the front page of our local paper as items that should be consumed with caution by pregnant women. In addition to the many substances pregnant women must beware of, they are also warned about activities such as strenuous exercise, hazardous occupations, residing at high altitudes for prolonged periods, and sexual intercourse late in pregnancy, as each of these have been reported to be potentially dangerous to a fetus (Grant, 1989). By pointing out all these potential dangers, with alcohol being the newest one, we expect women to then remove these risks from their lives while pregnant.

Risk discourse therefore is often used to blame the victim (Lupton, 1993b), especially if the risk is seen as a 'lifestyle choice', whereby the emphasis is placed on self-control. Alcohol consumption is usually constructed as a lifestyle choice. In order to explain the level of risk involved, emphasis is placed on the quantification of risk (Lupton, 1993b), which in the early Fetal Alcohol Syndrome discourse included searching for precise amounts of alcohol (as described above) that may cause harm, as well as identifying those who are most at risk. Blaming those who continue to engage in the identified risky behaviour, in this case women who continue to drink while pregnant, will be addressed in detail in Key Event Five as well as in Chapter Eight.

Who is most 'at risk'?

The third article (Drinking mothers 'leading to more retarded newborn'), which is also the first clearly Canadian article, identifies Fetal Alcohol Syndrome as predominantly a native problem. The construction of Fetal Alcohol Syndrome as an aboriginal problem will be examined in detail in Chapters Seven and Eight, but is so dominant in the discourse that I will also briefly address it here.

The third article states that Fetal Alcohol Syndrome is not confined to one race, but presents a special risk for aboriginal people for reasons that are unknown, but may be attributable to their 'different' metabolism:

dml-77: All but one of the British Columbia cases involved children with some native Indian ancestry, he said. However, the problem is not confined to one race. The syndrome was first observed by a French physician who identified 127 cases in his country.

All the same, there does seem to be a special risk for Indians, Dr. Smith said.

"Most people don't want to touch the racial issue because it's a hot potato; I'm in an awkward position, yet they do seem to be an increased risk for the syndrome, for reasons we don't know."

He theorized that the answer may be differences in the way alcohol is metabolized. He cited recent evidence that alcohol levels in Indians and Eskimos remain elevated relatively long after alcohol consumption.

The third paragraph presents some interesting shifts in pronouns, whereby "I'm", "they" and "we" are used, but only the "I" is identifiable. This raises the question of who "we" are to get to decide why "they" are at greater risk. Most likely, "we" represents the voice of the scientific and medical communities, even though this is not clearly stated.

The language

The articles use negative, emotive adjectives and nouns such as alarming, suffering, born suffering, and victims in order to demonstrate how serious and tragic the consequences of drinking while pregnant can be. The language isolates mothers as responsible for hurting the 'innocent victims' - their own fetuses. By using the word victim, a correlation is made to victimizer - in this case the unborn child's own mother.

77-dml: Mothers who drink heavily during pregnancy run a substantial risk of delivering a damaged baby, Dr. Smith said.

By referring to the baby as damaged, it relegates women to the role of delivering, or using the often used term 'producing', healthy children. Mothers who bear children affected by Fetal Alcohol Syndrome are treated as having failed society in that they deliver what are viewed as "damaged goods". The children are seen as so damaged that abortion is recommended in one of the articles.

dml-77: The risk is great enough, he said, that he would counsel any woman who drinks heavily and finds herself pregnant to have an abortion.

The moral obligation of women to bear healthy children will be addressed in detail in Chapter Eight.

Conclusion

To sum up the description of Key event 1: The naming of Fetal Alcohol Syndrome, there appears to be an effort early on to establish alcohol consumption during pregnancy as a substantial health risk and to provide a

'precise' formula which will provide the reader with the knowledge to calculate how much alcohol is safe to consume while pregnant. Making the assumption that such a calculation is possible, there is an attempt to estimate the exact amount drinkable per day, the type of alcohol, and at which period during the pregnancy the fetus is most at risk from alcohol consumption. By warning women of the possible risks, it is hoped that they will abstain from drinking in order to avoid 'producing damaged babies' and inflicting suffering on 'innocent victims'.

The information is constructed by giving voice to a number of scientific researchers who have recently studied the issue, and who share with us their scientific findings about precise amounts of alcohol consumption that may damage the fetus. No explanations are given as to how these 'precise' numbers relate to the reality of the lives of pregnant women, specifically those who may have problems with alcohol misuse, or how anyone, especially pregnant women, can deal with the many uncertainties surrounding the issue.

In the Canadian article, the problem is located in the aboriginal community, even though each of the articles implies that all women are at risk, thereby generalizing the warning. The early construction has constituted childbearing as a risky event, which has become more dangerous because of the newly discovered danger of alcohol consumption during pregnancy. It has also placed the responsibility of ensuring the risk is minimized (or even better - eliminated) solely on the shoulders of pregnant

women, particularly those women who are labelled as alcoholic and aboriginal.

Key Event 2 - 1987: Fetal Alcohol Syndrome Comes to British Columbia: The Release of the Robinson Study

Vancouver Sun, July 18, 1987, A1, A2

Alcohol blamed for child handicaps

Mark Hume

An intensive medical study of the children in a B.C. Indian village has produced disturbing new evidence on how alcohol affects the unborn.

The study found significant handicaps in more than 25 per cent of the children in the small Interior community.

And the study team, shocked by what it found, says Fetal Alcohol Syndrome - the abuse of alcohol by pregnant women - caused the vast majority of those handicaps.

A program to address the problem by focusing on prevention and early care to those already affected, was cancelled when band members reacted angrily to the findings and cancelled phase two of the project.

Dr. Geoffrey Robinson, of Vancouver's Sunny Hill Hospital for Children, said Friday his study showed that "if you had 100 children, 25 per cent would have handicaps attributable to Fetal Alcohol Syndrome and 5 per cent would have handicaps attributable to other causes,"

Said Robinson: "This is a very alarming percentage . . . We didn't expect anything like this."

About one per cent of B.C. children have severe handicaps; about 15 per cent have mild handicaps.

In the study more than 20 per cent had "severe handicap ratings."

"Two-thirds of those children had mental retardation that was measured by very sensitive and sophisticated testing. That's an appalling number."

Fetal Alcohol Syndrome affects all racial groups and has been reported from all parts of the world. It leads to growth retardation, intellectual and central-nervous-system dysfunction, facial abnormalities and abnormal neurological signs, among other things.

It isn't known what percentage of children in the general population suffers from Fetal Alcohol Syndrome. To determine such a figure for a given region, researchers would have to study every child and family living in the region.

The B.C. study presented just such an opportunity: the community is isolated and only 350 people live there.

Robinson said he thinks there are "very many more" such communities, "on Vancouver Island, and throughout the north."

Robinson asked The Vancouver Sun not to identify the community that was the subject of his study, saying it would be unfair to those who live there.

"Just describe it as an isolated community in northern B.C."

He said he also wants to shield the community's identity because he hopes to return with a program dealing with prevention.

Plans to immediately follow up on the findings were shelved when the community cancelled the project after phase one.

"There's a lot of hostility in the band because of the stereotyping of Indians as alcohol abusers," said Robinson. "The report said something they didn't want to hear."

Robinson said he is still in contact with the community and hopes to return to finish his work.

"It's very hard to know where to go next . . . The problem has been there for many years and it doesn't surprise me they didn't want to come to grips with it overnight. I'm hopeful for next year.

Robinson said despite its disturbing findings the study has a positive aspect: it shows most the handicaps could have been avoided.

"You might prevent the whole damn thing," he said.

Robinson's study, completed in 1985, is to be published in the next issue of the Canadian Medical Journal.

The Vancouver Sun obtained a copy of an early draft of the study.

The survey was requested by the band education authority in the community and was funded by the National Native Advisory Council on Alcohol and Drug Abuse.

Robinson and a team of doctors focused on children ranging from newborns to 18. Every child found to have a developmental handicap was given psycho-educational testing.

Introduction

The release of the Robinson study was the first major event locating Fetal Alcohol Syndrome as a problem in British Columbia. Although one previous article briefly mentioned a study done in northern BC, until 1987 there had been no major coverage of any studies on the prevalence of Fetal Alcohol Syndrome in Canada. Even though this study deals with a very small northern native community in British Columbia, the story was

covered extensively in the media, being published as far east as the Montreal Gazette.

The event

The coverage of the Robinson study was chosen as a key event because four out of seven newspapers covered the story (cluster across papers), the same paper covered various angles of the story seven times (cluster within paper), it appeared twice on the front page of the *Vancouver Sun*, and because the clusters all matched the category "Robinson study".

Articles pertaining to the Robinson study totaled 13 (N=110). Eight of these reported directly on the study, while a further four mentioned the study, and a later article mentioned Dr. Robinson and alluded to the study. Although the study only gets mentioned twice past its 1987 release date in the newspapers, the statistics quoted from that study (20-25%, or 1 in five children are affected by FAS in some native communities) continue to be used to this day in the print media when discussing Fetal Alcohol Syndrome prevalence rates.

The headlines

The headlines for this event are as follows:

- ◆ Alcohol blamed for child handicaps
- ◆ Retardation tied to alcohol abuse by mothers
- ◆ Alcohol syndrome problem cited at 25 per cent
- ◆ Booze abuse a top cause of retardation
- ◆ Retarded problem linked to alcohol
- ◆ MD urges more research on Fetal Alcohol Syndrome

- ◆ B.C. study shows damaging effects of alcohol on the unborn
- ◆ Alcohol caused fetal defects

The cause of the problem in the majority of the headlines focuses on alcohol (*e.g., Alcohol blamed for child handicaps*), as opposed to the women who consume alcohol while pregnant (*e.g., Retardation tied to alcohol abuse by mothers*). Although each story describes a study conducted in a specific native community, this is not indicated in any of the headlines.

The voices

Who is talked with

The voice heard in all articles is that of Dr. Geoffrey Robinson, of Vancouver's Sunny Hill Hospital for Children, who conducted the study in question (Robinson, Conry & Conry, 1987b). In addition, one article gives voice to a response from the native community, while several also give voice to Dr. Asante, who had done similar research in British Columbia several years previously.

Who is talked about

People in a particular northern native B.C. Indian village; all children in this village who were assessed; (native) mothers who drink while pregnant. Native people in general are usually referred to in the third person.

The messages

For a complete excerpt of one of the key articles, please refer to the beginning of this section. The study described in the articles examined "all

children" in a small, isolated northern British Columbia native community.

The articles describe the study as follows:

87-acf Vancouver (CP) - An intensive medical study of children in an isolated British Columbian Indian village has produced disturbing new evidence on how alcohol affects the unborn.

The attempt at making this a scientific story is evident by the use of terminology such as intensive medical study, disturbing new evidence, and was measured by very sensitive and sophisticated testing.

There is no mention of how the issues and conditions of poverty (i.e., poor nutrition), living in isolation, unemployment or any of the other realities of living in a small, isolated, northern native village may have affected the health of community members.

Defining Fetal Alcohol Syndrome: The cause

During this period, the cause of Fetal Alcohol Syndrome was defined as 'alcohol abuse by pregnant women'.

87-rp1: Alcohol abuse by pregnant women is one of the most common causes of mental retardation among children, says a doctor who has extensively studies the problem.

mum: In a study released last week, Robinson attributed the handicaps largely to Fetal Alcohol Syndrome - alcohol abuse by pregnant women -

hfe: Fetal Alcohol Syndrome, caused by excess drinking during pregnancy, causes mental and physical retardation as well as facial deformities.

caw...FAS is now well recognized as a syndrome of malformations and developmental delays associated with children of chronic alcoholic women.

caa: Alcohol abuse by pregnant women is one of the most common causes of mental retardation among children, says a doctor...

ahf:...Children born to mothers who drink alcohol during pregnancy may have shorter attention spans and slower reaction times, a long-term...

acf:..It said Fetal Alcohol Syndrome - the abuse of alcohol by pregnant women - caused the vast majority of those handicaps.

****abf:**....says Fetal Alcohol Syndrome - the abuse of alcohol by pregnant women - cause the vast majority of those handicaps.

The phrase "alcohol abuse by pregnant women" is used frequently and puts the responsibility for causing the condition on women, in particular the group of women who are pregnant and abuse alcohol. Pregnant women who use (as opposed to abuse) alcohol are not part of the discourse.

In contrasts to the 1977 articles, there is almost no discussion of the amount of alcohol consumed that may do damage or pose a risk to the fetus. There is also no indication of what amount of alcohol constitutes alcohol abuse. If three drinks a day for non-pregnant women can be considered moderate drinking, can two drinks by pregnant women be considered alcohol abuse (and by some, child abuse)?

The language

The response to the results of the study were described as follows:

'we didn't expect anything like this'

'alarming percentage

'shocked by the figures'

'staggering 20 to 25 per cent'

'disturbing new evidence'

Using emotional and dramatic words like shocking, alarming and surprising to describe the results of the study have a very dramatic effect and may have been used to grab the reader's attention.

"Produced disturbing new evidence" makes it appear as if this discovery was new, even though the condition was identified 13 years previously. The concept of newness is used several times throughout the years, covering both the condition of Fetal Alcohol Syndrome as well as some of the solutions, e.g., the bottle labelling issue, where the idea is repeatedly presented as if it was a new discovery. Presenting an idea as new may be necessary in order for the story to be classified as newsworthy, as generally there must be either new information, or a dramatic change in previously featured information for a story to be deemed newsworthy (Nelkin, 1987).

Fetal Alcohol Syndrome identified as a native problem

96-rp1: Both doctors stressed the problem is found in non-native as well as native communities. Most of the children in Asante's report were native because he said the problem is easier to diagnose in native children for reasons he's not sure of.

The entire story is literally located in the native community. Non-native inclusivity is provided briefly, then negated. This issue will be covered in more detail in Chapter Seven.

Conclusion

Key Event 2: The Robinson study establishes a number of things. It brings Fetal Alcohol Syndrome home by describing the condition from a study conducted in northern British Columbia, thereby locating the problem in the

native community and in British Columbia. At the same time it manages to distance Fetal Alcohol Syndrome from the non-native population. The stories utilize quotes from scientists, as well as 'scientific evidence' to substantiate their accuracy and importance. The event also provides statistics which continue to be utilized to this day in the Fetal Alcohol Syndrome discourse.

Key Event 3 - 1989: The Children of Fetal Alcohol Syndrome: Victims or Victimizers

Globe and Mail, August 16, 1989, A1, A11

Children are nightmarish evidence of alcohol abuse by native mothers

By Sean Fine

The Globe and Mail

In Doris Lessing's nightmarish novel *The Fifth Child*, Ben was the monster son, hostile, violent and physically deformed, who tore his family apart simply by being alive.

In some native communities in North America, the nightmare has become a horrific reality. Pregnant women who drink heavily have produced hundreds, perhaps thousands of Bens - broken from birth by physical, intellectual and emotional handicaps.

Shockingly, as many as one child in five in some communities is affected to some degree by maternal drinking, studies show.

Junior is Ruth Cope's Ben.

Emotionally unstable, short, unable or unwilling to talk, mentally retarded, facially deformed and with the briefest of attention spans, he is marked for life by Fetal Alcohol Syndrome.

"Non-compliant, devious and deviant, that sort of sums up his personality," said Ms Cope of Lethbridge, Alta, Junior's legal guardian. "However, he has a very caring, loving, loyal side to him."

Studies of some native communities in British Columbia and the Yukon have found as many as 20 per cent of children affected to some degree by maternal drinking; other studies have found rates of 5 per cent.

The problem, first identified by doctors in 1973, has been found in all racial groups, but the federal government says it knows of no reliable statistics on its incidence in the general Canadian population.

However, more non-native Canadians are affected than natives because native peoples are just a small percentage of the population, Greg Sherman, head of the Health and Welfare.... (more on page A1).

Alcohol abuse reflected in native offspring

From Page A1

Department's birth defects section, said in an interview.

"That may be confusing to a lot of people, including physicians, if they think of FAS at all, they think of the native population. That's a feature that could bias reporting, he said.

Still, experts consider the syndrome several times more prevalent in some Indian tribes than in the general community. Without a serious effort to resolve the problem, the whole Indian culture is at risk, pediatrician Kwadwo Asante of the University of British Columbia concluded.

Canada lags behind the United States, which plans to force distillers to place warnings, including one to pregnant women, on liquor bottles, starting in November. Ottawa questions the effectiveness of such warnings.

How does this fifth child live? And how do those who live with him live?

"He can amaze you sometimes what he can do on his own," Don Healey, Ms Cope's husband, said of Junior. "Other times he's as thick as that cement door."

Ms Cope and Mr. Healey, who are white, took in Junior, a native, five years ago on a contract with a non-profit group.

Junior was 14 then. "He had a reputation as a holy terror," Ms Cope said - setting fires, breaking serials of cars, sexually aggressive - but she did not know the full story until she heard it around town.

"He was completely out of control," she said. "Initially, he was so violent we had to restrain him (physically) up to six times a day. . . . You had to be right on top of him every minute of the day."

Ms Cope began to sit him in his room for a few minutes for every inappropriate act. "All the TLC in the world does not work," she said.

The province ordered her to close a day-care centre she ran at home for fear he would harm other children.

Ms Cope enrolled Junior in a school for the handicapped. But after a year, the school closed so its students could integrate in mainstream schools.

In three years of trying, Ms Cope could not find a single school that would take Junior.

(Earl Warica, an assistant superintendent for Lethbridge School District 51, said he did not know of the young man's case, but "as far I know we have never rejected anyone. We have the most severely handicapped children imaginable.")

Then Junior's social worker decided Junior would be better off in an institution. Ms Cope balked and telephoned every social agency she could find to muster some support.

Ms Cope and Mr. Healey won the battle, and Ms Cope began an intensive program to teach Junior to speak. Then she and Mr. Healey, who were going to Toronto for a wedding, had to leave him behind with hired help because Alberta had refused to give him a pass to leave the province.

"You know, he never spoke again," Ms Cope said. "We had him up to 20 words . . . He has a lot of control through not speaking." Junior can say only a few words in sign language.

There were other problems with bureaucracies. At one time, Junior had a social worker, a program manager, a behavior management consultant, a psychologist, a psychiatrist, a general practitioner, a pediatrician and a citizens' resource worker.

"We were tiptoeing between those people because of differing opinions," Ms Cope said.

Now, Junior spends his week-days in a sheltered workshop, doing gardening, house-cleaning and crafts.

Mr. Healey, a mechanic who used to take Junior to work, said the young man has some abilities. "We gave him a set of valve covers from a motor to clean up. We came back and you would have thought they were chrome. They were polished. but if you stood there and tried to make him do that, no way."

Junior has settled down somewhat in the past two years. Ms Cope credits "24-hour supervision and complete control. Some of it was simple commands to sit and stay. He had to learn it was OK just to be."

Meeting a reporter, Junior puts out his hand to shake, smiles winningly, takes out his wallet to show his birth certificate and shows his bracelet identifying his health problems and giving his phone number.

"He has to show you all his possessions," Mr. Healey said.

Junior understands what is said to him, his guardians say. Can he read? "Who knows?" Mr. Healey said. One time, he found a newspaper picture of Wayne Gretzky and matched it up with a newspaper article about the hockey player.

About a year ago, Ms Cope and Mr. Healey became Junior's legal guardians, and the Alberta government now gives them \$1,750 a month for his care, plus room and board out of Junior's \$632 monthly pension.

Ms Cope and Mr. Healey also run an open custody home for four young offenders. Junior appears to enjoy the company of two such youths the couple have brought to Toronto, who Ms Cope said are "a normalizing influence" on him.

Is he sad, angry, happy? "He has his times just like a normal person."

Junior is Ms Cope's fifth child - she has four adult children from her former marriage. Ms Cope's 21-year-old daughter has agreed to be Junior's alternate guardian, in case anything happens to her mother and Mr. Healey.

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The B.C. government has begun a three-year pilot program in which eight social workers are posted in native communities to try to talk pregnant women out of drinking.

"Eight isn't very many - we might better have 80 - but it's a hell of a lot better than nothing," said Geoffrey Robinson, professor emeritus of pediatrics at the University of British Columbia, who has studied the problem.

In B.C. liquor stores, paper bags have warnings to pregnant mothers, an initiative begun last month.

While other provinces offer a variety of educational programs, studies have found that most pregnant women who drink know of the dangers. "Education doesn't necessarily stop people from drinking," a federal health employee in Manitoba said.

Even moderate drinking can cause low birth weight and other problems; the full syndrome is generally the result of heavy drinking.

New Democratic Party MP Nelson Riis plans to seek all-party support for a private member's bill that he hopes will be debated in the fall, requiring warnings on liquor bottles.

Indian communities are taking the problem seriously, said Ernie Crey, a vice-president of the United Native Nations, which represents 22,000 Indians off reservations in B.C.

"What we are facing is around eight generations of alcoholics spread throughout the family tree," said Alice Carrol, an Okanagan Indian and therapist who founded B.C.'s Round Lake treatment centre. "It's only been in the eighties that we, as native people, took responsibility for the recognition of alcohol as a disease among our people."

Introduction

The negative stereotypes of alcohol-affected children so common in our society are highly misleading.

A one-sided picture of alcohol-affected children pervades our society. The media tell the most tragic tales, the worst-case scenarios, with the spotlight passing by those children who succeed. Most of the research we now have describes the most severely affected children who did not receive the benefits of early intervention or the specific educational techniques parents and teachers have described in this book. (Kleinfeld, 1993, p.315)

Early articles on Fetal Alcohol Syndrome focused on scientific studies that attempted to provide a formula for how much a woman can safely drink during pregnancy, at what stage during her pregnancy she may be exposing

her fetus to the highest risk, and where the problem is most likely found. Up to this point the lives of children and adolescents affected by Fetal Alcohol Syndrome have been almost invisible. The first time children affected by fetal alcohol are briefly described is in a 1983 article, whereby a foster mother describes her view of 'these' children as follows:

1983-cph: As one mother sees it, the children are the runts of society: small, skinny and slow to learn. They are also not easy to love.

This early description constructs a negative stereotype of children affected by Fetal Alcohol Syndrome, which is brought dramatically to the foreground in this 1989 key event.

The event

It was not until 1989 that a story appeared which provided some details about the life of a Fetal Alcohol Syndrome affected child and his⁵ family. The 1989 'monster son' event was chosen as a key event because a version of the story appeared in four of the seven papers (cluster), the longest version of the story appeared on the front page of *the Globe and Mail*, and it marked the first time an older child's life affected by Fetal Alcohol Syndrome was described in some detail. All four stories fit the category of "Doris Lessing and the monster child".

⁵ To date (1989) all published newspaper stories featured only boys.

The headlines

The headlines of the four stories are as follows:

- ◆ Children are nightmarish evidence of alcohol abuse by native mothers
- ◆ Alcohol causes nightmarish birth defects
- ◆ Couple tells of strain, problems, in raising alcohol syndrome child
- ◆ Fetal-alcohol victims can tear families apart

The headlines for this event are much more dramatic than the headlines of the two previous key events. While the 1977 headlines were as simple as 'Alcohol blamed', these headlines are much more sensational, using the words nightmarish and victim to gain the reader's attention. This is also the first time aboriginal people are identified (and blamed) in any of the headlines (ie., "Children are nightmarish evidence of alcohol abuse by native mothers"). The drama of the headlines foreshadows the drama of the stories.

The voices

Who is talked with

The key voices heard in these articles are those of Ruth Cope and Ben Healey, who are foster parents to the fetal alcohol affected child portrayed in the story. In addition, the voices of a number of medical experts, including Dr. Asante and Greg Sherman, are heard.

Who is talked about

Junior, the native foster child affected by Fetal Alcohol Syndrome (he does not appear to have a name other than Junior); women who drink

heavily while pregnant ("and who produced hundreds if not thousands of 'monster sons'..."); implied: native women (since it is mentioned that the birth mother is native); and author Doris Lessing's fictional character Ben, the 'monster son'.

The messages

A full excerpt of the longest of the four stories, and the front-page story, is located at the beginning of this section. The story of the 'monster son' gives a very dramatic and negative description of a child affected by Fetal Alcohol Syndrome, by comparing Fetal Alcohol Syndrome affected children with the 'monster son' character of Doris Lessing's novel *The Fifth Child*:

89-acn In Doris Lessing's nightmarish novel *The Fifth Child*, Ben was the monster son, hostile, violent and physically deformed, who tore his family apart simply by being alive.

In some native communities in North America, the nightmare has become a horrific reality. Pregnant women who drink heavily have produced hundreds, perhaps thousands of Bens - broken from birth by physical, intellectual and emotional handicaps.

Junior is Ruth Cope's Ben.

Emotionally unstable, short, unable or unwilling to talk, mentally retarded, facially deformed and with the briefest of attention spans, he is marked for life by Fetal Alcohol Syndrome.

"Non-compliant, devious and deviant, that sort of sums up his personality," said Ms Cope of Lethbridge, Alta, Junior's legal guardian. "However, he has a very caring, loving, loyal side to him."

The child in this story is described as a 'monster son', after a fictional character who behaves in very appalling ways (Lessing, 1988). The description of the child affected by Fetal Alcohol Syndrome matches the 'monster' metaphor, for the child is seen as someone who is hostile, violent

and physically deformed, and someone *who tears his family apart simply by being alive*. This child, and presumably others like him, are seen as children who are so difficult to manage, that even without committing any 'devious and deviant' acts (which junior is also described to engage in) they have the power to tear families apart 'simply by being alive'.

Innocent victim vs. monster

Although a few positive characteristics are stated ('... he has a very caring, loving, loyal side to him') the majority of the story portrays a very negative and frightening picture of a young person affected by Fetal Alcohol Syndrome.

This negative construction of a child's life supports the argument that there is a strong value of negativity in the news (van Dijk, 1992), which is especially evident when Fetal Alcohol Syndrome affected children are described (Kleinfeld, 1992).

The media's habitually negative construction of children living with Fetal Alcohol Syndrome is also mentioned in the book *Fantastic Antoine Succeeds* (Kleinfeld, 1992), which states that the continuously negative portrayal in the media, as well as the scientific and medical literature, make it difficult for any success stories to be heard. These children are portrayed as both innocent victims as a result of the behaviour of their irresponsible and careless mothers, while at the same time being described as disfigured, unlovable, devious and defiant children who destroy families. This construction therefore creates a paradox whereby children affected by Fetal

Alcohol Syndrome are perceived as both innocent victims and demonized victimizers.

The 'rescue' of aboriginal children

The problem of Fetal Alcohol Syndrome in these articles is once again strongly situated in aboriginal communities. Statistics, based on Robinson's study, are provided to support the argument that this problem is unique to native communities. The phrase "in some native communities" is used, making invisible the children of other native communities where very few children are affected by Fetal Alcohol Syndrome, as well as all the non-native communities in Canada and internationally where children are also being diagnosed with Fetal Alcohol Syndrome.

The news stories involve a child who is clearly labelled as being native, and someone who is cared for by non-native parents. The message that a difficult aboriginal child is being cared for by non-native foster parents reinforces the stereotype that aboriginal people are unable and/or unwilling to take care of their own, although they are supposedly responsible for producing a large number of these 'damaged' children. This will be discussed in more detail in Chapter Seven.

Happy endings

As discussed earlier, even though several independent factors favour negative news, there is also a requirement of a 'happy ending' for the reader. This 'happy ending' is needed to provide the reader with some problem-solving possibilities which will again reestablish the goals, norms and values

shared by the group (van Dijk, 1992). Negative news without the possibility for a positive outcome may be too hard to digest.

The story in the Globe and Mail tries to provide this 'happy ending' by prescribing a number of solutions that address the prevention issue. At the same time, there is no mention of what services or supports would enhance the lives of pregnant women and the family members affected by Fetal Alcohol Syndrome as they live their 'nightmarish' existence.

The solutions provided in the story include:

- A three-year pilot program in which eight social workers are posted in native communities to try to talk pregnant women out of drinking.
- In B.C. liquor stores, paper bags have warnings to pregnant mothers, an initiative begun last month.
- New Democratic Party MP Nelson Riis plans to seek all-party support for a private member's bill that he hopes will be debated in the fall, requiring warnings on liquor bottles.

The bottle labelling issue surfaces frequently and will be discussed in detail during the next key event, where it is strongly brought to the forefront.

Efforts at education are quickly negated by the following statement:

- While other provinces offer a variety of educational programs, studies have found that most pregnant women who drink know of the dangers. "Education doesn't necessarily stop people from drinking," a federal health employee in Manitoba said.

In other words, educating people about the risks would be of no use if 'they' are going to drink anyway. The focus is once again on personal responsibility, whereby blame is placed on a particular group of women who

are constructed as choosing to drink whether or not they are aware of the dangers this may pose to the fetus.

Five years later: A child's life as it is portrayed in a 1994 newspaper article

Four of the six articles appearing in 1994, which is the final year of my study, focus on the lives of children, as opposed to scientific studies or policy issues. There is a definite change in the message over that time period, and yet much of the message has stayed the same. The word victim is still used in association with being affected by Fetal Alcohol Syndrome. There is still aboriginal finger-pointing, even though to a lesser degree. The voices have expanded to include not only the foster parents, but also the children themselves. However, the majority of the message continues to be one of despair and hopelessness:

94-mft: BRANTFORD - She loves him so much, she has fought for him so hard that her own health is shot. Because of the relentless stress, she wears a heart monitor.

Lynda Killeleagh's 19-year old son, Kory, is a victim of Fetal Alcohol Syndrome.

He knows it. "I'm not interested in beer at all," he announces in the way of a wounded but cocky small boy. "I've suffered enough already."

His mother knows it. She also knows that's why her adopted son never fit in, why his moods would change so rapidly, why he could never understand money, time or the consequences of turning on the stove.

As much as Kory is the victim of his biological mother's drinking, Killeleagh also thinks he is a victim of the government. She waves a tired hand over the stack of papers 20 centimetres high on her dining room table.

...Kory has tried to kill himself three times. He can't cross a street by himself; he has no short-term memory; he can never be alone.

He has been in and out of every service in their area - and also in London, Hamilton and the Niagara region. Lately he's been regressing, losing ground. His IQ has slipped from the 80 mark of 10 years ago to 59 now. Six months ago Kory stopped playing with his Nintendo; now he wants only toys for Christmas - Lego, guns, the kind designated for ages 6 and up.

His mood swings are fierce, unpredictable....

fask1: As Oberlander's co-worker, Dr. Christine Loock, says bluntly of FAS children: "The girls get knocked up and the guys get locked up. The girls are exploited in the sex trade, and the guys get involved in crime and can't get out."

...."This is one of my babies," says Loock quietly. "He doesn't take a lot through his mouth, so we feed him through the nose by a tube."

Hospital staff will make this FAS baby strong and nurture his development. But as he grows older, there will be fewer people to help him cope with an emerging set of new problems.

Overly active, easily distracted and impulsive, he will do poorly in school, responding with anxiety and depression. As an adult, he will be afflicted by poor judgment and an inability to see the implications of his actions.....

It is interesting to note that girls seem to fare much better in media stories. Only one girl, Kandice Boudreau, is described in any of the newspaper stories, but she is featured several times over the years. Overall, her story is labelled a difficult one, but also a successful one:

fask1: Today, Kandice lives in Kitsilano. Thanks to her adoptive parents, she is a success story.

On the other hand, the outlook for Kory Killeleagh (as that of Junior in the 1989 'monster son' stories) is constructed as very negative and hopeless. Overall, the children featured in any of the news stories continue to be portrayed in a very pessimistic, hopeless, and dramatic manner, reinforcing the negative stereotype created over a decade ago.

The language

A large number of negative, emotive adjectives are used in these articles:

Nightmare and nightmarish: A nightmare consists of a bad dream, something you wake up from and are glad it is not real. The children affected by Fetal Alcohol Syndrome are real, and cannot be wished away. A reference to a nightmare is something that all people relate to, as we have all had nightmares. It creates a very powerful and dramatic image. Since people who live this 'nightmarish' existence are not able to 'wake up' from their bad dreams, they are perpetually stuck in their nightmare. This allows little room for success or improvement.

Equally negative and frightening is the phrase 'horrific reality'. It is similar to a nightmare, except that it is 'real'. The use of that term creates a sense of doom and negativity, and makes invisible anything positive, successful and constructive about these children's lives.

Shockingly, as many as one child in five in some communities is affected to some degree by maternal drinking, studies show.

Shockingly is another emotive word that tells the reader what to feel. It is used often, sometimes in conjunction with a 'scientific' discovery about Fetal Alcohol Syndrome, sometimes when describing the children's behaviour. Who is it that is shocked, and if they are, should the reader also be?

The phrase "broken from birth" reflects on how we, as a society, view people with disabilities. As discussed in the last event, the word 'damaged' is

often utilized in the discourse. Children affected by Fetal Alcohol Syndrome are seen as broken or damaged, not whole, and needing to be fixed in order to become like us, 'normal'. And yet according to the stories there is no cure for Fetal Alcohol Syndrome, no way to 'fix' these children who are stuck in their 'horrific reality'.

Conclusion

Key Event Three: The children of Fetal Alcohol Syndrome makes visible the lives of children affected by Fetal Alcohol Syndrome. This is done by painting a very negative, dramatic picture of their lives. The child in the story is described as devious, deviant and hard to love, with little hope for a successful future.

The event also entrenches the phenomenon more firmly in the native community, as the child described, and others that are alluded to, are the creation of an aboriginal parent. The key voices represented were the foster parents and medical professionals, while the key message was that the Fetal Alcohol Syndrome affected child and his family is perpetually stuck in a nightmarish existence.

Key Event 4 - 1992: The Government Report

Vancouver Sun, June 18, 1992, A2

FETAL ALCOHOL SYNDROME. MPs seek tough label law to warn expectant moms away

Peter O'Neil

Sun Ottawa Bureau

OTTAWA - The Canadian booze industry must be forced to put labels on bottles to warn pregnant women against the risk of drinking alcohol, a Parliamentary subcommittee will urge today.

Bars, taverns and liquor stores should also have danger signs, and "lifestyle" television ads for alcoholic beverages should be banned, the Tory-dominated group of MPs will tell the government.

The subcommittee's hard-hitting recommendations are aimed at cutting the damaging effects of alcohol consumption on the unborn. The report's conclusions were obtained Wednesday by The Vancouver Sun.

"When a pregnant woman drinks, her unborn child drinks also," says the report, to be tabled in the House of Commons today.

Between 400 and 500 babies are born in Canada each year suffering from Fetal Alcohol Syndrome, according to an estimate obtained by the committee.

Half of the victims suffer from mental retardation because of heavy drinking by pregnant mother. Fetal alcohol effects, resulting from moderate drinking, are estimated to be three times more frequent.

Fetal alcohol effects victims suffer from hyperactivity, behavioral problems, learning disabilities "and a general inability to function normally in a social milieu."

The report was conducted by a subcommittee of the standing committee on health and welfare. The subcommittee is made up of chairman Stan Wilbee (PC-Delta), Jean-Luc Joncas (PC-Matapedia-Matane), Rey Pagtakhan (Lib-Winnipeg North) and Jim Karpoff (NDP-Surrey North).

Health Minister Benoit Bouchard has refused to act on a B.C.-based campaign to require warning labels, saying there isn't much interest east of the Rockies.

Lobbyists representing the spirits and beer industries argued strongly against labelling at the subcommittee's public hearing earlier this year.

The subcommittee also wants Ottawa to create: A national advisory committee on alcohol and the fetus; a national resource centre for Fetal Alcohol Syndrome and effects; a national conference on the topic by the end of 1993; a special aboriginal committee on the issue; and an "aggressive" awareness campaign in the native population.

In the U.S. warning labels are required to say: "According to the Surgeon General, women should not drink alcohol beverages during pregnancy because of the risk of birth defects."

The subcommittee wants Canadian labels to be more visible than the American.

And it says the Canadian Radio-television and Telecommunications Commission should ban "lifestyle" advertising, which links fun-oriented social activities with drinking.

Introduction

Up to 1992, Fetal Alcohol Syndrome in the media focused mainly on epidemiological research, warnings by physicians of alcohol consumption during pregnancy, and tragic stories of children affected by Fetal Alcohol Syndrome. The government's voice was relatively silent until 1992, when the federal government released the standing committee report *Fetal Alcohol Syndrome: A Preventable Tragedy*. Government involvement signifies that the issue has moved from the medical arena to the political and policy arena, and that possible government intervention in the form of support, sanctions and conditions may follow (Herzlich & Pierret, 1989).

The event

The release of the government report is chosen as a key event because it contains the only story that is covered by each of the seven papers simultaneously (cluster). Two of the stories appear as front-page stories. The event is also important because it is the first time that the government's voice is heard extensively on the issue. The articles in this cluster all fit the category of "government committee report on FAS".

A total of twenty stories (N=110, 18%) collected are about, or refer to, the government committee and their report. Front-page stories appear in both the *Globe and Mail* and the *Montreal Gazette*. Eight stories are directly related to the release of the report, reflecting one story by each paper with the exception of the *Vancouver Sun*, which published two stories on two consecutive days. This is the only occasion that a story is covered by all papers simultaneously. All stories appear in the A section of the paper.

There are three related articles in the *Vancouver Sun*, which was the first paper to 'scoop' the story by getting the report a day early. The shortest story (*Globe and Mail*) was 101 words, while the longest story was 559 words (*Winnipeg Free Press*).

In addition there are nine further stories that refer to the government report, as well as three editorials, two of which are authored by B. Bouchard, at that time the Health Minister of Canada. Many of these follow-up stories refer to the committee, the recommendations, and the government response, or apparent lack thereof, in negative terms.

The headlines

The headlines of the eight stories are as follows:

- ◆ Fetal Alcohol Syndrome. Mps seek tough label law to warn expectant moms away
- ◆ Committee wants ban on alcohol ads
- ◆ Health warnings on booze bottles may get test run
- ◆ Label booze bottles to warn of danger to fetus, Mps say
- ◆ Labels aimed at pregnant women, [Ottawa tries warning labels on alcoholic beverages]

- ◆ Mps want booze labelled to warn pregnant women. Ban recommended on 'lifestyle' alcohol advertising
- ◆ Ottawa warms to project warning of drinking risks
- ◆ Sobering note for mother-to-be: MPs want alcohol to carry warning label.

The extensive report made 21 recommendations⁶. As is evident from the headlines, the media focused on only one of these recommendations, namely the bottle labelling issue. Each one of the headlines mentions, or refers to, the bottle labelling issue. There is also a focus on pregnant women, with a focus once again on self-responsibility (e.g., Sobering note for mother-to-be: MPs want alcohol to carry warning label).

The government response

In December of 1992, a response to the rejection of the warning labels was carried in a number of papers. The (usually quiet) Halifax Chronicle Herald carried three stories. The headlines of the December stories are as follows:

- ◆ Bouchard rejects warnings on bottles
- ◆ Ottawa doesn't act on call for alcohol warning labels
- ◆ Moody eyes alcohol warning label
- ◆ Fair warning
- ◆ Booze-label waffling angers Kingston woman
- ◆ Government is trying to combat fetal alcohol
- ◆ Alcohol warning labels to be tested

⁶ For a summary of the report recommendations and response by the government, see Appendix B.

The headlines of the follow-up stories focus on the bottle labelling issue and the government, rather than the bottle labels and pregnant women, as in the initial stories.

The voices

Who is talked with

The main voices heard are those of politicians, specifically the voices of Dr. Stan Wilbee, the Tory Member of Parliament who heads the special Commons committee (which consists of a subcommittee of the standing committee on health and welfare), as well as Health Minister B. Bouchard.

With the exception of Dr. Wilbee, none of the people quoted seem to have been personally interviewed, instead managing to communicate through the report and in Bouchard's case, by utilizing a written statement. Representatives of the liquor lobby get a voice in a number of articles, a voice that is mostly silent during the other key events.

Who is talked about

Pregnant women who drink, 'victims who suffer' from Fetal Alcohol Syndrome/Effects, the Canadian liquor industry. There is no mention of any identified subgroup.

The messages

A full excerpt of one of the stories precedes this section. The body of each story focuses on the bottle labelling issue. This is evident not only in each of the headlines, but also in each of the eight opening sentences of the story, all of which focus on the labelling issue:

92: fasm: OTTAWA - The Canadian booze industry must be forced to put labels on bottles to warn pregnant women against the risk of drinking alcohol, a Parliamentary subcommittee will urge today.

cwb: OTTAWA (CP) - Alcoholic beverages should have labels warning pregnant women not to drink, and so-called lifestyle advertising of alcohol on radio and television should be banned, a Commons committee recommended today.

hwo: OTTAWA - Booze labels should warn pregnant women of the dangers of drinking, an MPs' committee studying Fetal Alcohol Syndrome recommended Thursday.

laa: HULL - Labels warning women of the dangers of drinking while pregnant will be added in at least one province to bottles and cans containing alcoholic drinks, Health Minister Benoit Bouchard announced yesterday.

mwb: OTTAWA - Bottles and cans containing beer, spirits and wine should carry labels warning women of the dangers of drinking while pregnant, a report looking at the troubling incidence of Fetal Alcohol Syndrome said yesterday.

These opening sentences all focus on the labelling issue, even though the report made 21 recommendations. One article touches on as many as nine recommendations, while most mention solely the bottle labelling recommendation.

Why focus on the labelling issue?

One key element pervasive in the discourse on Fetal Alcohol Syndrome is the bottle labelling issue. Often pegged as a 'solution' of sorts, it is a concrete entity over which the various actors can argue or take a position. It is a hotbed of continued discussion, that seems to reinvent itself. The labelling issue is mentioned in some articles as early as 1981, but does not come into major focus until 1991, prior to the release of the government committee.

The 1981 article is a US based article, and brings up the labelling issue as follows:

pwc: In July, the government issued a surgeon general's advisory warning women "not to drink alcoholic beverages and to be aware of the alcoholic content of foods and drugs" during pregnancy.

It was by far the strongest official statement on the issue to date. It renewed general interest in the subject, and Sen. Strom Thurmond (R-S.C.) has introduced legislation that would require warning statements on liquor labels advising women about the possible harm drinking does to the unborn.

The request by the aboriginal community in 1983, and again in 1988, to have labels placed on alcoholic beverages seems to go unnoticed, as their early demands for labelling are not mentioned in the government report or in any of the later media stories.

There are so many other issues that could be discussed, and yet the labelling issue has gotten more coverage than any other issue connected to Fetal Alcohol Syndrome. What is it about the labelling issue that gives it so much presence in the media? In addition to becoming the focus of discussion

after the release of the government committee report, two B.C. columnists also adopted this particular issue. First columnist Susan Balcom and later Nicole Parton (both of the Vancouver Sun) wrote a combined total of 13 columns on the issue of Fetal Alcohol Syndrome. Twelve of these are about, or mention, the labelling issue. The topic continues to surface, and at the time of my writing, there is another bill in front of the House of Commons concerning this issue (Bill-C222, formerly Bill C-337). This bill was given first and second reading on March 5, 1996, and was then referred to the Standing Committee on Health for further study.

In many ways, the discourse surrounding the bottle labelling issue can be seen as an easy distraction. I use the word easy, because it is a concrete and simplistic entity to grab on to, instead of dealing with many of the more complex and less easily definable issues.

The argument revolves around a number of issues:

- ◆ Do labels make a difference?
- ◆ Do labels affect behaviour?
- ◆ How effective are labels?
- ◆ Who reads the labels?
- ◆ Who is responsible for implementing a bottle labelling program- the federal government, the provincial government, or the distilleries and the liquor industry?
- ◆ Who is for bottle labels, who is against it, who wins and who loses from the debate?

Cynicism

The initial stories about the release of the report and its recommendations seem to consist mostly of an 'objective' description and

discussion of the government report. Six months later the articles are much more opinionated, negative and cynical, stating that the government will not do anything to solve the problem (such as affix label to beer bottles). The stories continue to focus on only the bottle labelling issue, in this case the federal government's refusal to implement such a program.

92-oda The federal government has dodged a Commons committee recommendation that it require alcohol bottles to carry warnings about the dangers of drinking during pregnancy.

Health Minister Benoit Bouchard said Tuesday it wouldn't be useful to require the warnings because women usually drink out of a glass and may not see the bottle or its label.

Nova Scotia Health Minister George Moody, says only Ottawa has the authority to put labels on alcoholic products but adds the province will "seriously look at" the measure. The comment does not suggest much enthusiasm.

Federal Health Minister Benoit Bouchard also shows no sense of urgency. He told a House of Commons committee recently that Ottawa cannot move without provincial support.

This buck-passing is disgraceful. Something that undermines the health of as many as 3,600 Canadian newborns annually should not be ignored.

Mr. Bouchard told the House of Commons committee it would not be useful to require warnings because women usually drink out of a glass and may not see the bottle or its label. That is humbug. A person may also be handed a cigarette from a container other than the package in which it was purchased. No one would seriously say this is cause to remove warnings from cigarette packages.

Mr. Bouchard's comment that labels would not be useful because women drink out of glasses is treated as a ludicrous excuse for not putting labels on bottles. The comment appeared in four of the follow-up stories, where it was used to describe the 'buck passing' mentality of the government response.

The language

Negative and emotive words continue to be used, even though to a much lesser degree than during the past two key events. The word suffer is

used three times in the key article, usually in conjunction with the word

victim:

92-fasm: ... Between 400 and 500 babies are born in Canada each year suffering from Fetal Alcohol Syndrome, according to an estimate obtained by the committee.

....Half of the victims suffer from mental retardation because of heavy drinking by pregnant mothers..... Fetal alcohol effects victims suffer from hyperactivity, behavioral problems, learning disabilities "general inability to function normally in a social milieu."

This reinforces the 'tragic' construction as discussed during previous key events.

Let's get serious

The word serious also gets prominent use in Key Event Four:

92-mwb British Columbia - which already asks bars and restaurants to post signs warning pregnant women not to drink - is eager to take part in a pilot project, Health Minister Elizabeth Cull said.

"It's becoming very serious and I think that we have to use all measures that we possibly can to address it."

An almost identical version of the following statement was seen three times:

snf, hwo, lbb: Health Minister Benoit Bouchard yesterday welcomed the recommendations, saying he's seriously considering the warning label suggestion.

In addition, the following quote was repeated in four of the seven articles:

snf, hwo, lbb, pwo: "Fetal Alcohol Syndrome is maybe much more than people believed," he told reporters. "It's serious and we're looking for serious answers."

The repeated use of the word serious demonstrates how 'seriously' the government appears to take the issue, and yet, it is a very vacant statement. Stating Bouchard is 'seriously' considering the issue, as opposed to Benoit is considering the issue, may impress upon the reader that the issue has priority over other issues. It seems like a cliched politician's statement that sounds important but carries little meaning, as no indication is given what taking it seriously would involve.

Conclusion

Key Event Four: The release of a government committee report on Fetal Alcohol Syndrome receives more news coverage than any other issue related to Fetal Alcohol Syndrome. It is also the only event which is covered by all seven papers simultaneously. Government involvement in an issue demonstrates that the issue has moved from the medical and social arena into the political and policy making arena. And yet no policy developments or implementations get discussed, other than the bottle labelling issue, which becomes the focus of each story. To date the bottle labelling issue is still only in the stage of an ongoing debate.

Other than the bottle labelling issue, the main message of the stories consists of indicating that fetal alcohol is a 'serious' problem that has been studied and needs to be taken 'seriously', without any exploration of what that might imply. The main voices heard in this key event are those of the politicians who wrote the committee report and issued press releases. The

voices of children affected by Fetal Alcohol Syndrome and their caregivers are completely absent from the discourse.

Key Event 5 - 1992: The Blame Game: Pitting Women's Rights against Children's Rights

Winnipeg Free Press, July 19, 1992, A1, B11

'It's a scandal nothing is done'

Fetal alcohol problem grows

The number of babies born with symptoms of substance abuse has more than doubled over the last four years at Health Sciences Centre and a child abuse expert says it is time some mothers' rights were restricted to prevent such tragedies.

Dr. Charlie Ferguson, director of Winnipeg's Child Protection Centre, said society no longer can afford to ignore cases where pregnant women repeatedly abuse alcohol or drugs.

"I think it's a scandal that people produce baby after baby with Fetal Alcohol Syndrome and nothing is done," Ferguson said.

In extreme cases, he said, these mothers should be held for treatment to save the children's health.

"There's eventually going to need to be a case where someone like that has to have her rights infringed upon."

Canadian laws do not protect a fetus - who is not legally a person - from maternal abuse and neglect.

While putting drug-dependent pregnant women in jail is not the solution, Ferguson said, those laws should be revised to allow court-ordered treatment in residential substance abuse programs.

Statistics provided by Dr. Oscar Casiro, the HSC's director of the newborn follow-up program, show there were 20 babies born to substance-abusing mothers in 1988. Last year, the number rose to 45.

Those statistics include babies suffering birth defects from Fetal Alcohol Syndrome, to those going through withdrawal from Talwin and Ritalin.

But Casiro said he isn't convinced legal intervention is the solution.

"These cases are very sad and very frustrating," Casiro said.

"But I don't believe using the punitive approach will really help."

He's disturbed by the growing trend in the United States of charging pregnant women who abuse alcohol or drugs.

"It's a very dangerous approach," Casiro said. "Will you start chasing women around to see if they take a drink?"

Instead, public education is the best way to encourage women to stop abusing drugs during pregnancy, he said.

Barney Sneiderman, a University of Manitoba bioethics law professor, said legal intervention has not worked in the United States.

"It may offer a short-term solution in some cases but it sets a bad precedent," Sneiderman said.

The threat of arrest tends to discourage high-risk mothers from getting pre-natal care for fear of being reported, he said.

Behavior restricted during pregnancies

Here are some examples of the more than 160 cases in at least 26 U.S. states where legislation has been used to try to restrict women's behavior during pregnancy.

* A woman from Alaska accused of cocaine use during pregnancy was sentenced to six months in jail and five years probation in August 1989 for criminally negligent homicide in the death of her two-week-old son, the baby died of a heart attack caused by maternal cocaine ingestion during pregnancy.

* A District of Columbia judge jailed a pregnant African-American woman instead of giving her probation after she pleaded guilty to a minor theft. The judge said he wanted to keep her locked up until she gave birth.

* A Florida woman was sentenced to 18 months in prison and three years probation in January 1990 for passing cocaine to her baby through the umbilical cord at birth.

Introduction

Stereotype: Alcoholics and substances-addicted women are immoral and selfish. They lack willpower. They do not try to stop using - really try - and they do not care about their children. Since they do not care, their innocent children should be removed from their care. (Kleinfeld, p.261)

If we construct Fetal Alcohol Syndrome as a tragic and incurable affliction that will cause children to suffer drastically for the rest of their lives, and if we also construct it as a disease that is totally preventable and incurable, then our collective feelings of hopelessness and outrage resulting from this construction will eventually lead to a need to punish those who 'willfully' 'inflict' such 'suffering' on the unborn 'victims'.

The punishment of women as a solution to Fetal Alcohol Syndrome continues to surface in the legal literature (for examples, see Balisy, 1987;

Kyres, 1991; Madden, 1993; Oberman, 1992). Often the message is contained implicitly in the discourse on Fetal Alcohol Syndrome. It is made very visible and explicit during Key Event Five.

The event

The release of the government report (Key Event Four) was followed one month later by stories that focused on women's rights, and whether or not women's rights should be restricted in order to protect the health of the fetus. This event was chosen as a key event because four of the seven papers carried a story on the issue (cluster), it appeared on the front page of the *Winnipeg Free Press*, and it is the first time (in the sample) that the women-blaming aspect of Fetal Alcohol Syndrome is correlated with punishing or imprisoning pregnant women who 'endanger their fetuses'. The stories all fit into the category "restricting pregnant women's rights".

The headlines

The headlines for the four stories are as follows:

- ◆ Fetal alcohol problem grows. Time to curtail some mothers' rights to save babies, doctor says
- ◆ Fetal alcohol abuse laws difficult to uphold, experts claim
- ◆ Restrict rights of pregnant alcoholics, says child abuse expert
- ◆ FAS. Society urged to face problem
- ◆ Child-abuse expert urges constraints on pregnant problem drinkers

Although the topic of each story is the same, the slant of the headlines shows a different focus. "Society urged to face problem" places the problem and the responsibility on all of us, while "Restrict rights of pregnant

alcoholics” places the problem and the responsibility to deal with it on a very small and identified group.

Overall, the focus of the headlines has changed since the 1977 articles. Initially alcohol was blamed, then women were warned, or asked to stop (self-responsibility), while the message now focuses on blaming and punishing ‘pregnant alcoholics’. This viewpoint is supported by ‘child abuse experts’, whose expertise allows us to locate ‘these women’.

The voices

Who is talked with

The key voices of the stories are those of Dr. Charlie Ferguson, director of Winnipeg’s Child Protection Centre, and Dr. Oscar Casiro, the Health Sciences Centre’s director of the newborn follow-up program, both identified as child abuse experts. The two medical experts hold opposing views on what should be done with women who abuse alcohol while pregnant. In addition, reference is made to Barney Seidelman, a University of Manitoba bioethics law professor. The key voices for this event have shifted back to the medical and academic arena.

All three voices discussing the issue of women’s rights vs. fetus’ rights are male. The voices of pregnant women, children affected by Fetal Alcohol Syndrome, caregivers, members of the aboriginal community, the government and the liquor industry are silent.

Who is talked about

The key group identified in the articles are 'women who have repeatedly and purposefully inflicted Fetal Alcohol Syndrome onto their unborn children', drug dependent pregnant women, babies suffering birth defects due to Fetal Alcohol Syndrome, and older children who are said to be 'dumped' into society.

The messages

A full excerpt of the front-page article is located at the beginning of this section.

92-fap: Dr. Charlie Ferguson, director of Winnipeg's Child Protection Centre, said society no longer can afford to ignore cases where pregnant women repeatedly abuse alcohol or drugs.

'These women' have been, and continue to be, ignored - their lives made invisible by a society who does not care unless the 'cost is too high'. Stating 'society can no longer afford to ignore' implies that up to that point (1992) it was acceptable to ignore women who drink heavily, even though we had been aware of the 'risks' of Fetal Alcohol Syndrome for almost two decades, and notwithstanding women had been struggling with addiction issues for many decades. In the case of Fetal Alcohol Syndrome, where by the early 90's a 1.5 million dollar price tag is attached to children who are affected by Fetal Alcohol Syndrome (Nevitt, 1996), the financial burden is seen as too high.

The group of women who are seen as needing to have their rights restricted are referred to in the following manner:

"I think it's a scandal that people produce baby after baby with Fetal Alcohol Syndrome and nothing is done," Ferguson said.

In extreme cases, he said, these mothers should be held for treatment to save the children's health.

"There's eventually going to need to be a case where someone like that has to have her rights infringed upon."

.....But Casiro said he isn't convinced legal intervention is the solution.

"These cases are very sad and very frustrating," Casiro said.

"But I don't believe using the punitive approach will really help."

By referring to a certain group as "these mothers", "someone like that", and "these cases" a perception is created that there is a homogeneous group that fits those labels, and that we all know who 'these mothers' are. It also separates 'these mothers' from other, presumably more responsible and caring mothers. This supposedly known group consists of 'people who produce baby after baby with Fetal Alcohol Syndrome'. Made invisible are issues that deal with why a woman would 'produce' more than one child with Fetal Alcohol Syndrome.

Although the stories vaguely identify a certain group, they do not single out aboriginal women, something that has been so pervasive in the previous stories. It may be that at this point a new political correctness is diminishing the finger pointing. However, issues of addiction and treatment, poverty, past physical and sexual abuse, spousal abuse and high unemployment often found amongst 'these mothers' continue to remain unexplored.

"These cases are very sad and very frustrating," Casiro said.

It is not stated what makes these cases very sad and very frustrating. Again, the voice of someone who is, or has been, in this situation is absent.

Although there is a counterargument within the story, many issues are left silent. This includes a discussion of who 'these mothers' consist of and how we would locate them. Is it the women we stereotypically think are most at risk - native women, impoverished women, single moms living on skid row? What about women who do not fit the stereotype and may be equally 'at risk'?

Suffer the little children

92: ceu, fass, rro: A child suffering from the syndrome will display several physical characteristics, among them a thin lip, flat cheekbones, one leg shorter than the other, or a cleft palate.

The children affected by their mother's drinking are given little attention, but when they are mentioned, it is to strengthen the stereotypical construction of a suffering victim. Apart from a description of their physical characteristics (or physical defects), the older child is also described in a hopeless and negative manner:

ceu, fass, rro: Once they turn 18, youths suffering from the syndrome are dumped into society where they turn to drugs and alcohol, he said.

Casiro says the youths could lead productive lives if they had been properly supervised and trained during their younger years.

Although some hope is given that these youths "could lead productive lives if they had been properly supervised and trained during their younger years" no voices are given to children affected by Fetal Alcohol Syndrome who are leading productive lives. This leaves the impression that every

child affected by Fetal Alcohol Syndrome is doing poorly, and that there are no success stories (for a number of success stories, see Kleinfeld, 1992; and Malbin, 1993b).

The language

Suffering, tragedies, scandal, and these mothers are some of the dramatic words used in the media's discourse on Fetal Alcohol Syndrome during this key event.

92: rro, fass, ceu Fetal Alcohol Syndrome is serious enough that some women's rights should be restricted to prevent further damage to unborn babies, says a child abuse expert.

As in the last event, the word serious is used to demonstrate the importance of the issue, without providing any perspective on what Fetal Alcohol Syndrome is serious enough in relation to.

Tragedy: "A very sad or terrible happening". Focusing on the dramatic and negative, and precluding that there will be a sad ending.

Scandal: Scandal implies disgrace and shame - in this case directed at us (society) for not forcing these mothers to stop drinking.

These mothers: The term separates 'them' from other mothers. The use of that phrase makes the assumption that we all know who these mothers are, and assumes that all women who fit the 'these mothers' category are similar, and have comparable resources and circumstances.

Suffering: Again focuses on the children affected by Fetal Alcohol Syndrome as victims who will suffer both in their childhood and later on, in adolescence. No possibility of hope or success is evident.

Dumped: This word reinforces the image of children who are not wanted - either by the mothers who purposefully 'inflicted' this condition upon them, nor by a system who discards them at the earliest legal possibility (at age 18).

Produce: This frequently used word derives from the word production and implies a mechanical process. "Production describes the making of commodities. The metaphor of production is the dominant medical metaphor to describe the process of menstruation, pregnancy and birth" (Greschner, 1990, p.647). Women are the machines that must produce a perfect product, a healthy baby (Corea, 1985) and not the 'damaged goods' that children with Fetal Alcohol Syndrome are constructed to be. Furthermore, it is doctors, not women, who 'deliver' the product and improve its qualities.

Conclusion

Event Five: The Blame Game focuses on the argument that 'these women' who continue to use alcohol during their pregnancy may have to be forced to refrain from consuming alcohol while pregnant. It is suggested this be done either by incarcerating 'these women' or by forcing them to undergo treatment. A counterargument is presented that this may not be the most helpful way to deal with the issue, apart from the difficulty of logistics, and

that it may actually make the situation worse by forcing the mothers to go underground.

No mention is made of the possible inequality of who will be kept under close watch and who will not, or of the reality of the lives of women who continue to drink while pregnant. The children affected by Fetal Alcohol Syndrome are portrayed as helpless victims who are first purposefully hurt by their careless mothers, and later dumped by an equally careless system.

This concludes my examination of the five key events which have shaped the construction of Fetal Alcohol Syndrome in the print media. In the next three chapters I will examine three themes prominent in the Fetal Alcohol Syndrome discourse. The themes include 1) The role of numbers in the Fetal Alcohol Syndrome discourse; 2) The construction Fetal Alcohol Syndrome as an aboriginal problem; and 3) The women-blaming aspect of the Fetal Alcohol Syndrome discourse.

CHAPTER SIX: THE NUMBERS GAME

Winnipeg Free Press, Feb. 20, 1993, B13

Syndrome figures rated excessive

Andrew Sharp

A Taste of Wine

Q. I became pregnant in October, 1992, so am quite interested in the topic of Fetal Alcohol Syndrome. I have read some pamphlets that say 1 out of 700 babies born in Canada have this problem. I have never seen a baby with FAS. I've read your comments about FAS in the past, and wonder if you know whether there really is that many children born with this defect?

A. Not only is that figure exaggerated, it is profoundly distorted.

The truth is we simply don't know how many babies in Canada are born with Fetal Alcohol Syndrome. Sad to say, there are no statistics kept.

In my own investigations, I contacted the Canadian Medical Association - they do not record such data. Upon approaching Statistics Canada, I was informed they do not keep records. I did find out, however, that there was a group called the Canadian Centre for Health Information in Ottawa. My contact there said they keep no records on FAS; try Health and Welfare Canada. No luck there either; try the Bureau of Chronic Disease Epidemiology - they keep data on birth defects, I was told.

Here, I reached the end of the line. A very polite lady informed me there is no surveillance on FAS in Canada. NO such data exists.

If this is so, how can I state so unequivocally that the claim of 1 in 700 births is "profoundly distorted"? I asked the lady from the Bureau of Chronic Disease Epidemiology if no records on FAS are kept in Canada what figures they use? The answer was, the data from the United States.

Currently, the figures used by Ottawa come from the revised (1991) study from Sokol & Abel. Their estimate of the incidence of FAS is .33/1,000 live births. Or 1 FAS birth in 3,000.

Though more realistic than 1 in 700, when one group in the U.S. decided to literally check all 50 state department of health for the actual count of FAS births the figures were closer to 1 in 10,000.

It is unfortunate that some groups have failed to make any adjustment in their claims for FAS in light of the new data. Some seem to be convinced there is merit in scaring Canadian women into unnecessary abstinence during pregnancy.

ARTICLE B (in partial reply to article A)**Winnipeg Free Press, April 13, 1993, A8**Fetal alcoholism

Fetal alcohol effects and Fetal Alcohol Syndrome, though long suspected, were only scientifically recognized for the first time within the past three decades. As noted in the government's response to Parliament (Fetal Alcohol Syndrome: from Awareness to Prevention, December 1992), there is some difficulty in specifying the number of cases of FAS and FAE in Canada, largely because FAE/S is difficult to diagnose.

With respect to data monitored by the Laboratory Centre for Disease Control of my department, birth defects may be noted but causal attribution is a matter for further scientific studies. The cause of specific defects or disabilities may not be clear at the time of birth.

Epidemiologic studies of prenatal alcohol exposure suggest that full-blown FAS, which includes facial abnormalities, is uncommon. However, serious learning disabilities and other problems in the absence of facial abnormalities, known as fetal alcohol effects occur more frequently.

The estimates of incidence rates for FAS in the general population range widely. Findings from some American birth registries suggest there may be one case in every 10,000 live births. Estimates from epidemiology suggest as many as 1.9 cases in every 1,000 live births or 19 cases per 10,000 live births. The government response used an estimate between one in 1,000 and one in 3,000, which would be equivalent to between 10 cases per 10,000 live births, and three cases per 10,000. Abel and Sokol's estimate on "one in 3,000, or about three per 10,000" which you cited (Syndrome figures rated excessive, Free Press, February 20), does not reflect the higher number of cases noted in certain sub-populations at higher risk.

Given the wide range of estimates available, in Canada there may be between 40 to 800 cases of Fetal Alcohol Syndrome annually. Using the mid-range estimate cited in the government's response to Parliament (three to 10 cases per 10,000), there may be between 120 to 405 cases, based on approximately 405,500 live births in 1990.

While the causes of most birth disabilities are at present unknown, fetal alcohol effects/syndrome is considered by experts to be the leading, known preventable cause of mental retardation.

I do not view this as "scaring" anybody. If no alcohol is consumed during pregnancy, neither FAE nor FAS can occur. In good conscience, we cannot advise Canadian women that any amount of alcohol consumption while pregnant can be viewed as "safe" for the unborn baby.

Benoit Bouchard
Minister of Health and Welfare
Ottawa

Introduction

In order for the print media's construction of a health risk to be accepted, there must be a special means with which to enhance the appearance of truth and plausibility (van Dijk, 1991). One strategy that is heavily relied on in the Fetal Alcohol Syndrome discourse is the use of numbers, or "signals that indicate precision and exactness" (van Dijk, 1991, p.84). The implied exactness of precise numbers makes the construction appear to be truthful, even though much uncertainty exists about these numbers, and in actuality no precise statistics, other than a wide range of estimates, currently exist about many aspects of Fetal Alcohol Syndrome (Habbick, Nanson, Snyder, Caasy & Schulman, 1996).

The Fetal Alcohol Syndrome discourse abounds with a wide variety of numerical indicators: The number of children affected by Fetal Alcohol Syndrome, the number of drinks consumed during pregnancy which may cause harm, the percentage of heavily drinking pregnant women who bear children affected by Fetal Alcohol Syndrome, and the percentage of children affected by Fetal Alcohol Syndrome in aboriginal communities.

Again, it is not so much the precision of the numbers that is relevant but rather the fact that numbers are given at all. They may be highly variable among news media, even when using the same sources, and if incorrect they are seldom corrected in follow-up news items. They are predominantly meant as signals of precision and hence of truthfulness. (van Dijk, 1991, p.88)

This chapter will examine the use of numbers in the construction of Fetal Alcohol Syndrome as analyzed from a discursive position. The

numbers provided focus on prevalence and incidence rates, two statistics that are frequently confused. The incidence rate of Fetal Alcohol Syndrome refers to the number of new cases of the condition over a particular period of time (usually a year) per 1000 (usually) of the population. Incidence therefore refers to the frequency of events during a period of time. The prevalence rate refers to the number of cases per 1000 of the population existing at a specific point in time (Bourke, Daly & McGilvray, 1985; Goldstone, 1983). A prevalence rate therefore indicates how common or how frequent Fetal Alcohol Syndrome is at that point in time.

The Fetal Alcohol Syndrome discourse furnishes precise numbers for the following areas: 1) The risk of bearing a child affected by Fetal Alcohol Syndrome if alcohol is consumed during pregnancy; 2) Prevalence and incidence rates for Canada and the US; and 3) Prevalence rates for Fetal Alcohol Syndrome in identified 'high risk' communities. The construction of Fetal Alcohol Syndrome as a '100% preventable' disease will also be included in this discussion.

How risky is drinking?

As discussed earlier, in order to establish risk, the message is put forward that if a woman drinks heavily throughout her pregnancy, she may bear a child who is affected by Fetal Alcohol Syndrome. In order to press home that point, percentages of risk are presented. Over the years, the following numbers are attached to this issue:

1977: He cited one study of alcoholic mothers which determined that six of the 19 children (32%)⁷ they bore suffered the syndrome.

1983: 160/200 children born to drinking mothers (80%)

1987: About a third to a half of all mothers who heavily abuse alcohol during pregnancy produce children with the syndrome, Streissguth said. (33% - 50%)

1989: 10-15% of women who drink more than seven drinks a day have FAS babies

1990: A full Fetal Alcohol Syndrome - found in up to 50 per cent of babies of severely alcoholic mothers.....(50%)

1991: Among mothers who regularly abuse alcohol, FAS occurs in as many as 29 of every 1,000 birth (3%)

Risk figures for how many children will be affected by Fetal Alcohol Syndrome if a woman consumes alcohol during her pregnancy range widely from a low of 3% to a high of 80%. All but one of the articles identifies the mothers as alcoholic. Phrases such as 'severely alcoholic mothers', 'all mothers who heavily abuse alcohol', and 'mothers who regularly abuse alcohol' are used in combination with risk percentages. No definition of a severe alcoholic, or what constitutes heavy abuse of alcohol is given by any of the articles. Also not mentioned is the risk to women who consume alcohol, but not as heavily as indicated (e.g., in the 1989 example above, what is the risk for a woman who consumes five drinks a day, instead of the indicated seven or more drinks).

The wide range of numbers used between articles, as well as over time, demonstrates the unavailability of precise figures. And yet within each article, the numbers are stated as precise facts, thus supporting van Dijk's

⁷ The percentages in brackets were calculated and inserted by the author.

(1991) argument that although numbers may be highly variable among news media, they are meant as signals of precision and truthfulness. This trend continues whenever numbers are utilized in the Fetal Alcohol Syndrome discourse.

Prevalence and incidence rates

Since the earliest articles, an attempt is made to attach prevalence and incidence rates to Fetal Alcohol Syndrome. Fetal Alcohol Syndrome is constructed as a very costly, preventable and irreversible disease, and therefore a number for how often the phenomenon occurs is needed to establish risk (i.e., if only one in 1000 women who drink has a child affected by alcohol as compared to one in five, many more women may be willing to take the risk of drinking while pregnant). In addition to establishing 'risk', numbers are also needed to establish 'costs to society', or the degree to which society should care and invest in appropriate social and health programs. Prevalence and incidence rates are therefore used to indicate the degree of 'burden' to society, whereby a specific number provides an answer without encompassing how complex the task of ascertaining this figure is.

Some of the reasons for this complexity involve the methodological problems in collecting prevalence and incidence figures. Data collection has included the catchment approach, whereby figures are collected at birth only; the retrospective approach, whereby children are identified as having Fetal Alcohol Syndrome at some time after birth; and the prospective approach, whereby children are followed over time and assessed at various intervals

(NIAAA, 1991). Each method has problems. The catchment approach tends to underestimate numbers because the neonatal period is a difficult period for detecting Fetal Alcohol Syndrome (Abel & Sokol, 1987; Sokol & Clarren, 1989), while retrospective and prospective studies may be at fault for overestimating the incidence of FAS by oversampling populations where Fetal Alcohol Syndrome incidence is unusually high (Abel & Sokol, 1987).

Although the uncertainty of these figures is made visible in a small number of articles, overall statistics continue to be used as if they were precise knowledge. Prevalence rates for the number of children affected by Fetal Alcohol Syndrome are stated as follows:

1983: •dht: A recent American study cited one in every 500 live births is an FAS child. This figure is probably applicable in Canada, said Dr. Jean Evans, a pediatrician and geneticist at the University of Manitoba.

"We really don't know how big a problem it is," summed up Dr. Richard Stanwick, a pediatrician at Children's Hospital who is planning a study of FAS in Manitoba.

•cph: The latest figures released by the U.S. Department of Health and Human Services show that severe birth defects caused by alcohol occur in as many as one in 600 babies. There's no reason to believe the figures are any different here, say researchers who have just completed a two-year study on maternal drinking in Saskatoon's Alvin Buckwold Centre. The project reviewed 200 Saskatchewan children born to drinking mothers and found that 160 of them had recognizable defects in three categories: physical appearance, intelligence and behavior. It is now estimated that, with an average Canadian yearly birth rate of 370,000, at least 600 new FAS babies are produced in this country each year.

...A year ago, Judy Pakozdy, assistant director of nursing at the Whitehorse General Hospital and herself an adoptive mother of an FAS son, did her own detective work on births at the hospital. She discovered that between 1977 and 1981 one of every 176 babies had some degree of Fetal Alcohol Syndrome - the most alarming figures to date.

In the North West Territories, which have a majority native and Inuit population (28,500 out of a total population of 46,000) and a

major alcohol problem, there are no FAS statistics and no plans to gather any.

1987: •Caw:...Two studies in B.C. and Yukon have pegged the number of children suffering from Fetal Alcohol Syndrome at a staggering 25 to 30 per cent in some areas.

...The prevalence rate of FAS in B.C. is one per 2,717 live births in the general population.

1989• The Robinson study: tte: FAS effects women and children of all ethnic groups and social classes. North American statistics indicate that there are more than 60,000 babies born each year with some form of birth defect directly related to alcohol consumption during pregnancy.

•Fas: It is a disorder that affects thousands of North American children born every year.

•can:** The problem, first identified by doctors in 1973, has been found in all racial groups, but the federal government says it knows of no reliable statistics on its incidence in the general Canadian population.

•aee: Conservative estimates say there are 7,500 U.S. children born each year with full FAS; another 60,000 are estimated to be born with FAE - which, ironically, usually proves a more difficult condition to handle:

As many as one in five in some communities are affected

..but the federal government says it knows of no reliable statistics on its incidence in the general Canadian population.

1990: The incidence of FAS in North America is 1.7 per 1,000 live births.

Two of every 1,000 babies in North America are born with Fetal Alcohol Syndrome....Another 10 babies per 1,000 are born with Fetal Alcohol Effects.

In some BC communities...as high as one-in-five children...

•1991 At least 400 FAS (Fetal Alcohol Syndrome) babies are born in Canada every year...At least 10 times as many newborns suffer fetal alcohol effects....

- Each year in Canada, 400 babies are born...and up to 4,000 others with fetal alcohol effects.

- US government studies have linked alcohol consumption during pregnancy to more than 50,000 cases of birth defects annually, including 5,000 babies born with a combination of severe mental and physical deformities known as Fetal Alcohol Syndrome.

- In the population as a whole in North America, you would expect to find FAS in two or three cases out of a thousand.
- Estimated 400 babies...while up to 10 times that number are born with less severe alcohol-related birth defects
- ...between 30 to 700 children are born each year in Canada with the syndrome...five to 10 times as many youngsters may be born with learning and

The quoted figures of 30 to 700 Fetal Alcohol Syndrome affected children born every year represents a vast range. Stating as few as 30 children with Fetal Alcohol Syndrome are born in Canada each year does not mesh with figures such as those quoted in the Robinson study, which found at least 30 Fetal Alcohol Syndrome affected children in just one small northern native community.

1992 (The government report):

- Each of the 400 Canadian FAS babies born each year costs taxpayers an estimated \$1.5 million over that child's lifetime..
- It's estimated about 600 children a year are born with Fetal Alcohol Syndrome and another 2,500 to 3,000 are born with fetal alcohol effects in Canada.
-In Canada, then, we're looking at possibly 1,200 children born every year with some degree of alcohol damage.

Figures quoted in 1992 also varied greatly, ranging from a low of 400 children to a high of 1200 children born with Fetal Alcohol Syndrome each year in Canada. Compared to last year's figures, where the most frequent figure quoted was 400 children, the most frequently cited figure has now climbed to 600 Fetal Alcohol Syndrome affected children born each year.

- **1994-pft:** Casiro said it is estimated FAS affects one of every 1,000 births in Manitoba, where 17,000 babies are born every year.
- **mfl:** ...It's estimated that one to two babies out of every 1,000 are affected. At this hospital we see 17-20 babies a year with full-blown FAS or with the less severe fetal alcohol effects", Casiro says.

"We have no Canadian statistics. We don't know how many cases are out there and never come in. We have to rely on a baby's size, weight, head circumference and a number of social indicators, failure to thrive and later on, indications of learning disabilities.

- **fasg:** Boudreau is one of 45 to 90 children born every year in B.C. with preventable brain defects caused by alcohol.
- **cid:**...There are about 35 babies born every year in Saskatchewan with physical and mental problems caused by their mothers' alcoholism affected by Fetal Alcohol Syndrome, and at least 30 children were found affected in the community used for the Robinson study.

The variance in numbers points to the continued uncertainty scientists and journalists face. The reality is that we do not have exact figures, and that there are many estimates available depending on which source is used as a reference (and whether or not it is a Canadian or American source). The 1997 Canadian profile (McKenzie, 1997) reports that about 100 children per year are being born with Fetal Alcohol Syndrome in Canada (i.e., they are diagnosed and statistics are collected). This figure is much lower than that quoted in the stories. However, as with the other numbers used, each individual article quotes a specific figure as if it was 'precise' and the variance and uncertainty is made invisible, replaced with 'scientific and epidemiological preciseness'.

Statistics for Identified Sub-groups in Our Community

As will be discussed in detail in the next two chapters, only two groups get singled out for being at high risk for Fetal Alcohol Syndrome, a racial group and a socio-economic/geographical area group. Aboriginal people, especially those who live in isolated northern communities, and children born in the downtown Eastside of Vancouver, which by many people is also

seen as an area that has predominantly an aboriginal population, are the only two risk groups specifically singled out in the discourse.

The construction of Fetal Alcohol Syndrome as an aboriginal problem is supported by 'precise' statistics derived from conducting 'scientific' research in these 'high risk' communities. These figures are only sometimes compared to the rest of Canada, with the most common statement being that we have no numbers for the 'average' population to compare them to (other than stating that they would be much lower).

The 1987 articles on the Robinson study were first in providing 'exact' numbers for native communities. Even when reporting on the same study, the figures reported vary by over 5% - ranging from 20% in some articles, to 'more than 25%' in others:

1987 - The Robinson study:

acf:his study showed that 20 per cent of the affected children had "severe" handicaps -- well above the provincial average of just one per cent.

rtt: The study, to be published in the next issue of the Canadian Medical Journal, found significant handicaps in more than 25 per cent of the children in the community.

cp: Headline: Alcohol syndrome problem cited at 25 per cent.
Followed by: A damaging condition known as Fetal Alcohol Syndrome is likely present at levels of 25 per cent in most small interior B.C. communities, according to researcher Geoffrey Robinson.

The 1987 figures continue to get used in the Fetal Alcohol Syndrome discourse. For example:

1989: Studies of some native communities in British Columbia and the Yukon found as many as 20 per cent of children are affected to some degree by maternal drinking.

In 1991, a different sub-group is identified:

•**1991-isu**: Medical researchers say more than 40 per cent of infants born in the Downtown Eastside since 1989 may have been affected before birth by their mothers' drug or alcohol use - a rate many times higher than even in the ghettos of the United States.

"These results are so far above what you would expect in the population at large that they are highly alarming," Vancouver medical officer Dr. John Blatherwick said in an interview Tuesday.

...Researchers at Sunny Hill and Children's Hospitals, studying birth records of 85 infants, have identified at least 25 suspected cases - almost 30 per cent - of Fetal Alcohol Syndrome (FAS) and/or neo-natal (drug) abstinence syndrome in preliminary results. Those conditions can lead to birth defects, slower development in children and behavior and learning problems.

Children's Hospital Dr. Christine Loock, who is co-sponsoring the nurses' proposal, said nurses now working in the area have tentatively identified between 40 and 50 per cent of children as affected.

"In the population as a whole in North America, you would expect to find FAS in two or three cases out of a thousand. And in high-risk communities, such as urban areas of cities like Detroit and Boston, the figure would be between 10 to 20 times higher (two to six per cent)," said Loock.

bpa: He made the remarks after preliminary results of a new study showed about 30 per cent of children born in the Downtown Eastside in the past two years suffer effects of FAS or a related drug syndrome.....earlier research in a small north-central BC community indicated that FAS likely affects 25 per cent of children in areas of high unemployment, poverty and alcoholism.

This is the first year where figures are mentioned for a sub-group other than an aboriginal community. These figures are quoted from a then newly released study on the downtown Eastside of Vancouver. Again, even though the figures are based on a study, they range from 30% to 50%, which is a number much greater than the 'shocking' figures of 20-25% 'found' in the isolated native community of the Robinson study. Like the numbers quoted in the Robinson stories, this figure is again called 'highly alarming'.

What is not made visible in any of these articles is the lack of knowledge we have about rates for other 'subgroups' who may have high drinking rates (e.g., the army, many non-native isolated northern BC communities, and other cultural or other subgroup where alcohol consumption is prevalent), the lack of rates for the general population, and the many different contributing factors such as poor nutrition, poverty, and the lack of pre- and post-natal services that the identified subgroups face.

Instead, the print media continues to focus on the identified out-group, whereby six years after the release of the Robinson study, and after many subsequent studies have been completed, the statistics from the Robinson study seem to have become solidified in the Fetal Alcohol Syndrome discourse:

1993: The scariest situation is in some native communities, where the numbers of FAS children born is very high - close to one in 20 babies among Yukon aboriginals, for instance.

Again, the image of a frightening or 'scary' situation we need to be alarmed about focuses on the native community, even though studies two years previously quoted much higher figures of 30% to 50% for the downtown Eastside of Vancouver neighbourhood - a community that many British Columbians would be much more familiar with (even though as stated earlier this is also an area that is viewed as predominantly aboriginal).

The overall rating of Fetal Alcohol Syndrome as a health risk (as compared to Down's and spina bifida)

Another number that is often utilized in the discourse concerns Fetal Alcohol Syndrome's placement as the cause of mental disability in relation to other diseases that are also said to cause mental disability. Over the years, the placing of Fetal Alcohol Syndrome as the cause of mental disability has been as follows:

1983: Fetal Alcohol Syndrome is the third most common cause of mental retardation in Canada (after Down's Syndrome and spina bifida)

1984: It is a suspected leading cause of retardation in northern BC.

1987 - The Robinson study:

- Alcohol abuse by pregnant women is one of the most common causes of mental retardation among children.

- It is now suspected that FAS is probably the third most common cause of mental retardation in children in the Western world, after Down's syndrome and spina bifida.

- **1991:** It is arguably the leading cause of mental retardation in the western world - more common than the combined incidence of Down syndrome and spina bifida.

- Fetal Alcohol Syndrome is the leading cause of mental retardation in the Western world

- Fetal Alcohol Syndrome is now recognized as the leading known cause of mental retardation and birth defects in North America.

- Fetal Alcohol Syndrome and alcohol-related birth defects are Canada's leading cause of mental retardation.

By 1991 Fetal Alcohol Syndrome has climbed from being seen as the third most common cause to being seen as the most common cause of mental disability. And yet there is little explanation for this climb - are

women drinking that much more alcohol, especially during pregnancy, and this despite continued efforts to inform people about the risks? Are doctors and others diagnosing the disease to a much greater degree, due to new knowledge and awareness of the disease? Are some children being under- and over-diagnosed, and if so, how many?

Presenting Fetal Alcohol Syndrome as the leading cause of mental disability is a very powerful statement. Being seen as the 'leading cause' of mental disability lends seriousness to the argument, as it is the 'most' of something we, as a society, want to avoid at all costs (i.e., having a child that is mentally challenged). By 1993, the phrase 'one of the leading causes' becomes more frequently used. It is interesting to note that Fetal Alcohol Syndrome is stressed as 'the' leading cause mainly during the two years of political involvement in the discourse (1991 and 1992). Fetal Alcohol Syndrome as the leading cause of mental disability is often supported as follows: "Citing statistics that the syndrome is the leading cause of mental retardation in Canada..."(hwo). This supports the construction of Fetal Alcohol Syndrome as something measurable, when in reality we do not have any accurate statistics on the incidence or prevalence of Fetal Alcohol Syndrome in Canada.

What makes the construction of Fetal Alcohol Syndrome as the leading cause of mental disability even more 'tragic' is the construction of Fetal Alcohol Syndrome as a disease that is '100% preventable'.

“Fetal Alcohol Syndrome is totally, totally, totally preventable”

Penny Priddy,
Minister of Children and Families,
Early Years Conference, January 31, 1998

The issue of the preventability of Fetal Alcohol Syndrome is present in the discourse over the entire eighteen year time span. Fetal Alcohol Syndrome is seen as an especially troubling and tragic disease because it is constructed as something that is ‘totally’ preventable. This implies that if all women were to completely abstain from alcohol during pregnancy, no further child would be born with the myriad birth defects and developmental disabilities ascribed to Fetal Alcohol Syndrome, as well as other alcohol related birth defects, and no further child would be condemned to endure the often described ‘tragic’ existence that is prescribed as their life. The statement that “Fetal Alcohol Syndrome is 100% preventable” simplifies a very complex matter, and makes invisible some obvious, as well as some more subtly complex realities.

And yet it is this particular construction that I had adopted when I was working as Infant Development Consultant on the Westcoast of British Columbia, and later in my academic studies when I wrote papers on the subject. It is a very simplistic but powerful statement, and packs a dramatic punch. Describing the ‘horrific’ and ‘nightmarish’ existence of alcohol affected children, and following this with ‘what makes this disease especially tragic is that is totally preventable’ grabs people’s attention and adds drama to any discussion about Fetal Alcohol Syndrome.

Over the years, the preventability issue has been presented as follows:

1979-amc:... The fetal alcoholic syndrome, discovered in 1972, is one of the greatest and most preventable forms of mental retardation, said Dr. Ann Streissguth, of the University of Washington. The effects of the syndrome also include physical malformations and stillbirths.

1983-dht: "This is a disease that is totally preventable," but it can't be looked at in isolation from other social problems, especially in native communities.

cph: "In the long run, Fetal Alcohol Syndrome will be a much bigger tragedy than thalidomide because nowhere near as much is being done to stop it."

Like the thalidomide catastrophe, Fas is entirely preventable.

1984-rls: It is a suspected leading cause of retardation on northern B.C..

It is totally preventable.

It is Fetal Alcohol Syndrome and its importance is being studied by a Terrace pediatrician who has practiced in the north for 14 years.

...Although pregnant women have been advised not to drink alcohol since biblical times, it has only been within the past decade that the effects of its abuse were identified in North America

1987-caw:... Robinson said the positive thing about the study is that it shows clearly that almost all the handicaps in that community - and presumably in any community where pregnant women are heavy drinkers - could have been avoided.

"You might prevent the whole damn thing," he said.

Concluded the report: "The study shows that maternal alcohol abuse is a major public health problem in this...region of B.C."

1990-tht:... What frustrates people such as Loock is that FAS is totally preventable. Studies in the U.S. estimate that medical and educational costs to care for children suffering from FAS and FAE (its lesser variant, fetal alcohol effects) and up to about one-third of a billion dollars annually. The lifetime care costs per child average more than \$1 million, says Loock.

•1991-fft:...These babies bear permanent problems that are 100-per-cent preventable - but many pregnant women who won't even swallow an Aspirin don't know there is no "safe" level of alcohol consumption for their developing fetus.

•1992-mft: Condition '100% preventable' (headline)

... "The sad part is that Fetal Alcohol Syndrome is . . . 100 per cent preventable. If every pregnant woman stopped drinking, there would be no children (with the syndrome)," says Mrs. Oickle.

•1993-fasw:...says FAS, one of the leading causes of mental retardation, is "entirely preventable."

•1994-mf1: But they maintain that FAS is totally preventable if mothers abstain from alcohol as soon as they decide to become pregnant. Eliminating alcohol consumption after pregnancy is diagnosed, they add, can be too late in some cases.

Let us assume that Fetal Alcohol Syndrome is caused by alcohol alone, and alcohol consumed at any time between conception and birth - two assumptions which have not been proven, and continue to be shrouded in uncertainty. But if we hold the two previous statements as true, the assumption then follows that if all women completely abstained from alcohol consumption during pregnancy (starting at conception), no further child would be born affected by Fetal Alcohol Syndrome.

If we go with this supposition (which has flaws as discussed earlier), then to truly state that Fetal Alcohol Syndrome is totally preventable would mean that all women of child-bearing age, whether on birth control or not (no method is, after all, 100% effective!), and who are at risk of becoming pregnant (which means any sexually active woman) must abstain from alcohol - completely and at all times. Only then will there be no chance of

having a child affected by Fetal Alcohol Syndrome. As it has been shown that alcohol also transfers through breast-milk and may affect brain development (Little, Anderson, Ervin, Worthington-Roberts & Clarren, 1989; Stratton et al., 1996b), it would also mean that all women who breast-feed must completely abstain from alcohol. Since the position of Fetal Alcohol Syndrome being 100% preventable is less than realistic given the above scenario, let us adopt a less dramatic stance.

Let us adopt the argument that all women should abstain completely from alcohol as soon as they become pregnant. Although these statistics also must be viewed critically, studies have shown that up to 60% percent of all pregnancies are said to be unplanned, and in the case of teenage pregnancies, this figure has been given as high as 95% (Delbanco, Lundy, Hoff, Parker & Smith, 1997; Mauldon & Delbanco, 1997; Sable et al., 1997). Therefore at least 60% of women may not be aware that they are pregnant during their initial months of pregnancy, while some may also be in denial about being pregnant, and may therefore not abstain from alcohol for these and many other reasons (Sable et al., 1997).

83-cpp Those findings are confirmed by Dr. Peter Talbot, a senior official with Manitoba's Medical Services Branch in Winnipeg. "At least 30 per cent of women who had 40 gm of alcohol (that's 2 1/2 drinks or about five glasses of wine) at the time of conception will have babies with some degree of Fetal Alcohol Syndrome - and a hell of a lot of people get conceived after Christmas parties and other such celebrations," Dr. Talbot said.

The most damage seems to occur at about the three-week mark, before most women even know they are pregnant.

If damage does occur at this early mark, then those deemed to be at risk would include a much broader group than the easily identifiable group of aboriginal and impoverished alcoholic women who have been constructed to be 'the problem'. Therefore, given the realities of many pregnant women's lives, and particularly, perhaps, those women for whom alcohol features prominently in their day-to-day existence, the statement that Fetal Alcohol Syndrome is 100% preventable is unrealistic at best, and alienating at worst. The reason for the frequent use of this statement is that it is powerful to describe the 'horrific reality' of the lives of children affected by Fetal Alcohol Syndrome, and to follow this up with the statement that the nightmarish (not to mention extremely costly) existence is 'entirely', '100%', 'completely' preventable. It also lends the self-responsibility and blame aspect of the discourse more credence, as it is even more shameful and 'horrific' that none of the tragedies have to occur, 'if only' women would not drink during pregnancy.

Conclusion

We do not know how many Canadian children are born each year affected by Fetal Alcohol Syndrome. We also do not know how many drinks can be consumed by pregnant women before any damage becomes evident in their children. Yet the Fetal Alcohol Syndrome discourse abounds with numbers that appear scientifically based, precise and truthful. This includes numbers for prevalence and incidence rates, the percentage of fetal alcohol

affected children in certain aboriginal communities, and the preventability issue.

Although the numbers used range widely between articles, they are quoted as 'precise' statistics within most articles. These numbers are used to enhance the appearance of truth and plausibility in the media's construction of Fetal Alcohol Syndrome. Made invisible is the uncertainty and lack of knowledge we have about all that is connected to Fetal Alcohol Syndrome such as the lack of prevalence and incidence rates, and other contributing factors, such as socio-economic status, which in more recent studies have shown to play a pivotal role (Abel, 1995; Abel & Hannigan, 1995; Watson, 1995). Also lacking is any connection these numbers have to the reality of each pregnant woman's life, and her ability to deal with the various risks she is warned about, alcohol being only one of them.

CHAPTER SEVEN: REFLECTIONS OF PRACTICE.

The construction of Fetal Alcohol Syndrome as an aboriginal problem

Winnipeg Free Press, Wednesday, August 17, 1994, B2

'Communities in denial'

Fetal Alcohol Syndrome a plague

By Treena Khan

Staff Reporter

Native communities are in denial when it comes to Fetal Alcohol Syndrome, a Saskatoon psychologist says.

"Now that they're starting to foster their own children, they'll be forced to deal with it," said Jo Nanson of the pediatrics department of University Hospital in Saskatoon.

"The way it used to be, the problem children would be sent out of their home communities. I'm seeing whole communities in denial. They don't see it."

Nanson spoke to 22 health and social service workers at the Current Issues in Chemical Dependency Symposium at the University of Manitoba this week.

The annual symposium is sponsored by the university and the Addictions Foundation of Manitoba.

Nanson said the answer isn't simply telling pregnant women not to drink, but to tackle even bigger societal problems.

"When I interview these mothers, they don't see alcohol as their problem," she said. "It's family violence, poverty, their partner's substance abuse. Alcohol is their coping mechanism."

"And if I were in their situation, I think I would do the same thing."

Since diagnosis and prevention programs began in Saskatchewan in 1975, nothing has changed, she said.

There are about 35 babies born every year in Saskatchewan with physical and mental problems caused by their mothers' alcoholism.

And it is largely a native problem, she added. In Saskatchewan, 70 per cent of the FAS babies are of First Nations origin, although natives make up only 10 per cent of the population.

Gerald Folster runs prevention and recovery programs for alcoholics on the Brokenhead Ojibway reserve, 80 kilometres north of Winnipeg. He said he's optimistic things can change.

He said he's brand new to the job, but that he already has the backing of the community to launch FAS prevention programs.

"We have a lot of support from the ladies for workshops - and from the men," he said.

"If we deal with this in our own communities, we can respond in a culturally appropriate way."

Fetal Alcohol Syndrome causes retarded physical growth, facial disfigurement and mental problems such as below-average intelligence hyperactivity and low-attention spans.

Introduction

Fetal Alcohol Syndrome (FAS) has been reported in people of all racial identities. FAS is not an Indian problem per se; it is an alcohol problem. It is an Indian problem only to the extent that Indians have alcohol problems. FAS is a major public health problem in cultures that have problem with alcohol abuse. (Streissguth, 1994b, p.45)

The press's role is not solely to inform and educate, but also to provide a critical viewpoint of the information supplied by science, medicine, and other groups. The media often portray themselves as 'getting to the bottom of things', to expose manipulation, and critically explore options. As I have demonstrated in my examination of the key events, what has to date been portrayed in the news-stories about Fetal Alcohol Syndrome is a non-critical reflection of the practices of science, medicine and social services, all of whom have contributed greatly to constructing Fetal Alcohol Syndrome as a group specific problem.

In this chapter I will examine in what manner Fetal Alcohol Syndrome has been constructed as a group specific problem. I will further explore the notion of voice that has been introduced in the previous chapters, by examining how the practices of science, medicine, and social services have participated in the construction of Fetal Alcohol Syndrome as a group specific problem, and what role aboriginal participation has played in the discourse. I will examine the presence and absence of these voices, and how

each group's practice influences the message they are conveying through the media.

Isolation according to practice

In order to determine who has Fetal Alcohol Syndrome, how people affected by it are treated, and how its occurrence may be prevented, an exercise in isolation has to occur. Who will be isolated depends on who is doing the separating - a scientist might isolate a group of people to study; a doctor may try to identify who the 'affected' ones are; while a social services worker may identify those who are not coping, need assistance, or need to be 'stopped' from 'harming' others (i.e., by 'producing' children affected by Fetal Alcohol Syndrome). Therefore, depending on which practice perspective I adopt, I will have one of a variety of explanations and solutions to the identified problem of Fetal Alcohol Syndrome, and engage in different actions to isolate the group of people who are most affected by the phenomenon. The complexity of this variance is reflected in the news stories, as different voices reflect the construction of Fetal Alcohol Syndrome from their various perspectives. At certain times, the practices of different groups have had more influence. For example, the aboriginal voice has grown louder over the last decade, which is reflected in some of the media articles.

Thirty-one percent of the stories (n=34) contain the word *native*, *Indian* or *aboriginal* on at least one occasion in the text. Some articles incorporate these identifying words as often as thirteen times (i.e., "fsp- Forced

sterilization proposal"). I will focus on articles that have labelled Fetal Alcohol Syndrome a racial problem to explore how and why this particular construction occurred.

The Practice of Science

The practice of science is embedded in ideas of the desirability of objectivity. Through 'scientific' studies, scientists claim to be able to show us what is going on around us, and how our world operates. Scientists are seen as the authority who are able to write out solutions. Unlike the practice of medicine (where diagnosis, and, to a much lesser degree treatment, of Fetal Alcohol Syndrome takes place), or the practice of social work (with a focus on families and communities), many of the early discussions about Fetal Alcohol Syndrome in the press were based on studies embedded in the practice of science.

In total, the word *study* is mentioned in 48 of the 110 articles (44%), showing a heavy reliance on, and participation of, scientific research in the construction of Fetal Alcohol Syndrome in the print media. In order to determine how many people are affected by Fetal Alcohol Syndrome, those studying the issue needed to isolate a group for further investigation. All early studies (both in Canada and in the United States) seem to have been conducted in isolated native communities, or have focused on aboriginal women who had previously been labelled as alcoholic.

The sole Canadian article published in the earliest year of my study (1977) already constructs Fetal Alcohol Syndrome as an aboriginal problem:

77-dm1 All but one of the British Columbia cases involved children with some native Indian ancestry, he said. However, the problem is not confined to one race. The syndrome was first observed by a French physician who identified 127 cases in his country.

All the same, there does seem to be a special risk for Indians, Dr. Smith said.

"Most people don't want to touch the racial issue because it's a hot potato; I'm in an awkward position, yet they do seem to be an increased risk for the syndrome, for reasons we don't know."

He theorized that the answer may be differences in the way alcohol is metabolized. He cited recent evidence that alcohol levels in Indians and Eskimos remain elevated relatively long after alcohol consumption.

The information provided is confusing and contradictory. The article states that Fetal Alcohol Syndrome is a native problem (i.e., all but one of the children were native), yet it is not confined to one race as all races can be affected by it (i.e., French children seem to be affected by Fetal Alcohol Syndrome), but then again, it is a native problem, (i.e., they face special risks), "for reasons we don't know".

The 'metabolism theory' mentioned in this article has been studied further, and recent research indicates that there appears to be no racial difference in the metabolism of alcohol, but rather that people who are alcoholics, regardless of race, may have differing metabolisms in regards to alcohol consumption (Garcia-Andrade, Wall & Ehlers, 1997; Schuckit et al., 1996; Worrall et al., 1996).

Like the majority of all articles dealing with the aboriginal issue, many of the stories insistently engage in identifying the native community, while at the same time stating that the issue is 'not confined to one race'. Whenever a scientific study is incorporated in the discourse, the statement that "Fetal Alcohol Syndrome is not just a native issue, but" becomes visible. Over the years, the issue has presented itself as follows:

83: fsp Although the syndrome cuts across ethnic barriers, most studies show a disproportionate number of native children with the problem and native leaders are trying to grapple with the issue from a preventive standpoint.

wob: The syndrome, which can arise when expectant mothers drink too much alcohol each day or go on binges has been pinpointed as a particular threat to Canadian Indians.

Most studies show that native children are more likely than other youngsters to fall victim to the syndrome, the subject of a two-day national conference last month.

..... She said the syndrome is not an ethnic disease and occurs to some extent in all social groups, including suburban mothers who take too many afternoon sips. But the syndrome, like alcoholism, **is more visible in native communities**.

..... MacLeod said a study he made of syndrome cases in Vancouver showed more than 53 per cent of the victims were of native ancestry, although Indians are only a small fraction of the whole population. He said the cause is not clear.

The print media's greatest focus on scientific studies took place during Key Event Three (see Chapter Five), the Robinson study. This study was conducted exclusively in a small northern native community:

87-bcs and others: An intensive medical study of children in an isolated British Columbia Indian village has produced disturbing new evidence on how alcohol affects the unborn.

The information is presented as follows:

abf, bcs, acf, rrt: Fetal Alcohol Syndrome affects all racial groups and has been reported from all parts of the world. It leads to growth retardation, intellectual and central-nervous-system dysfunction, facial abnormalities and abnormal neurological signs, among other things.

It isn't known what percentage of children in the general population suffers from Fetal Alcohol Syndrome. To determine such a figure for a given region, researchers would have to study every child and family living in the region.

****asp, baa, rpl:**.....Both doctors stressed the problem is found in non-native as well as native communities. Most of the children in Asante's report were native because he said the problem is easier to diagnose in native children for reasons he's not sure of.

"It's a problem facing every woman who drinks during pregnancy and her child," Asante said.

..... Robinson, whose study of the Canim Lake Indian Band, a community of 350 people 30 kilometres northeast of 100 Mile House, showed birth defects in more than 25 per cent of the children tested, said he suspects many small communities, native and non-native alike, are facing similar problems.

"Communities facing this problem don't have to be native communities," Robinson said.

"My feeling would be that other small northern communities with high unemployment, poverty and alcoholism are facing the same problem (as the Canim Lake band)."

caw: Alcohol abuse in small northern communities, where living conditions are harsh and community services minimal, has long been accepted as a fact of life.

.....Two studies in B.C. and Yukon have pegged the number of children suffering from Fetal Alcohol Syndrome at a staggering 25 to 30 per cent in some areas.

..... The survey team saw 586 children, 67 per cent of them native.

In northwest B.C., 92 children were identified with Fetal Alcohol Syndrome, 82 of them native.

.....The B.C. section of the study extended from Cassiar in the north to Kitimat in the south and from Terrace in the west to Burns Lake in the east. The area was representative of remote B.C., and it included two large regional districts, seven school districts,

many native communities and a land area of some 200,000 square kilometres. The area population of about 48,000 consists of about 20 per cent native people.

.....The report also pointed out that: "Although this study was confined to the northwestern part of Canada, alcohol consumption and the social problems attendant to its use prevail in all parts of the country."

Although most of the 1987 articles that describe the study stress that Fetal Alcohol Syndrome is not a racial problem, and some point out that it may rather be a problem of unemployment, poverty and alcoholism, the fact that the study took place in a native community, and that no statistics are available for non-native communities, further entrenches Fetal Alcohol Syndrome as an aboriginal problem, contributing towards the negative stereotypes of the 'drunken Indian', and strengthening the image of an out-group.

Researchers claim to be 'shocked' by the results, and yet there must have been a reason why they chose to study this particular community in the first instance. However, if your study is embedded in 'objectivity', then you, as the scientist, should not predict a problem, and may be 'surprised' by the scientific results of your study. As the study was requested by the native community, people in that community must also have had concerns about the issue. The notion that the aboriginal community requested this study gets lost in the 'shocking' discovery made by the scientists, using 'sophisticated and scientific' equipment to conduct their study.

By 1993 the construction of Fetal Alcohol Syndrome as an aboriginal problem is mentioned less often, but is still very present:

93-slt The scariest situation is in some native communities, where the numbers of FAS children born is very high - close to one in 20 babies among Yukon aboriginals, for instance.

We have in this country what native writer Brian Maracle calls a holocaust of native alcoholism. Heroic efforts are being made to turn this disaster around, but in the meantime babies are being born damaged forever.

The exceptions

Only two articles (1.8%, N=110) point out that the reason for the higher incidence of Fetal Alcohol Syndrome in native communities may be due to the fact that most studies were conducted in aboriginal villages (reserves) and in ghetto areas (US):

83-cpp Dr. Talbot said babies damaged by alcohol do not just exist in skid-row areas or in one racial group. The cocktail party set is also playing Russian roulette with the developing fetus. The trouble is that well-educated, middle-class people are rarely the subject of studies dealing with a social problem like FAS, and statistics gathered so far come mostly from ghetto areas or Indian reserves.

dht:..... Although most of the FAS cases studied involve native children, it "is not an ethnic disease and occurs in all groups," said Evans. The fact that most of the research involves native people is only because the condition, like alcoholism, is much more visible in native communities.

A young well-to-do mother in a comfortable suburb who takes more than a few nips out of her bottle each afternoon is much less suspect when she bears an underdeveloped learning-disabled child than is a native person in a small community, said one expert.

This viewpoint was widely ignored in other articles of that year, as well as in future years. Only these two articles address why the native population may have been 'diagnosed' with such a high prevalence rate, and why native mothers keep getting singled out in the discourse.

"The cocktail party set is also playing Russian roulette with the developing fetus. The trouble is that well-educated, middle-class people are rarely the subject of studies dealing with a social problem like FAS, and statistics gathered so far come mostly from ghetto areas or Indian reserves."

This statement also provides some insight into how skewed the statistics may be, and how certain women are going to be treated very differently if they bear a child who seems to have developmental disabilities. A number of studies have shown that many physicians are uncomfortable talking about alcohol use issues with their female patients (Nanson et al., 1995; Weisner & Schmidt, 1992). Nanson, of the Fetal Alcohol Syndrome Clinic at the Art Buckwold Child Development Program in Saskatoon, Saskatchewan further posits that "it is unclear whether the high rates of Fetal Alcohol Syndrome in the native population in Saskatchewan are due entirely to actual differences in the prevalence of FAS between this population and other populations or whether they reflect a bias toward diagnosing Fetal Alcohol Syndrome in this group" (Nanson et al., 1995, p.1074).

The information made visible in only two articles is absent from other articles, where the cause for the high prevalence rate of Fetal Alcohol Syndrome among the aboriginal population is explained as follows. Fetal Alcohol Syndrome exists in all groups but: 1) the problem is easier to diagnose in native communities for reasons we are not sure of; 2) the problem is much more visible in the native community (for reasons that are not explained); and 3) native people are at much higher risk for reasons we are not sure of. Explaining the high prevalence rate as a 'mystery', by blaming

their 'different' metabolism, leaving it unexplained, or stating that the problem is simply more visible is unsatisfactory.

The above articles also provide no explanation as to why research is being done mostly in ghetto areas (in the US) and on Indian reserves (in Canada and the US), or why doctors treat native and non-native women differently. The many middle-class women who may similarly be endangering their children's health by consuming too much alcohol during pregnancy are kept invisible through this discursive pattern.

And even if there is a high prevalence rate amongst some aboriginal communities, the reality that native people are just a small percentage of the Canadian population is only made visible on one occasion (in four related articles):

89-*can...** The problem, first identified by doctors in 1973, has been found in all racial groups, but the federal government says it knows of no reliable statistics on its incidence in the general Canadian population.

...However, more non-native Canadians are affected than natives because native peoples are just a small percentage of the population, Greg Sherman, head of the Health and Welfare Department's birth defects section, said in an interview.

"That may be confusing to a lot of people, including physicians, if they think of Fetal Alcohol Syndrome at all, they think of the native population. That's a feature that could bias reporting, he said.

Still, experts consider the syndrome several times more prevalent in some Indian tribes than in the general community. Without a serious effort to resolve the problem, the whole Indian culture is at risk, pediatrician Kwadwo Asante of the University of British Columbia concluded.]

Only once in the eighteen-year timespan is the above argument made. If the syndrome is 'several times more prevalent in some Indian tribes than in the general community', could it also be less prevalent in some other aboriginal communities? Why is there no mention in any of the articles of other sub-groups that may have a greatly increased prevalence rate, for example, army and navy communities with alcohol misuse problems, or any sub-group where alcohol misuse is predominant? And most importantly, why is it not made clear that overall a much larger number of non-native children have been affected, and will continue to be affected by Fetal Alcohol Syndrome? Medical researchers have pointed their magnifying glass at isolated aboriginal communities. Are physicians, who also carry a strong voice in the discourse, making visible a more representative picture?

The Practice of Medicine

The practice of medicine is embedded in diagnosing and treating disease, in determining what ails the patient, and then trying to 'make it better'. Although the early Fetal Alcohol Syndrome discourse was based on scientific studies, the voice of the physician is a pivotal part of the Fetal Alcohol Syndrome discourse. Often, the two voices overlap, as the expert voice is both a practicing physician and a medical researcher.

In order to determine who is at risk for 'developing' this disease, or in the case of Fetal Alcohol Syndrome, who is at risk for 'producing' children affected by the disease, doctors, much like scientists, need to isolate and

'make visible' those considered to be at risk for developing the disease, and identify those who are already affected so that they can be 'treated'.

83-cph...A huge percentage of Canadian Fetal Alcohol Syndrome children identified so far are native and have been adopted by white families. Eighty per cent of Fetal Alcohol Syndrome children turned up by the Buckwold Centre are Indian or Metis, and only a quarter of them live with their natural parents; the rest are in foster homes or adopted.

Doctors gathering this potentially volatile information are understandably reluctant to point a finger at the native population.

Dr. David Smith, a Vancouver pediatrician and Fetal Alcohol Syndrome expert, admits that of the children seen at the British Columbia Children's Hospital in Vancouver there's a 10 to 1 ratio of native Indian to white children with Fetal Alcohol Syndrome. "But you can't make this a racial problem," Dr. Smith said, citing the large number of cases being documented in France, Russia and Scandinavia. "This isn't just a native Indian problem; this is society's problem."

94-cid Native communities are in denial when it comes to Fetal Alcohol Syndrome, a Saskatoon psychologist says.

"Now that they're starting to foster their own children, they'll be forced to deal with it," said Jo Nanson of the pediatrics department of University Hospital in Saskatoon.

"The way it used to be, the problem children would be sent out of their home communities. I'm seeing whole communities in denial. They don't see it."

....And it is largely a native problem, she added. In Saskatchewan, 70 per cent of the FAS babies are of First Nations origin, although natives make up only 10 per cent of the population.

Since it is doctors who diagnose and often engage in research, they are given the voice of 'expert' when we are trying to determine who is most affected by Fetal Alcohol Syndrome. Made invisible is the recurrent use of small isolated communities to conduct their studies. The possible bias of over-diagnosing certain groups in the population, while under-diagnosing

others, is also not discussed (Burd & Moffat, 1994; Habbick et al., 1996; Square, 1997). Cross sectionally, doctors are also much more likely to deal with children who continue to have problems that need medical attention, and would be much less aware of children affected by fetal alcohol who are doing well.

The Practices of Social Services and Caretaking

Birth mothers of children affected by Fetal Alcohol Syndrome are virtually invisible in the print media's discourse on Fetal Alcohol Syndrome. Only one out of 110 articles (.9%) briefly gives voice to a birth mother. For the most part, whenever caregivers of children affected by Fetal Alcohol Syndrome are mentioned, they consist of non-native foster or adoptive parents. This section of the chapter will examine how the newsprint media's incorporation of the practice of social services constructs native people as unfit parents, and non-native people as rescuers of children who are seen as damaged victims of their aboriginal mothers' irresponsible behaviour. The message that non-native foster parents need to care for, and look after, 'damaged' native children becomes visible in a number of articles.

The word adopt appears at least once in 23 of the articles (21%, N=110), while the word foster shows up in 17 of the 110 articles (15%). Birth mothers are mentioned only three times, and only one is given a voice. The lack of birth mothers' voices will be examined in greater detail in the next chapter, which focuses on Fetal Alcohol Syndrome as a woman-blaming issue.

83-cph When Nancy and Brian Harrison of Yellowknife adopted 2 1/2-year-old Julie, they thought they were getting a normal Canadian Indian baby.....

By the time they adopted John two years ago, the Harrisons had become lay experts on FAS. They recognized the syndrome John (also a Canadian Indian, he looked like a "Biafra baby," Mrs. Harrison said).

A huge percentage of Canadian FAS children identified so far are native and have been adopted by white families. Eighty per cent of FAS children turned up by the Buckwold Centre are Indian or Metis, and only a quarter of them live with their natural parents; the rest are in foster homes or adopted.

Doctors gathering this potentially volatile information are understandably reluctant to point a finger at the native population.

89-acn, cto.....Cope and Healy, who are white, took in Junior, then 14, a native child, five years ago on a contract with a non-profit group.

92-bae Kory Killeleagh is the child society is afraid to acknowledge.

At 17 going on 7 or 8 years old, he is the tip of the iceberg, the loose thread that could unravel all the carefully woven assurances that the system works. He is proof that you can try to do everything right and still find your way blocked, blocked so often that you are in danger of concluding that the fight isn't worth the price.

The fact that Doug and Lynda Killeleagh haven't reached that point is testament to Kory, their son, whom they adopted when he was seven months old.

"A normal cerebrum looks squeezed into a too-small space, packed so tightly that is creased and folded over itself. But a brain stunted by alcohol has parts that are as smooth as a creek stone; it rests within an abundant, vaulted chamber, and insufficient organ to power a complex body."

It was much more than the clinical details that moved the Killeleaghs, however.

For one thing, both Adam Dorris and Kory Killeleagh have a native heritage - Ojibwa, in Kory's case.

"Fetal Alcohol Syndrome doesn't discriminate," says B.C.'s Christine Lookks. "But social and economic factors put some people at higher risk."

"A huge percentage of Canadian FAS children identified so far are native and have been adopted by white families" gives no indication as to how many native children are adopted, other than that it appears to be a large number. It is stated in one of the articles that 25% of the Metis or Indian children affected by Fetal Alcohol Syndrome, and being treated at the Buckwold Centre, are living with their birth mothers (see "cph-Children pay high"), and yet, with one exception, we do not hear from any these birth mothers, or the children's family of origin. There is no indication of what these families' experiences are like, or how they are doing. Their voices are kept silent.

The above articles construct Fetal Alcohol Syndrome as an aboriginal problem, whereby the solution for dealing with the 'damaged' children 'produced' in native communities who refuse to take responsibility are found in non-native communities, in this case by fostering or adopting 'their' alcohol affected children. This attitude, that we must take care of their children, is still evident in articles dated as recently as 1994:

94-cid: 'Communities in denial'. Fetal Alcohol Syndrome a plague

Native communities are in denial when it comes to Fetal Alcohol Syndrome, a Saskatoon psychologist says.

"Now that they're starting to foster their own children, they'll be forced to deal with it," said Jo Nanson of the pediatrics department of University Hospital in Saskatoon.

"The way it used to be, the problem children would be sent out of their home communities. I'm seeing whole communities in denial. They don't see it."

"They will be forced to deal with it" separates 'them' from 'us' as a homogeneous group, resulting in in-groups and out-groups (Bauman, 1990). Are all people who live in native communities 'they', and does this include on-reserve as well as off-reserve native people?

"The way it used to be, the problem children would be sent out of their home communities." This is a very ambiguous statement and makes it appear as if people in the native communities are choosing to send difficult and handicapped children out of their communities, so that they could be looked after, cared for and rescued by non-native foster and adoptive parents. What is made invisible in the discourse are the complex issues of the aboriginal experience, such as the decades-long struggle to stop the removal of children who are seen as 'at risk', and to be deemed 'worthy' enough to look after these children within their own communities. Also kept silent are contributing factors such as the destruction of the aboriginal culture and traditional way of life, the effects of racism and colonization, the failed attempts at assimilation, the loss of some of their parenting ability due to the residential school experience, the high incidence of poverty and unemployment, living in isolation, and at times dealing with generations of abuse and addiction. Many of these issues, including the residential school experience, are only now beginning to be addressed and acknowledged.

And what of the children who are 'rescued' - how do they fare? A 1992 article gives voice to the experience of one young man affected by Fetal

Alcohol Syndrome, who was removed from his birth mother's home and his aboriginal community:

92-bdb Lawrence remembers his troubles starting when child welfare officials took him and his siblings from their reservation north of Winnipeg.

"My mom and dad used to drink a lot and the white people didn't think we were being cared for," he says.

"But my grandmother, uncles and aunts used to take care of us and the white people didn't believe that and took us away from our home and relatives."

Child welfare officials split up the children and placed them in foster homes.

Lawrence began running away after hearing his mother had died - three months after her burial.

"That was my mom, man. The reason they told my social worker not to let us know is because we were fetal alcohol (syndrome) and we wouldn't understand what was going on," he says.

Although this story reinforces the stereotype of aboriginal people as alcoholics, it also brings to light how the community (e.g., extended family) could participate in caring for children. The article also makes visible the negative effects some of the 'rescuing' efforts can have on children in these circumstances.

The Practice of Journalism: The Creation of "Us" and "Them"

As seen in the data above, mostly as a reflection of the practices of science and medicine, aboriginal people have been constituted as a special group with its own characteristics, which is set out from the people as a whole for exceptional evaluation (Fowler, 1991). Overall the media's discourse on Fetal Alcohol Syndrome is constructed as 'us' versus 'them', whereby 'they' are

described mostly as aboriginal and impoverished women who are alcohol abusers and who do not place the welfare of their children or fetuses first.

Before there is a 'them', a common 'us' must be created. The term fellow-feeling is used to describe the process of perceiving "other persons as subjects like us, with their own objectives and the right to pursue them, with emotions similar to ours and similar ability to feel pleasure and pain" (Bauman, 1990, p.40). This kind of fellow-feeling promotes mental and moral proximity creating an 'us' that can then be differentiated from 'them'.

This is the distinction between 'us' and 'them'. 'We' and 'they' do not stand just for two separate groups of people, but for the distinction between two totally different attitudes - between emotional attachment and apathy, trust and suspicion, security and fear, cooperativeness and pugnacity. 'We' stands for the group to which I belong. What happens inside this group I understand well - and since I understand, I know how to go on, I feel secure and at home. 'They', on the contrary, stands for a group to which I either cannot or do not wish to belong. My vision of what is going on in that group is thereby vague and fragmentary, I poorly comprehend its conduct, and hence what that group is doing is to me by and large unpredictable and by the same token frightening. (Bauman, 1990, p.40)

This distinction between 'us' and 'them' is sometimes presented as one between out-group and in-group, whereby the two are inseparable, as there can be no 'in-group' feeling without an 'out-group' sentiment. The two groups complement and condition each other:

'Them' are not 'us', and 'us' are not 'them'; 'we' and 'they' can be understood only together, in their mutual conflict. I see my ingroup as 'us' only because I think of some other group as 'them'. The two opposite groups sediment, as it were, in my map of the world on the two poles of an antagonistic relationship, and it is this antagonism which makes the two groups 'real' to me and makes credible that inner unity and coherence I imagine they possess." (Bauman, 1990. p.41).

There is a complicity implied in Bauman's text. If 'we' can all agree on who 'they' are, 'we' can remain 'safe'. Poverty strikes randomly. Almost any middle class, white person might lose their job and find themselves in very different circumstances, so it does not really pay to look too closely there. It is much easier to be one of 'us' if 'they' have visible differences. Race is a very obvious visible difference.

The media has constructed the 'us' of this story on Fetal Alcohol Syndrome as consisting of non-native people, who are constructed as law-abiding, respectable and hardworking, who can handle alcohol, and in the case of pregnant women, who refuse to place their unborn children at risk by abstaining from all alcohol from conception to birth (and while breast-feeding). The out-group, on the other hand, consists of native people who live in isolated northern communities, or are on skid row, and whose communities are ravaged by alcohol. 'They' often live on welfare (in other words, 'we' have to support 'them'), lack adequate parenting skills, and are unwilling or unable to put their children's welfare first, with the result that 'their' children are taken out of 'their' communities, in order to be raised by more caring and capable caregivers (one of 'us').

Categorizing people into in- and out-groups in this manner, by bringing forward a specific sub-group which appears to be most affected by Fetal Alcohol Syndrome, provides a discursive basis for practices of discrimination (Fowler, 1991). "Discrimination is a practice which affects individual subjects, providing unequal chances for jobs, higher education, money, attention by

the police and punishment by the courts, bestowing esteem unequally”
(Fowler, 1991, p.93).

Justification for the stereotype created is given not in terms of an individual, but rather an assumed group to which this individual allegedly belongs. The stereotype which has conventionally been assigned to the group is then applied prejudicially to the individual groups such as ‘Indians’, ‘mothers’, ‘alcoholics’ which are imaginary, socially constructed concepts that allow for discrimination, and for sorting unequally (Fowler, 1991). This unequal sorting is at times done very subtly.

87-hfe The association has a grant from the Native Alcohol and Drug Dependency program and is seeking support from the Vancouver Foundation and the health ministry.

By describing the funding of the program, in a more subtle way, the ‘risk group’ is once again identified as being aboriginal.

93-fasw The 43 cm by 28 cm poster will be circulated to doctors' offices, B.C. secondary schools, municipal offices, community and recreation centres, pharmacies, public-health units, native health centres and tribal band centres.

92-fasm The subcommittee also wants Ottawa to create: A national advisory committee on alcohol and the fetus; a national resource centre for Fetal Alcohol Syndrome and effects; a national conference on the topic by the end of 1993; a special aboriginal committee on the issue; and an "aggressive" awareness campaign in the native population.

mwb: [report recommendation:]

* Federal and provincial government, health-care professionals, native organizations and the companies that make wine, beer and spirits should rally in a concerted effort to reduce Fetal Alcohol Syndrome.

Even stating 'Fetal Alcohol Syndrome is not a native problem' is a discriminatory statement, as the statement makes overt a particular social group (the out-group) that is somehow different from all other groups (the in-group). It also brings to our attention that the writer assumes that the reader thinks it is a native problem, a viewpoint which the writer then 'corrects' by making a statement like 'Fetal Alcohol Syndrome is not a racial problem', even though it will most likely be followed by 'and yet there seems to be a special problem in the native community'.

The present and past construction of Fetal Alcohol Syndrome as an aboriginal problem by the medical, scientific, social service and journalistic communities perpetuates negative stereotypes and myths of all aboriginal people as having alcohol misuse problems, as being different from us, set apart in a negative way, and costing us financially as 'we' have to look after 'their' damaged children. This feeds into the myth that native victims of their parents' drinking must be rescued by white foster and adoptive parents, and that native people and communities are unable to take care of their own children.

The Native Voice

If Fetal Alcohol Syndrome is constructed as a problem that mainly affects aboriginal people, who in turn are constructed as an out-group that are different from 'us', then it is important to examine the presence and absence of an aboriginal voice in the Fetal Alcohol Syndrome discourse.

Over the past decade, native people have been given, and have taken, a larger voice in society. This increased participation is also reflected in the newspaper articles, whereby, although on merely a few occasions, aboriginal people are with increased frequency given a voice in the Fetal Alcohol Syndrome discourse. The definition of a native voice consists of any quote from an aboriginal person in connection to the Fetal Alcohol Syndrome discourse, with particular attention paid to aboriginal 'experts'. Only sixteen of the 110 articles (15%) include a native voice, while 35 (32%) constructed the issue as a native issue. Two of these voices are aboriginal children affected by Fetal Alcohol Syndrome, while the voices of aboriginal women who are identified as 'the problem' continue to remain silent throughout the discourse.

I examined the data to see if aboriginal people accepted or rejected the construction of Fetal Alcohol Syndrome as presented in the media's discourse, and found that both situations are present. On some occasions the native voices echo those of the scientific and academic communities, discussing punishment of women who 'refuse' to abstain (e.g., by tubal ligation), taking on the responsibility for 'causing' the problem, and advocating for simple solutions (e.g., bottle labelling).

The largest number of native voices heard simultaneously (i.e., in the same article) are during 1983. The 1983 articles (n=3) describe one of the first conferences on Fetal Alcohol Syndrome, and focus on the controversial

recommendations of Bertha Allen, president of the Native Women's Association of the Northwest Territories.

83-fsp Forced sterilization proposal raises ire

A proposal that women who consume excessive amounts of alcohol during pregnancy be forced to have tubal ligations prompted angry reactions at a conference in Winnipeg yesterday.

Bertha Allen, president of the Native Women's Association of the Northwest Territories, caused the furor when she suggested during a speech to a conference on fetal alcohol syndrome that women who neglect the health of their unborn children should be forced by law to change their habits.

"Maybe we have to legislate something to make the mothers take better care of themselves, maybe tubal ligations," she said.

"We might have to force something on people who are producing children with less than full brain cells."

Comments rejected

But the comments were rejected by other native women at the meeting. "Our native Indian women have been sterilized in the past," many against their will and without their knowledge, said Caroline Goodwill of the Federation of Saskatchewan Indians and a member of the Native Alcohol and Drug Abuse Program.

"I'm sure this isn't the view of all our native women across Canada....I know a lot of women have taken offense to it," Goodwill said.

Allen, who was given an opportunity to respond to Goodwill, attempted to clarify her remarks. "I didn't say tubal ligation has to be legislated. I for one am not for abortion, so why should I be for tubal ligation," she said.

The conference at the Holiday Inn is the first of its kind to examine fetal alcohol syndrome, a condition noted in children born to women who drink excessively.

....Although the syndrome cuts across ethnic barriers, most studies show a disproportionate number of native children with the problem and native leaders are trying to grapple with the issue from a preventive standpoint.

Earl Duncan, an Indian alcoholism counsellor with the Alcoholism Foundation of Manitoba, said the key to prevention lies in understanding Indian culture and the difficulties a traditional Indian has in adapting to non-native society. "It's not social problems but social pressures that make people drink," he said.

Meanwhile, the government will be asked to force manufacturers of wines and spirits sold in Canada to carry warnings that they are dangerous to pregnant women, says a member of the National Native Advisory Council on Alcohol and Drug Abuse.

Marilyn Van Bibber, head of research for the council and the Yukon Council of Indians' director of health and social development, said the request will be sent to federal Health Minister Monique Begin and Consumer Affairs Minister Andre Oulette following a council meeting this spring.

Van Bibber said Indian people as a race are being weakened by alcohol and that the quality of Indian life "is now seriously threatened by the mutilation of our babies."

She called on the government to take immediate steps toward requiring producers and distributors of wines and spirits to acknowledge that consumption during pregnancy is harmful to the unborn child.

Van Bibber said such a warning should take the form now found on tobacco products sold in Canada. "It would be on every bottle."

Although the article provides the reader with a number of native voices, they are divided voices, in that one person makes a recommendation which is then rejected by other professionals in the native community. The words native or Indian appear 13 times in this article. The frequent use of these words continually reinforces the myth that this is solely an aboriginal problem.

Other native voices heard in the article include Caroline Goodwill, who rejects the comments, Earl Duncan, Indian alcoholism counsellor, who talks about the complexity of the issue, a nameless "member of the National Native Advisory Council on Alcohol and Drug Abuse", and Marilyn Van Bibber, head of research for the for the National Native Advisory Council on Alcohol and Drug Abuse and the Yukon Council of Indians' director of

health and social development. Ms. Bibber is the only prominent native 'expert' who is heard more than once, appearing in five of the articles:

83-wob: Marilyn Van Bibber, head of research for the National Native Advisory Council on Alcohol and Drug Abuse, said the Indian people are being weakened by alcohol.

She said the government should order warning notices to be placed on wine and spirit bottles, just as it now requires health warnings to be carried on tobacco products.

Van Bibber, who is also director of health and social development for the Yukon Council of Indians, expressed concern about "the mutilation of our babies."

cph: For native people aware of FAS, the situation is heartbreaking. Marilyn Van Bibber, an Indian woman born in Mayo, Yukon, is director of health and social development for the Council for Yukon Indians. She worries that more negative publicity for Indian people and sensationalizing the truth will only add to the sense of inferiority and low self-esteem that caused many of them to become alcoholic in the first place.

For Miss Van Bibber, the truth is that her race may be destroying itself. "We have a limited amount of time left in addressing the problem because we're going to have a psychologically and physically inferior race." Watching the alcoholic deterioration of native people become almost a form of mass suicide and noting the high incidence of FAS births, she said: "We are facing genocide."

Miss Van Bibber is waiting for confirmation of a grant from the National Native Alcohol and Drug Abuse Program (NNADAP) to gather statistics on FAS from the Yukon's native (about 6,000) and white (about 18,000) population. The federally funded NNADAP has been assigned \$154-million over five years to prevent and treat alcohol and drug problems across the country. Once fully in gear, the program may have an impact on alcoholism among Canada's native people. But, meanwhile, things don't look optimistic.

dht: Marilyn Van Bibber, an experienced obstetrical nurse and director of health and social development for the Council of Yukon Indians, said she has examined many infants who were obviously FAS cases. But "there was nothing in the records. Consequently there was nothing being done for them."

"I think what we've had in the last couple of years is a lot of awareness, a lot of concern but no real action. It's not good enough to know all the scientific ramifications of FAS.

"This is a disease that is totally preventable" but it can't be looked at in isolation from other social problems, especially in native communities.

"Indian people have overcome a lot of major obstacles in the past 100 years. There's still a lot of pride. We have ... managed to hold our heads up and say we're proud to be Indian. Now I think FAS is a serious threat to that."

Annie and Stephen Spence, alcoholism counsellors at the Native Alcoholism Council of Manitoba, agree that counselling pregnant women can be successful because they care about their unborn child.

"I tell them the straight facts Most of them are not aware," Annie said. "Some do cut down. I guess they get scared. But when the baby's born they start again."

Evans said even having the mother cut down in the later stages of pregnancy helps. "It's not entirely hopeless."

The Spences said for overall prevention of FAS among native people, the answers must come from within the communities. But Stephen said the suggestion that more Indian communities vote themselves dry is not enough.

"It's OK to vote themselves dry but bring in some resources," he said.

"You have to do something to fill in that drinking space," added Annie.

"Alcoholism is only a symptom of the problems within families," Annie said. It's only the one on the surface; the others lie below and the alcoholic is "asking for help."

"The answer to the problem at hand is going to be a joint approach," Van Bibber said. "No one group has all the answers."

92-hww: And three times as many Yukon women are heavy drinkers than in the rest of the country, many in their childbearing years.

Most of the women who drink while pregnant show signs of alcohol damage themselves, health care worker Marilyn Van Bibber said.

One of the above articles ("dht-Drinking harms the") provides a rare glimpse at native people and how they are dealing with the complexity of the problem. It also contains a (rarely heard) statement about women who are drinking during their pregnancy and yet still care about their children. This

is very different from the usual message that 'these mothers' care only for themselves. In the 1992 article (hww) Van Bibber mentions that "most of the women who drink while pregnant show signs of alcohol damage themselves", another important aspect that is generally invisible in the discourse.

Along with echoing the voices of the scientific and academic communities, some of the native voices also support their actions, and call for a more all encompassing approach to dealing with Fetal Alcohol Syndrome. This was most evident during Key Event 3: The Robinson Study, which contained the most prominent discussion of Fetal Alcohol Syndrome in native communities. Although a total of 13 articles were published, only two included a direct response by the native community:

87-baa, asp: Band spokesman Charlotte Christopher said the band has been attempting for the past nine years to educate its members about the effects of maternal alcohol abuse through pre-natal and post-natal classes and a nutrition supplement program for expectant mothers.

In addition, band members are enrolled in a university program that focuses on, among other things, learning difficulties - on of the by-products of Fetal Alcohol Syndrome.

....."We are surprised that the research team are of the opinion that the band has done nothing...There is more than one way to respond to the results of the study," Christopher said in a prepared statement released Sunday.

...The statement claimed three native support workers in the community's school help the children who have learning or developmental problems.

"The study focuses on the deficiencies of children and it tends to categorize individuals. There is more than one framework through which to view the difficulties on the reserve," the statement reads.

"An alternative plan is to focus on the strength and to educate members of the community to be aware of their own potential and ability to cope with problems.

"Surely the band can choose which course of action to follow."

Several points are raised here that are usually not visible in the discourse. Gaining insight into the perspective of a native voice makes visible the difference between how the scientific and the native community view the problem and potential solutions. "The study focuses on the deficiencies of children and it tends to categorize individuals. There is more than one framework through which to view the difficulties on the reserve.....". The viewpoint that the identified problem of Fetal Alcohol Syndrome in native communities is recognized by aboriginal communities, and needs to be dealt with in a more all encompassing manner is made visible in other instances where an aboriginal voice is heard:

94-cid Gerald Folster runs prevention and recovery programs for alcoholics on the Brokenhead Ojibway reserve, 80 kilometres north of Winnipeg. He said he's optimistic things can change.

He said he's brand new to the job, but that he already has the backing of the community to launch FAS prevention programs.

"We have a lot of support from the ladies for workshops - and from the men," he said.

"If we deal with this in our own communities, we can respond in a culturally appropriate way."

93-slt We have in this country what native writer Brian Maracle calls a holocaust of native alcoholism. Heroic efforts are being made to turn this disaster around, but in the meantime babies are being born damaged forever.

89-can: Indian communities are taking the problem seriously, said Ernie Crey, a vice-president of the United Native Nations, which represents 22,000 Indians off reservations in B.C.

"What we are facing is around eight generations of alcoholics spread throughout the family tree," said Alice Carrol, an Okanagan Indian and therapist who founded B.C.'s Round Lake treatment centre. "It's only been in the eighties that we, as native people, took responsibility for the recognition of alcohol as a disease among our people."

The excerpts from the above articles show some of the immensity of the problem surrounding native people and alcohol. Alice Carrol talks about eight generations of alcoholics, Marilyn Van Bibber talks about the mutilations of babies due to the ravaging effects of alcohol, while Brian Maracle refers to a holocaust of native alcoholism. While these statements appear very dramatic, they also touch on the immensity of the problem, an aspect which is missing from other articles. There are no 'easy fix' solutions, such as placing labels on beer bottles, simply telling aboriginal (as well as all other) women to stop drinking, or incarcerating 'these mothers'. Instead, the solutions lie in not only aboriginal, but all communities dealing with Fetal Alcohol Syndrome and the surrounding issues in regionally and culturally appropriate ways.

Conclusion

Fetal Alcohol Syndrome has been strongly identified as a group specific problem, whereby the group which is seen as 'afflicted' with this problem is the aboriginal community, with native alcoholic mothers as the identified risk group who are responsible for producing the 'damaged' children.

This reinforces the stereotype of the 'drunken Indian' and the myth that aboriginal people are unfit parents whose children have to be 'rescued' by non-native foster and adoptive parents. The current construction also

strongly reinforces and furthers the us versus them scenario, whereby 'they' consist of an identified racial group with alcohol problems, and an apparent unwillingness to do what is best for the unborn child.

While the current discourse is heavily immersed in scientific and academic practice, it lacks strong aboriginal voices who are able to tell the story from an aboriginal perspective. Most importantly, the discourse renders invisible the experience of pregnant native women who live in isolated northern communities, as well as inner city areas, and who often cope against incredible odds. The discourse repeatedly mentions that Fetal Alcohol Syndrome is more visible in aboriginal communities, while contributing factors such as poverty, lack of education and resources, spousal abuse, alcoholism and the reason for its prevalence in some native communities, as well as a history of white colonization are kept invisible.

CHAPTER EIGHT: THE BLAME GAME.

Fetal Alcohol Syndrome as a women's issue

Winnipeg Free Press, April 26, 1992, B19

Alcoholism major cause of defects

The Doctor Game

W. Gifford-Jones M.D.

On April 5, 1976, The Journal of the American Medical Association reported a study of 41 infants who were described as suffering from Fetal Alcohol Syndrome (FAS).

Their mothers had committed a cardinal sin. They had not consumed an occasional drink during pregnancy. Rather, they had imbibed heavily prior to and throughout the pregnancy and ultimately delivered infants with both physical and mental defects.

Today, hundreds of innocent children are still being born with devastating defects due to irresponsible mothers. The question arises, how much alcohol can women safely consume during pregnancy? Is one drink one too many?

Today, Fetal Alcohol Syndrome is the leading cause of mental retardation and birth defects in North America. Children born with FAS exhibit facial deformities, stunted growth and mental deficiency.

One thing appears to be certain, FAS occurs in about one-third to one-half of infants whose mothers consume six or more alcoholic drinks a day during pregnancy. The great tragedy is that this preventable disease is irreversible.

Lesser amounts

Does FAS occur when lesser amounts of alcohol are consumed? A report from Harvard University claims that the risk of FAS drops to about 10 per cent with three drinks a day. But good sense rather than statistics should govern a mother's drinking habits during pregnancy.

The real question for pregnant women is whether any consumption of alcohol during pregnancy is safe. I asked several experts for their opinions. The general consensus is that a "safe level" has not been established for pregnant women to avoid the serious effects of alcohol on the fetus.

This conservative opinion may be 100 per cent right. And I do not intend to tell women that one glass of wine every few nights or a beer at a baseball game is without hazard. Moderation in alcohol consumption may be a sound approach at all times, except during pregnancy.

In an effort to alert women to the effects of alcohol during pregnancy, warning signs have been posted in San Francisco bars and restaurants for over three years. This approach has been advocated for Canada as well.

Would it work? I doubt it.

Irresponsible

What I fear is that some terribly irresponsible women have created an "overkill" situation. Consider that the study showed that some women who gave birth to defective FAS infants had guzzled a whole bottle of liquor every day. No one, pregnant or otherwise, should consume that amount of alcohol.

I don't think we need the government to legislate anything else in our lives. I abhor seeing infants born with preventable defects. But irresponsible mothers will continue to ignore warnings.

So what do I tell patients? I stress that during the first three months of pregnancy, it's prudent not to drink any alcoholic beverages. This is the time of early fetal growth and alcohol and drugs of any kind present a definite hazard.

I also inform them that neither I nor a blue-ribbon panel of experts know if small amounts of alcohol are harmful to the fetus later on in pregnancy.

If they wish to be totally safe, there is only one course to follow. A legal maxim states that "plenty of care never does any mischief." In short, don't drink during pregnancy.

I have no scientific evidence to back up this personal opinion. But it seems logical to me that the human body is not so fragile that an occasional alcoholic drink in the latter months of pregnancy is going to cause any harm. Old-fashioned horse sense tells me that a cool beer at the ball game or wine with dinner may even have medical benefits. Or as Euripides wrote in 410 BC, "Enough is abundance to the wise."

Introduction

When we hear about children who are suffering, and who must deal with life-long physical, psychological, educational and mental disabilities, most of us feel badly for these children. When we are then told that what is described as these children's life-long and permanent suffering is entirely preventable, and solely caused by irresponsible mothers who are unwilling to stop their alcohol consumption during pregnancy, then we may feel outraged.

If the identified problem is Fetal Alcohol Syndrome, caused solely by mothers who drink while pregnant, then the solution becomes that all pregnant women should completely abstain from alcohol. In order to achieve this, the next steps seem fairly straightforward: Women need to be educated about the dangers of alcohol consumption during pregnancy, and encouraged to abstain. However, women who willfully inflict the tragic (it is after all 100% preventable and irreversible) as well as costly condition of Fetal Alcohol Syndrome on their own unborn child need to be coerced to stop drinking. This can be achieved through a number of increasingly persuasive means, starting with placing warnings on bottles, to refusing to serve pregnant women alcoholic beverages in bars (Musto, 1996), to identifying high-risk women and providing supportive programs that would encourage them to stop drinking, to requiring or forcing them to undergo treatment while pregnant and, at the most extreme, to sterilizing 'repeat offenders' and incarcerating women during their pregnancies in order to force them to abstain from alcohol (see Key Event Five, Chapter Five for coverage of the incarceration issue).

As seen in Chapter Seven, Fetal Alcohol Syndrome has often been constructed as largely an aboriginal problem. But whether it is constructed as affecting mainly aboriginal or affecting all women equally, the issue of identifying and blaming women for the disease is strongly embedded in the media's construction of Fetal Alcohol Syndrome.

In this chapter I will examine in what manner an out-group of alcoholic 'bad' mothers has been created. I will also examine the representation of birth mothers in the media stories, the focus on drinking as a moral or legal, rather than a socio-medical issue, the presence of a contextual description of 'these women's' lives, and the recurring demand of the use of coercion and punishment as a solution to the identified problem.

The Headlines

The acts of blaming women for children affected by Fetal Alcohol Syndrome, and consequently of making women responsible for their children's disabilities, is pervasive in the Fetal Alcohol Syndrome discourse.

It is clearly visible in a number of headlines:

- ◆ Imbibing mothers damaging baby's chances,
- ◆ Drinking mothers 'leading to more retarded newborn'
- ◆ Drinking mother-to-be risks retarded baby
- ◆ Children pay high price for drinking of mothers
- ◆ Retardation tied to alcohol abuse by mothers
- ◆ Children are nightmarish evidence of alcohol abuse by native mothers
- ◆ Unborn child at risk because pregnant women don't drink alone
- ◆ Drinking during pregnancy. Women who drink heavily before they give birth risk having children with Fetal Alcohol Syndrome, which causes mental retardation, birth defects and behavioral problems
- ◆ Label aimed at pregnant women
- ◆ MPs want booze labelled to warn pregnant women: ban recommended on "lifestyle" alcohol advertising
- ◆ Pregnant women. Ottawa warms to project warning of drinking risks [to pregnant women
- ◆ Sobering note for mothers-to-be: MPs want alcohol to carry warning label
- ◆ Restrict rights of pregnant alcoholics, says child abuse experts

- ◆ Child-abuse expert urges constraints on pregnant problem drinkers
- ◆ Drinking mothers. City meeting to yield ways to tackle FAS
- ◆ Imbibing mothers damaging baby's chances: women who drink during pregnancy risk passing on problem
- ◆ Tippling moms to get BC warning: Victoria tired of waiting for Ottawa to act

These headlines construct Fetal Alcohol Syndrome as a women's issue.

Some place the blame on the mother-to-be (e.g., Imbibing mothers damaging baby's chances), while all place responsibility on the pregnant woman (e.g., Label aimed at pregnant women) at the exclusion of all other people including the baby's father, family members, friends, communities, the distilleries, and society at large.

Fathers, on the other hand, were only mentioned twice in the headlines, both referring to the same story:

- ◆ Father sues Langley distillery
- ◆ Father sues distillery over birth defects

The father mentioned in the headlines and in the story is someone who fights back, someone who is outraged and angry about their child's disability and wants legal recourse from the distillery companies. No cases of women who fight the distilleries are made visible in any of the stories.

Bad Mothers: Creating an Out-group

Scientists, doctors and journalists have created a special group of mothers - those who continue to drink during pregnancy and therefore endanger the health of their fetus. Identified as 'these mothers' or 'these

women', they tend to be described as native, alcoholic, and coming from a deprived socio-economic background (often living on skid row):

94-fask She spent five weeks in a hospital incubator, shaking and convulsing, before her family could hold her.

A few months later, she was apprehended by the provincial social services ministry because her 35-year-old mother - an alcoholic living on welfare in the Downtown Eastside - could not care for her.

From other stories about Kandice, the girl featured in this story, we also know that she is native. Although this story does not mention the girl's ancestry, the accompanying photograph of her identifies her as being aboriginal. The above article therefore fits well with the stereotypical construction of a mother who is likely to give birth to a Fetal Alcohol Syndrome affected child: native, alcoholic, on welfare, and living in the Downtown Eastside.

Journalists at times describe 'these mothers' as irresponsible and immoral (for an example, see the article at the beginning of this chapter), mostly because the women are described as being unwilling (rather than unable) to stop consuming alcohol while pregnant. And yet, many women from all walks of life continue to drink while pregnant. For example:

94-fasg... About 15 per cent of B.C. women drink excessively during pregnancy, according to a just-completed study on Vancouver Island by Dr. Robert Armstrong, medical vice-president at Sunny Hill Hospital. About 50 per cent drink enough to put their babies at some risk of developing FAS.

Identifying 'these women'

Over the years, the out-group has been identified in a number of ways:

89-rat: Children of women who abuse alcohol have a poor chance of good health from the moment they are born.

....Women who drink moderately and didn't realize they were pregnant until their second or third month.

... "A lot of these women don't know the health effects of alcohol. They haven't been told.

91-uca... The simple answer is that no pregnant woman should ever touch a drop. Some won't listen. Some don't know. There's a difference.

****isu:** ...Blatherwick said he is frantically trying to meet a Friday deadline set by the provincial government for a proposal to send a team of nurses into the streets to wean pregnant women off drugs and alcohol.

... She said the mothers represent a range of ages and ethnic groups, and society can expect to spend up to \$1.5 million per affected child to deal with a lifetime of health and educational problems.

This article implies that only homeless women's children with Fetal Alcohol Syndrome will cost society that much (and that this is where 'this' type of woman is found).

91-bpa A \$300,000-a-year plan to send nurses into the Downtown Eastside to convince pregnant women to give up alcohol and drugs will be expensive - but cheaper than doing nothing.

... "We know who the women are, but it's no good putting up warning signs in bars, " he said.

"You have to go after them on the street and change their lifestyle."

92-rro Fetal Alcohol Syndrome is serious enough that some women's rights should be restricted to prevent further damage to unborn babies, says a child abuse expert.

Society can no longer afford to ignore women who repeatedly abuse alcohol, said Dr. Charlie Ferguson, director of Winnipeg's Child Protection Centre.

"I think it's a scandal that people produce baby after baby with Fetal Alcohol Syndrome and nothing is done," he said.

In extreme cases, women should be held for treatment to prevent further damage to their babies, Ferguson said.

"There's eventually going to need to be a case where someone like that has to have her rights infringed upon."

93-asb The tragedy of FAS is not only in the thousands of lives adversely affected but in the fact that so many expectant mothers ignore the precautions that could prevent FAS. A healthy child is not a great price to pay for abstinence during pregnancy.

94-cid... Nanson said the answer isn't simply telling pregnant women not to drink, but to tackle even bigger societal problems.

"When I interview these mothers, they don't see alcohol as their problem," she said. "It's family violence, poverty, their partner's substance abuse. Alcohol is their coping mechanism."

From the above articles, the women of the out-group are talked about in the following ways as a separate and identifiable group:

- *"...we know who these women are"*
- *"...someone like that (has to have rights infringed upon)"*
- *"...these women"*
- *"...when I interview these mothers"*

It appears that we can identify the group of women who participate in this deviant behaviour: They ignore precautions, are unwilling to abstain, must be coerced into treatment, and, in B.C., live mostly in the lower Eastside of Vancouver, or on a northern reservation. Scientists, researchers, and physicians seem to be able to identify and describe 'these women', and yet, we, as a society, know nothing about who these women are or what the reality of their lives are. The creation of an out-group reinforces stereotypes, and eventually allows for various forms of government intervention geared at 'these mothers' (Herzlich & Pierret, 1989). It also excludes all other women

who do not fit into the out-group category, including all non-aboriginal and well-to-do women who also consume alcohol during their pregnancies, and many of whom also have drug dependency issues, albeit much better hidden ones.

Women as Mothers

Given the current construction of Fetal Alcohol Syndrome in the print media, what is described as most horrifying is that pregnant women are intentionally willing to risk permanently damaging their fetus by consuming alcohol during pregnancy. There are many underlying values about motherhood intrinsic to the Fetal Alcohol Syndrome discourse. A mother is expected to be someone who is good, moral, just, who places her child (and fetus) before her own needs, and who always does the 'right' thing. What is not addressed are the pressures many mothers face, whereby motherhood can provide a sense of identity and self-worth, but also create much anxiety and guilt about being 'good enough'. These pressures are especially relevant to mothers with addiction problems (Finkelstein, 1994).

Being told by your family, friends, and society that you are responsible for your child's physical, emotional, or learning problems may further increase a woman's feeling of inadequacy and guilt and lead to hopelessness, helplessness and even relapse (Finkelstein, Brown & Laham, 1981; Mackie-Ramos & Rice, 1988), particularly when you do not have access to the resources to enact these 'responsibilities'. It also makes invisible any collective responsibility we have to nurture and support pregnant women.

Wealthier mothers care more

91-vfm "There's always an assumption that nice, middle-class women don't drink. I'm here to tell you, yes, they do," LaDue says.

Better educated women who benefit from more privileged socio-economic backgrounds are rarely mentioned in the discourse. Since they are almost never included in the Fetal Alcohol Syndrome discourse, it is implied that Fetal Alcohol Syndrome is not a problem in their group. The implication, by absence, is that they must be more willing to take care of their unborn children by changing their behaviour accordingly. This viewpoint is usually implicit in the discourse, but at times becomes explicit:

89-can A higher incidence of FAS babies seems to occur in lower socio-economic groups, Koren says. Pregnant women in the upper and middle class seem to put a greater emphasis on wanting healthy children and will cut back their drinking dramatically, he says.

"Pregnant women in the upper and middle class seem to put a greater emphasis on wanting healthy children and will cut back their drinking dramatically " implies, in not very subtle ways, that those who have more resources are more willing to take better care of their infants, presumably because they want healthy children more than those of lower socio-economic groups. I have never once heard from a client (who were almost exclusively of lower socio-economic groups) that they did not want a healthy child. Maybe what is implied is that better off mothers are more willing to reduce the health risks so that they may bear healthy children. This puts blame on those mothers who produce children affected by Fetal Alcohol Syndrome. No mention is made of how wealthier women have more resources to deal

with financial and other stresses, or how they are better able to hide their possible alcohol problem, as well as a child affected by Fetal Alcohol Syndrome (this child may never be labelled as Fetal Alcohol Syndrome, but rather as 'learning disabled', and get special help from a tutor, etc.). In addition, socio-economically advantaged women may have better access to treatment options, available child care that allows them to participate in treatment, and access to ongoing counselling. In addition, made invisible in the discourse are women of a higher socio-economic class who have addiction problems similar to those the identified group are challenged by.

Women and Alcoholism

By making drinking during pregnancy a moral or a legal issue, and not touching on the socio-medical model of substance abuse, blame is easily placed on women identified as members of the deviant out-group. A 'disease' model of addictions provides an alternate means of examining the issue as it helps us to understand that the addicted woman and her family have suffered from the consequences of alcoholism, not her intentional or deliberate behaviour, and that her options were limited during her periods of drinking (Finkelstein et al., 1981).

Until recently, alcoholism and drug abuse were seen primarily as 'men's diseases'. But in the past two decades, an increased amount of attention has been paid to women with drug and alcohol issues. Two predominant themes that have surfaced in the literature are that alcohol- and drug misusing women have been the target of blame and anger, and the lack of treatment

services due to the continuing neglect of the issue (Finkelstein, 1994; Finkelstein et al., 1981). The first theme shows up strongly in the data and will be explored in the next section, while the second theme rarely shows up in the data but will be examined briefly here as it is interconnected with the first theme.

Lack of treatment facilities

As discussed above, drinking while pregnant is increasingly being seen as something that is socially unacceptable, immoral, evil, irresponsible, and reprehensible. Some latitude is given to women who may lack the knowledge, but if the knowledge is there, and a pregnant woman still consumes some alcohol during pregnancy, this is seen as a deliberate act of being willing to damage her unborn child.

To simply tell women to stop drinking during pregnancy makes alcoholism a choice rather than a disease. Given this construction, there will be little discussion of treatment options, as the 'out group' created is not deemed worthy of such options. Therefore, despite a well documented lack of treatment facilities (Andrews & Patterson; Finkelstein, 1994; Hawk, 1994) the issue gets mentioned only during 1992 (in six articles), with the exception of one additional article in 1994:

92-hww At least 13 of the roughly 580 babies born at Whitehorse General Hospital last year were heavily exposed to alcohol, nursing director Judy Pakozdy says, based on the mothers' own admissions for treatment for alcohol-related problems.

fass In extreme cases, women should be held for treatment to prevent further damage to their babies, he said. "There's eventually going to need to be a case where someone like that has to have her rights infringed upon."

bae "This is not an esoteric condition; and all these children have an organic brain problem," says Looks, who advocates appointing a co-ordinator in each province and territory across the country to liaise on treatment and prevention.

fap In extreme cases, he said, these mothers should be held for treatment to save the children's health.

fal The young woman - charged along with her partner with battering and sexually assaulting their 18-month-old daughter - had walked away from a court-ordered alcohol treatment program.

cae In extreme cases, women should be held for treatment to prevent further damage to their babies, Dr. Ferguson said.

rro In extreme cases, women should be held for treatment to prevent further damage to their babies, Ferguson said.

....While putting women who abuse alcohol or drugs in jail isn't the answer, Ferguson said laws should be revised to allow court-ordered treatment.

94-fasg "It's best not to drink, but it pays to identify women early and provide treatment for them," he said.

Mary-Stewart Moore, a physician who focuses on addiction, said one woman is addicted to alcohol for every two men but that only one woman seeks treatment for every four men who do.

The above discourse implies that treatment options are readily available to women, which is not the case. Also suggested is that it is the failure on the part of women to seek treatment, making invisible the fact that appropriate treatment options are rare, especially those with family-centered treatment options (i.e., mothers and their children stay together during treatment) which are virtually non-existent in British Columbia.

The missing voices: Birth mothers

The absence of several different groups of women's voices are very apparent in the Fetal Alcohol Syndrome discourse. This includes hearing from successful foster mothers (frustrated, discouraged and overwhelmed foster mothers are the only kind of foster parents made visible), learning about the challenges and barriers women with alcohol misuse problems face, and making visible the lives of women who are in 'high risk' groups, and who may be dealing with issues of poverty and spousal abuse in addition to alcohol problems. We hear about 'these women' who continue to drink during pregnancy, but we never discover WHO THESE WOMEN ARE.

'These women' are the birth mothers of all children affected by Fetal Alcohol Syndrome. With one exception, there are no stories of birth mothers who are raising their fetal alcohol affected children, and yet many such families exist. Equally silenced are the birth mothers who have given up, or had taken away, custody of their Fetal Alcohol Syndrome affected children. What are their stories?

Out of a total of 110 articles, only one (.9%) included the voice of a birth mother. The woman in the story does not appear to be evil or irresponsible, stating that she made a mistake but was unaware of the consequences at the time.

91-vfm Tammy Harmon still remembers her mother hovering around her, years ago, when she came home from a hard day's work and propped her feet up on the couch.

"My mom would pour me a glass of wine. She didn't see anything wrong with it," says Harmon, now 32. Nor did Harmon.

She was thrilled to discover during that time that she was four months pregnant. She and her husband had been trying for five years to have a baby. It was cause for celebration, for congratulations, for high spirits. And a drink.

"During her prenatal medical exam, she told her doctor freely that she still occasionally drank. "It wasn't much," she says. "He said it was OK. He didn't think it was a problem."

It was a problem.

Her daughter was born two months premature with a hole in her heart. She required surgery twice to correct the defect before she was six months old. Now seven, she struggles with behavior and learning problems that have landed her in special education classes.

With hindsight, doctors now know that her daughter's problems were caused by Harmon's drinking. Harmon and her mother were shocked to find out.

But studies in recent years have shown that even small amounts of liquor may be linked to an unborn baby's later behavioral problems or physical malformations - or even miscarriage.

"People don't know," says Robin LaDue, who has done studies of drinking during pregnancy with Ann Streissguth at the University of Washington. "The risk is great even at low levels of alcohol intake."

...Some, like Harmon's daughter, are born with defects of the heart or other body parts. Others show subtle facial abnormalities such as narrow eyes, a short nose, underdeveloped jaws and no upper lip crease.

Many women have the perception that as long as they aren't heavy drinkers or hardened alcoholics, they don't have to worry.

"There's always an assumption that nice, middle-class women don't drink. I'm here to tell you, yes, they do," LaDue says.

Even some doctors may not realize that low levels of alcohol can be a problem, and some say that the evidence against low-level drinking is not strong enough to warrant abstinence. "Doctors aren't educating their women patients," LaDue says.

Harmon says she was drinking two to 10 drinks a week when she was pregnant with her daughter. She didn't realize she might as well have been pouring liquor down her unborn baby's throat.

The only time we actually hear from a birth mother involves a woman who, at the time of her pregnancy, was unaware that her drinking may do damage. Many people would exclude her from the out-group of 'these mothers' as she is not seen to be intentionally hurting her baby. What is totally lacking from the discourse is the voice of mothers who may have been aware of the dangers, but given their circumstances continued to drink. Instead of listening to their stories and learning about the complexity of their lives, they are kept silent while the label of uncaring, irresponsible and unfit mother is attached to them.

There were a number of stories that mention birth mothers in the discourse without giving them a voice. Whenever birth mothers are mentioned in these stories, they are portrayed in a simplistic manner as alcoholics, as responsible for their children's condition, and as someone who has given up, or had custody taken away from, their child(ren).

89-fas Adam's natural mother was a chronic alcoholic who continued to drink heavily throughout her pregnancy. She died at 33 of acute alcoholic poisoning - she drank antifreeze.

91-dpp ...His mother, single and in her early 20's, drank heavily during the pregnancy. She gave John up for adoption a month after he was born.

92-fal She was pregnant and "high as a kite" on sniff when Winnipeg police picked her up for violating her bail last week.

The young woman - charged along with her partner with battering and sexually assaulting their 18-month-old daughter - had walked away from a court-ordered alcohol treatment program.

Winnipeg child welfare officials are now waiting to apprehend the baby of the 22-year-old mother who is in police custody and due to give birth at any time.

The woman's well-documented substance abuse has already led to the apprehension of three children, including the toddler.

94-mft As much as Kory is the victim of his biological mother's drinking, Killeleagh also thinks he is a victim of the government. She waves a tired hand over the stack of papers 20 centimetres high on her dining room table.

In these articles, birth mothers are constructed as women who first victimized their children by 'inflicting Fetal Alcohol Syndrome upon them', only to then give them up for adoption. Not made visible in the discourse is an exploration of why these women choose to give their children up for adoption, and how free that choice actually was. What is also rarely addressed in the discourse are factors in addition to alcohol that may contribute to harming the fetus.

Blame and Anger

Many of the earlier stories identified the problem as specific to women who are alcoholics. Fifty-four of the 110 articles (49%) include the word alcoholic. Even the most recent articles (1994), still focus mainly on women who are labelled as alcoholics.

94-fask She spent five weeks in a hospital incubator, shaking and convulsing, before her family could hold her.

A few months later, she was apprehended by the provincial social services ministry because her 35-year-old mother - an alcoholic living on welfare in the Downtown Eastside - could not care for her.

Broadening the out-group

As seen in the above data, Fetal Alcohol Syndrome was initially seen as a problem that mostly concerned [skid row] alcoholics, and in many instances continues to be defined as such. However, as more and more scientists and health care professionals warn us that any amount of alcohol during pregnancy may pose a health risk to the fetus, the group of potential 'bad mothers' has been broadened to include all pregnant women. As there is so much uncertainty about the amount of alcohol that can safely be consumed, a dual blame game has developed. We have been told that women who drink abundantly (although the amount is still unknown) place their unborn child's future health at great risk, allowing us to direct blame and anger at 'these women'. But since even smaller amounts of alcohol may place the child at risk, any woman who drinks any alcohol during pregnancy can be placed into the irresponsible and 'bad mother' category, in other words, become one of 'these women', one of the out-group.

Beginning in 1987, some articles begin to stress that this is not only a problem for alcoholics:

87-adt But what about the pregnant woman who isn't an alcoholic, who only occasionally imbibes during her nine-month tenure, in keeping with her customary drinking habits and lifestyle?

Seven years ago, the London, Ont., obstetrician and gynecologist rounded up a group of women, all in the last stages of their pregnancy, for a research project on the effects of moderate drinking on a fetus.

.... "Media stories have underplayed the effects of alcohol on the fetus up to now. But studies of pregnant women who drink

moderately found that low birth weight was the same for the babies of these women as for women who smoked while pregnant."

His advice?

"Several years ago, doctors were telling pregnant women that less than four drinks a week was okay. Now we know that even a subtle amount of alcohol is related to fetal problems. It would be very prudent for women to refrain from alcohol consumption during pregnancy."

90-bab... "We're not talking about skid road alcoholics, we're talking about ordinary women," one doctor says.

... And some say because many women successfully hide the amount they drink, doctors should take a "drinking history" for every pregnant woman, followed by counselling to stop or cut back.

... The initial reaction to the Seattle studies, Streissguth says with a laugh, was, "Wow, the women of Seattle must really drink a lot."

The placing of blame and anger are confounded by making women's alcoholism a moral, rather than a socio-medical issue. As mentioned in the literature review, women who are alcoholics are seen as very different than men who are alcoholics. Women who abuse substances are often seen as sexually promiscuous, weak willed, negligent of their children, and irresponsible in their decisions to bear more children (Finkelstein, 1994).

The two issues of sexuality and mothering are key to the negative and punitive attitudes surrounding substance abuse in women; pregnant women who abuse alcohol and other drugs receive the greatest societal condemnation. The greater stigma, rejection, and blame experienced by these women result in lower self-esteem, guilt, depression, and increased isolation (Kumpfer, 1991; Little & Ervin, 1984; Reed, 1987; Rosenbaum, 1979; Zuckerman & Bersnahan, 1991)". (Finkelstein, 1994, p.8)

What does not get addressed in the articles is that the guilt, shame and stigma that make up the media's construction of mothers who drink during pregnancy can increase the denial of an alcohol problem by the woman

herself as well as her family and friends (Finkelstein, 1994). Constructing drinking during pregnancy as something devious and immoral does not encourage the pregnant woman or those who support her to deal with the issue openly. This, along with the lack of gender-specific treatment services only exacerbates the problem.

"Solutions"

As mentioned in the introduction, if the identified problem is Fetal Alcohol Syndrome, caused by mothers who 'abuse' alcohol during pregnancy, then the solutions may include any measure that prevents pregnant women from 'abusing' alcohol during pregnancy. When Fetal Alcohol Syndrome was first diagnosed in 1974, it became part of the medical domain. As has been demonstrated in the five key events, and discussed in Key Event Four, Fetal Alcohol Syndrome slowly moved from the medical domain into the public domain, which then opened up an opportunity to include legal, political and policy participation (Herzlich & Pierret, 1989).

Punishment: Tubal ligations

Almost a decade before legal intervention in the form of incarceration became an issue in the media in 1992, there were a number of stories that covered the issue of tubal ligations as a consequence for those women who continued to abuse alcohol during their pregnancies. For example:

83-fsp A proposal that women who consume excessive amounts of alcohol during pregnancy be forced to have tubal ligations prompted angry reactions at a conference in Winnipeg yesterday.

Bertha Allen, president of the Native Women's Association of the Northwest Territories, caused the furor when she suggested during a speech to a conference on Fetal Alcohol Syndrome that women who neglect the health of their unborn children should be forced by law to change their habits.

This issue was discussed in the last chapter, as the discussion of tubal ligations was restricted to articles that covered the conference and the response within the aboriginal community. This issue did not surface again in the media, but in 1992, the year of the release of the government report, the issue of incarcerating women who drank excessively during their pregnancy was brought to the forefront:

Punishment (aka 'protection' of the fetus): Mandatory treatment and incarceration

92-rro Fetal Alcohol Syndrome is serious enough that some women's rights should be restricted to prevent further damage to unborn babies, says a child abuse expert.

Society can no longer afford to ignore women who repeatedly abuse alcohol, said Dr. Charlie Ferguson, director of Winnipeg's Child Protection Centre.

"I think it's a scandal that people produce baby after baby with Fetal Alcohol Syndrome and *nothing is done*," he said.

In extreme cases, women should be held for treatment to prevent further damage to their babies, Ferguson said.

"There's eventually going to need to be a case where someone like that has to have her rights infringed upon."

Canadian laws do not protect the fetus from maternal abuse and neglect.

While putting women who abuse alcohol or drugs in jail isn't the answer, Ferguson said laws should be revised to allow court-ordered treatment.

Last year, there were 45 babies born to women who abused alcohol or drugs at Manitoba's largest hospital, Winnipeg's Health Sciences Centre.

Dr. Oscar Casiro, an expert on Fetal Alcohol Syndrome at the Health Sciences Centre, said legal intervention isn't the answer.

"It's a very dangerous approach," he said. "Will you start chasing someone around to see if they take a drink?"

Education is the best solution, he said.

It's likely that taking away women's rights to prevent harm to unborn babies wouldn't stand up in court, said Barney Sneiderman, a bioethics professor at the University of Manitoba.

"It may offer a short-term solution in some cases but it sets a bad precedent."

92-fap** (rights): The number of babies born with symptoms of substance abuse has more than doubled over the last four years at Health Sciences Centre and a child abuse expert says it is time some mothers' rights were restricted to prevent such tragedies.

fass2 I think it's a scandal that people produce baby after baby with Fetal Alcohol Syndrome and nothing is done. Dr. Charlie Ferguson.

WINNIPEG - Fetal Alcohol Syndrome is serious enough that some women's rights should be restricted to prevent further damage to unborn babies, says a child abuse expert.

In the more in-depth stories, as for example in the one featured above (rro), there is a discussion of whether the policy of punishing women who are known to be drinking during pregnancy exacerbates or diminishes the problem of alcohol and drug use during pregnancy (especially in 1983).

Though the rhetoric implies that the goal of these prosecutions is to protect the child and increase infant health, prosecution of pregnant addicts will not protect the child, nor will this policy increase the likelihood of infant health. (Hawk, 1994, p.518)

Punishing women by incarcerating them during their pregnancy will not stop them from ingesting alcohol during their pregnancies, but rather it may force women to stop seeing their doctors rather than risk possible prosecution (Grant, 1989; Hanisberg, 1991; Hawk, 1994). The issue that there

are very few jails and prisons that can deal with a pregnant woman (Andrews, 1995; Finkelstein, 1994; Hawk, 1994) is also never mentioned.

I found it interesting that the majority of stories making this a legal issue were published a few months after the large number of stories dealing with the release of the government report. This may be because a push for a punitive social policy implies that something is being done about a problem which is currently in the spotlight, while it in no way addresses the underlying issues of continued maternal substance misuse (Hawk, 1994).

The tragedy of alcohol-and drug-addicted babies has spurred some legislatures to adopt measures to criminalize so-called fetal abuse and to toughen family law responses. The lawmakers are operating on a myth that those who abuse drugs while pregnant are deliberately cruel or indifferent to the needs of the unborn child. In reality, these women are frequently children themselves, who do not have access to the kinds of resources to either prevent their pregnancies or treat their addictions. The over-involvement of the legal system in this problem will serve only to further isolate a population that already distrusts health and social service providers. (Madden, 1993)

Many women drink while pregnant, although statistics for these figures vary. On average, American national surveys indicate about 20% for moderate drinking and 1% for heavy drinking (Stratton et al., 1996b), while some British Columbia statistics (Gram, 1994) have indicated that 15% of pregnant women drink excessively, while as many as 50% drink enough to 'put their babies at some risk of developing Fetal Alcohol Syndrome (Gram, 1994). And yet which women would we see prosecuted? In the United States, it has been shown that the women who are prosecuted are primarily low-income, single women, primarily women of colour who are dependent on

public facilities for their care (Grant, 1989; Hawk, 1994), while in Canada it is usually impoverished aboriginal women who become the target (Hanisberg, 1991). The focus on incarceration ignores contributing factors such as poverty, unemployment, previous abuse issues and the lack of educational and vocational opportunities that 'these women' face in their everyday lives.

Other Contributing Factors

Other contributing factors not evident in the discourse that may affect the fetus include poor maternal health, malnutrition, the mother's smoking of cigarettes or poly-drug use. In addition, the fetus's condition may be affected by the mother's male partner through the transmission of drug effects or other toxins in sperm and seminal fluid or through such acts as physical assault (Cohen, 1986; Finkelstein, 19994; Joffe & Soyka, 1982; Malbin, 1993b; Newberger et al., 1992; Yazigi, Edem & Polakoski, 1991; Yazigi et al, 1991 in Andrews, 1995).

Also missing from the discourse is a discussion of the social and economic context of the lives of many women with substance abuse problems which includes issues of inadequate financial resources, substandard housing, lack of marketable job skills and adequate support system. As part of the social context, I also noted a strong absence of the role men play in supporting a healthy pregnancy.

The pregnant woman's partner's drinking behaviour and support of the woman to abstain have been shown to have a marked influence on the

woman's drinking behaviours (Beckman & Amaro, 1986; Finkelstein, 1994; Nevitt, 1996; Watson, 1995) and yet men only get mentioned three times in the 110 articles (3%), all of which occurred in 1992:

92-*snf** After hearing months of expert testimony, the committee concluded there is no "safe level" of alcohol consumption for a pregnant woman. "We feel it is important for Canadians, women and men, to understand that even moderate alcohol consumption during pregnancy places the child at risk," the MPs said.

"Women who drink heavily tend to be associated with men who drink heavily. Men develop potency problems, their testosterone (male hormone) levels fall and it many have effects in pregnancy outcome."

esg ... "The basic fact is that when the pregnant woman drinks her unborn child drinks also."

... Does a pregnant woman have to be an abusive drinker for this to happen? No, says the House sub-committee, headed by Conservative MPs Barbara Greene and Stanley Wilbee.

... Yet not all the responsibility should fall on the mother. The father can help reduce the climate for drinking by himself going easy on the sauce.

The role of men is therefore made almost invisible in the discourse. In part this may be due to the construction of alcohol consumption during pregnancy as a lifestyle choice made solely by the pregnant woman, who is then also given sole responsibility for 'inflicting' Fetal Alcohol Syndrome on her child. If an approach of collective responsibility was adopted, then the men's role would play a much larger part in the discourse. This includes an examination of their drinking habits, which has been shown to strongly influence those of their female partners, and the support and encouragement they are able to provide throughout the pregnancy whether they themselves are drinking or not (Stratton et al., 1996b). The collective approach would

also include an exploration of how other factors such as spousal abuse affects the woman's choice to drink during pregnancy. At the same time it is important to note that more than including men as part of the problem, they can become part of the solution. This point will be addressed in the final chapter.

Conclusion

The media have constructed Fetal Alcohol Syndrome as solely a women's issue, pointing the finger at a small group of women who are unwilling to take responsibility for their drinking behaviour while pregnant. The current construction identifies a group of women who willfully and irresponsibly inflict this 'tragic', 'incurable', and 'totally preventable' disease on their soon-to-be-born children. The out-group identified are separated from other, more caring, and usually better educated, wealthier and responsible mothers.

Constructing Fetal Alcohol Syndrome as well as alcoholism as a moral and social/life-style choice of a particular group of women, rather than as a socio-medical issue, fosters feelings of blame and anger towards 'these women', and sanctions state intervention at various levels, including at the extreme end the suggestion of incarcerating those who will not cooperate in producing healthy children.

Absent from the discourse are the voices of birth mothers who are coping with their alcohol affected children, any description or contextual

inclusions of what these women's lives are like, including the barriers alcoholic women face (e.g., lack of appropriate treatment facilities), as well as the voices of women who have alcohol addiction issues and who have been able to make healthy choices during their pregnancies.

CHAPTER NINE: CONCLUSION

Individual vs. Collective Responsibility

Our society has an ambivalent view of pregnancy. On the one hand, we say that bearing children is so important that it can justify depriving pregnant women of their liberty and security. On the other hand, it is apparently not important enough to justify providing the social and economic supports necessary for pregnant women and for all women of child-bearing age. We cannot coerce women into having healthy children. Rather, society should recognize the important role women play in reproducing the species and should support them both economically and socially in their attempts to do so. (Grant, 1989, p.245)

Over the past 20 years, the discourse on Fetal Alcohol Syndrome in the print media has painted a dramatic, emotional and negative picture, whereby a small group of women are held responsible for willfully inflicting lifelong suffering on their children. The out-group created by the scientific community, and reflected in the print media, consists mainly of alcoholic aboriginal women who, because of their irresponsible and careless behaviour, and choice to drink during pregnancy have tragically produced damaged babies. The lives of these innocent victims in turn have been constructed as permanently and irreversible damaged, doomed forever to the horrific reality and nightmarish existence that is their life and the lives of those who must care for them (underline has been added to highlight words and phrases that dominate the discourse). Furthermore, Fetal Alcohol Syndrome continues to be constructed as a '100%', 'totally' and 'completely' preventable condition, one for which scientifically accurate information and statistics abound in the discourse. This 'total preventability' in turn increases

the degree of blame, guilt and shame we place on those who are deemed to be responsible for this epidemic.

The key voices heard in the discourse consisted of those in the medical community, almost all of whom were male. If we continue to exclusively defer to medical discourse, because doctors are constructed as infallible (Hanisberg, 1991), then we will make small strides towards gaining a better understanding of this phenomenon and how to deal with it.

The analyzed discourse failed to include women's experiences. In other words, made totally invisible were the lives of women who were continually identified, examined, named and blamed, but never given their own voice. What is needed is not only full participation in the discourse by women, and especially women whose experiences can provide meaning and insight, but also an opportunity to create a new discourse, which includes creating a new language with which to discuss this, and other issues of reproduction (Greschner, 1990). This thesis has systematically reviewed, from a critical perspective, how such constructions of women, and in many instances aboriginal and socio-economically deprived women, have developed within media representations of Fetal Alcohol Syndrome and the intent to which these representations offer a limited view on the alternatives of everyday life for women and children who may have been affected by Fetal Alcohol Syndrome. In this concluding chapter I will suggest some strategies for broadening the representation of Fetal Alcohol Syndrome as a problem as well as identify the extent to which society's approach to this 'problem' will

have to shift if we are to see real progress towards supporting families during the child bearing process.

The Myths

The main barriers to dealing with this issue are the myths and stereotypes that have been constructed and perpetuated in the print media over the past two decades. Only by bringing to light, examining, and deconstructing these myths will we, as a society, find more effective ways of dealing with the phenomenon of Fetal Alcohol Syndrome. The following statements encapsulate the myths and stereotypes as they have been explored in the discourse analysis.

Myth #1: Mothers who drink choose to do so, and through carelessness or indifference, willfully damage their children.

If we continue to stigmatize women who are at risk of producing 'damaged' babies, we will continue to increase the guilt, shame and fear that is placed upon them, which in turn will constrain their ability to create a healthy environment for themselves and their fetuses. We must recognize that pregnancy is an excellent time for women from all walks of life who have substance addiction problems to stop drinking (Stratton et al., 1995; Watson, 1995), but that they may need help, which includes adequate support and treatment facilities. Instead of portraying 'these women' as making an easy choice, we must recognize the complexity of their lives, and get to know their reality. Rather than constructing a woman as someone who

purposefully refuses to stop drinking, we must put her decisions in context by understanding the constraints on her ability to properly care for herself during her pregnancy, and by bringing to light existing constraints such as past and present issues of abuse, poverty, lack of education and self-esteem, and the many other factors that contribute towards self-destructive behaviour. Only when we start to make visible the experience of the everyday lives of birth mothers with substance addiction problems will we recognize that for many of these women, drinking is often seen as an option that allows them to cope with the lives they are currently leading.

Myth #2: A pregnant woman's rights are conflict with the rights of her fetus.

The best way to protect fetuses is to foster the conditions in society that enable women to make decisions in the best interests of themselves and their fetuses. Social support structures are needed to provide birth control information, to ensure that women receive adequate pre-natal care, and to inform them of the medical treatments that may become necessary during pregnancy. We should also seek to minimize the economic burdens of pregnancy and child-rearing for women as a group. If these structures were in place, the apparent need for forced interventions would decrease, and fetuses could be protected without impairing the rights of the pregnant woman. (Annas, 1987, 1213)

The issue must not continue to be framed as it is now, where women are pitted against their own fetuses. The discourse constructs women as those who are responsible for 'producing' healthy babies, and who will be blamed if a 'damaged' product results, in other words, they have been constructed as fetal incubators. Instead of asking how we can balance the competing interests of pregnant women and their fetuses, what must instead happen is

a realization that mothers and fetuses are interconnected and have common, rather than contrasting, interests (Hanisberg, 1991). After all, any behaviour that is seen as harmful to the fetus is usually also harmful to the woman herself.

Similarly women do not abuse drugs out of lack of care for their fetuses. Drug abusing pregnant women, like other drug abusers, are addicts. People do not want to be drug addicts. In addition, a product of addiction is the inability to control in-take of the substance being abused. Threats of prosecutions do not inhibit people who are addicted from procuring and ingesting the substance to which they are addicted. (Hanisberg, 1991, p.53)

As discussed previously, pregnant addicts presently have very few treatment options, with family-centered treatment centres, whereby mothers and their children stay together during treatment, and where other family members participate, being virtually non-existent in British Columbia. This lack of appropriate treatment options is a concerns across Canada, as well as in the United States:

Treatment options for pregnant women are often nonexistent or undesirable, for reasons such as enforced separations form children, excessive distance from home, reliance on male-centered models, inadequate obstetrical services, and the woman's inability to pay for the services. (Becker, Warr-Leeper & Leeper, 1990; Kumpfer, 1991 in Andrews & Patterson, 1995, p.56)

If we treat pregnant substance abusers as fetal abusers, then we are ignoring the range of conditions that contribute to alcohol and drug addiction, which include limited quality pre-natal care, lack of food for impoverished women, and lack of treatment for substance abusers (Hanisberg, 1991). If the discourse were to include the message that pregnant women make decisions as best as they can given their circumstances, then

we would deal with these mothers in a manner that does not pit their rights against their fetuses, but instead examines how to provide a supportive and nurturing environment for the mother as well as her fetus. What may also happen is that by giving voice to women's experiences, it will become evident that women from all walks of life, not only those currently constructed as 'high risk', share similar struggles.

Myth #3: Fetal Alcohol Syndrome is a totally preventable birth defect.

As long as alcohol plays such an integral part of our cultural fabric, and is so aggressively marketed to those who are least able to resist (Streissguth, 1994b) the phenomenon of Fetal Alcohol Syndrome will continue to affect many lives. Using words such as 'totally' 'completely' and '100%' to describe the preventability of Fetal Alcohol Syndrome may create a dramatic effect, but ultimately only continues to put blame and anger on those who 'inflict irreversible and permanent damage' which is constructed as so very preventable. The discourse must broaden to include the reality that fetal alcohol affected children will continue to be born because the majority of all pregnancies are unplanned, and even under conditions where pregnant women are able to abstain, they may not be aware of their need to do so until several months into their pregnancies, thereby having placed their unborn children at risk during that important early period of development. Furthermore, until there are adequate treatment facilities for pregnant women with alcohol abuse problems, and until we address alcoholism and other addiction problems as a whole in our communities, we cannot expect

to make the large advances needed in order to prevent this birth defect to a much greater degree.

Myth #4: Fetal Alcohol Syndrome is an irreversible condition, for which there is no treatment.

Constructing Fetal Alcohol Syndrome as an irreversible condition allows us to give up on those affected by the phenomenon. It also makes invisible all that can be done. Together, the media, physicians, educators and policy makers have a responsibility in exploring and making visible the many interventions that will allow children affected by Fetal Alcohol Syndrome to lead productive lives, and to participate to their full potential within their families and their communities. This is an immense job that can only be accomplished by multi-disciplinary team efforts. It also requires the recognition that components such as early intervention, special teaching strategies, a supportive environment, advocacy, respite for caregivers and long term planning are some of the services that need to be made available to these children and their families. It is our collective responsibility to address these issues if we are to commit to healthy communities. In addition, much research still needs to be done to see how these children are affected, what their needs are, and how we can best assist them. The media can play a pivotal role in deeming a discussion of these issues as newsworthy. Instead of only portraying stories of how hopeless and unchangingly negative the lives of these children are, the media have the ability to bring to light some of the incredible stories of children and young adults affected by Fetal

Alcohol Syndrome who are succeeding notwithstanding their struggles. Broadening the picture will allow stories to be told that are contextually rich by describing the children's and family's accomplishments as well as their challenges.

Myth #5: Fetal Alcohol Syndrome is an aboriginal problem.

As stated previously, Fetal Alcohol Syndrome is a problem wherever a large amount of alcohol consumption during pregnancy takes place. To a lesser degree it is also a problem wherever any alcohol consumption during pregnancy takes place. We must move away from stigmatizing and stereotyping a specific racial group (i.e., aboriginal people) for being associated with Fetal Alcohol Syndrome, thereby removing non-aboriginal communities from the problem, which in turn prevents us from dealing with it in our own communities. Since the magnifying glass has been pointed at some aboriginal communities for so long, they have acknowledged the problem and have begun a dialogue on how to deal with it. Aboriginal people, who so often are silenced, therefore have much to contribute to the dialogue which has not even begun in many communities.

While we need to stop labelling Fetal Alcohol Syndrome as an aboriginal and alcoholic women's' problem, and make visible the many other communities where mothers are dealing with many challenges during pregnancy, we must also collectively address the extent of the aboriginal condition, which includes acknowledging the consequences of the residential

school experience, the conditions of isolation, poverty and chronic unemployment that many aboriginal communities face, the history of abuse and addictions, including dealing with the ongoing struggles of alcoholism in some communities, while at the same time celebrating the incredible successes in other communities. Overall there needs to be an emphasis on how to create healthy communities that foster healthy decision making by all members of each community.

Myth #6: Precise figures are available about the prevalence and incidence of Fetal Alcohol Syndrome in Canada.

To date, there are no accurate statistics for either prevalence or incidence rates of Fetal Alcohol Syndrome in Canada, and published rates vary more than a hundredfold (Burd and Moffat, 1994). As policy makers, health care professionals and journalists we must be clear about the lack of accuracy of these figures, and stop utilizing them as if they were precise and scientifically derived figures. We do need to make an effort to collect more accurate data, and to stop pointing our 'scientific' magnifying glass at easily identifiable groups, such as small northern aboriginal communities. Doctors and researchers will continue to have a strong voice in the discourse, and provide us with 'facts and figures', but what must be made more visible are the many uncertainties that continue to face the medical community, and how the medical community can address these challenges. When numbers are used in the discourse, it is also important to stress that given the percentage of aboriginal to non-aboriginal people in Canada, overall a much

greater number of non-aboriginal children have been, and will be, affected by Fetal Alcohol Syndrome. This will help to dispel the stereotype that this is mainly an aboriginal problem.

More important than determining prevalence and incidence rates will be the creation of continued research. Research needs to focus on determining societal conditions that are supportive of women and childbearing. In addition further research needs to be conducted to address the many uncertainties that surround the phenomenon of Fetal Alcohol Syndrome. Although more recent research indicates that other factors such as socioeconomic status play a large role (Abel, 1995), much research still needs to happen in this area. Equally important, this information needs to be disseminated in a manner that will ask society to rethink the current construction of Fetal Alcohol Syndrome. To that end, more research needs to be done to see how the current construction of Fetal Alcohol Syndrome has affected people's perception of the problem, and how these perceptions, which include the myths and stereotypes discussed above, may be contributing towards the barriers that prevent us from addressing the phenomenon in a more effective way.

Further Practice and Policy Implications

For those who deal with social and legal policy, the most meaningful task will be to understand the context in which 'these' women live, because, to the extent that their actions are responsive to their environment, their actions may be inevitable and perhaps even rational, and therefore similar

actions will continue to be repeated over and over again (Oberman, 1992). To accomplish this, a new discourse needs to be developed, one which incorporates a new language that allows women to speak their experiences.

Instead of focusing on coercing women to abstain, what is needed is a much more encompassing approach, one which will ensure women are able to safeguard their own health in a manner which correspondingly protects that of their fetuses (Hanisberg, 1991). Policies need to be geared at broadening the options available to women who are pregnant (e.g., through health pregnancy outreach programs, family centered, readily available drug treatment centers, etc.). This broadening not only needs to occur in the legislative, legal and policy-making arena, but must also must include a more inclusive language, and a discourse that makes visible the complexity of the situation, and the reality of women's experiences, including that of pregnant alcoholic women. Aspects of this new discourse could include voicing the difficult decisions women from all walks of life make during their pregnancies, as well as the disease process of alcoholism. Most importantly, the new discourse must be created by women who are living the experience.

Children affected by Fetal Alcohol Syndrome and their families have multiple needs and therefore multiple components of intervention and intense interagency cooperation are required to deal with the issue. As traditional approaches have been less than effective in dealing with the issue, we need to develop more creative solutions. For example, an

intriguing idea for prevention was presented (Jo Nanson, personal communication, January 30, 1998) when Ms. Nanson posited that one of the most effective ways to educate and inform people about the issue of drinking during pregnancy and the issue of Fetal Alcohol Syndrome would be by creating a story-line on a popular Soap Opera which follows this experience.

The relatively new Ministry of Children and Families has a wonderful opportunity to foster the interagency cooperation needed to deal with this complex issue, to provide multi-level services for children and their families, and to search for creative solutions for addressing the complexity. In contrast, movements toward reducing services to children with special needs, reducing availability of early intervention such as participation in the Infant Development Program, and threatening to apprehend children and imprison women who do not follow the rules for 'producing' healthy children are all counter-productive to creating healthy communities, and will continue to keep the problem of Fetal Alcohol Syndrome in the unenviable position it currently finds itself in.

Equally important to providing multi-level services for the children and families affected by Fetal Alcohol Syndrome is an examination of our own values and beliefs about Fetal Alcohol Syndrome, which includes examining our views on issues of addiction and sexuality. As human service professionals, researchers, family members and friends we need to make visible our own discomfort with the issues, and begin a dialogue that is not based on blame, shame and guilt. A good starting point would be to utilize

the list of myths that I have unearthed and use them to explore and challenge our own perceptions, knowledge and value judgments and examine how these affect our day to day practice with women, children and families. As part of this exploration we need to begin to acknowledge that 'the problem' is amongst us as much as it is 'out there'.

Conclusion

The discourse on Fetal Alcohol Syndrome has placed the responsibility for causing and preventing Fetal Alcohol Syndrome exclusively on women of childbearing age, especially those who have been identified as high-risk, namely aboriginal and impoverished alcoholic women. The focus on individual self-responsibility and choice has allowed others, including all non-aboriginal and more well-to-do women, all men and society as a whole to disassociate themselves from sharing in the responsibility of dealing with the issue.

The discourse implies that drinking during pregnancy is about choice. Women are told that there is a risk if they drink, and that they should therefore abstain in order to eliminate that risk. What needs to be made visible in the discourse, and supported by policy, is what will empower women to confront issues associated with, or leading to, women's addiction. We need to move away from a discourse immersed in blame and shame, as well as hopeless doom and gloom for those children already affected by Fetal Alcohol Syndrome, and move towards starting a dialogue about how we as a community can best create supportive, healthy environments in which to

bear and rear children. The mass media can contribute greatly towards making women's experiences visible. The media can help ensure that a voice is given to those who have been excluded, and that their participation allows for the creation of a new discourse. It is my hope that by giving voice to those who are most affected by this issue, we will be able to learn better how to create healthy communities.

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APPENDIX A

Title	Newspaper	Date	Page
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Act today for the health, well-being of tomorrow's children	Vancouver Sun	10 Jul, 91	A2
Alcohol blamed	Montreal Gazette	13 Apr, 77	E19
Alcohol blamed for child handicaps	Vancouver Sun	18 Jul, 87	A1, A2
Alcohol caused fetal defects	Calgary Herald	30 Aug, 87	C7
Alcohol causes nightmarish birth defects. Native child born retarded, unstable and deformed because of mother's drinking	Montreal Gazette	18 Aug, 89	B6
Alcohol damage to the unborn	Vancouver Sun	28 Jul, 87	D1
'Alcohol evil empire'	Calgary Herald	31 Aug, 89	F8
Alcohol harms fetus, new study confirms	Toronto Star	19 Jan, 87	C2
Alcohol may cause birth abnormalities. Risk doubled: study	Winnipeg Free Press	1 Jun, 79	38
Alcohol. Question on label warnings	Vancouver Sun	22 May, 92	A17
Alcohol syndrome problem cited at 25 per cent	Vancouver Sun	20 Jul, 87	A1, A2
Alcohol use. NDP fails to live up to vow to inform women of risks	Vancouver Sun	11 May, 92	B2
Alcohol warning labels to be tested - B Bouchard, Minister [Letter]	Montreal Gazette	7 Jan, 93	B2
Alcoholism major cause of defects	Winnipeg Free Press	26 Apr, 92	B19
B.C. study shows damaging effects of alcohol on the unborn	Montreal Gazette	25 Jul, 87	J11
B.C. vows to introduce liquor warning labels	Winnipeg Free Press	5 Jun, 93	B15

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Bad dreams, bad reality. Life on the street is hopeless for victim of fetal alcohol syndrome	Winnipeg Free Press	19 Jul, 92	B11
Birth defects increase by 12% to 18%	Globe & Mail	30 Jul, 83	1, 2
Blatherwick pushes 'alcohol and pregnancy' program	Vancouver Sun	11 Dec, 91	B8
Blocked at every turn: Kory Killeleagh has fetal alcohol syndrome	Toronto Star	25 Apr, 92	J1, J11
Booze abuse a top cause of retardation	Vancouver Sun	21 Jul, 87	A7
Booze and babies don't mix	Toronto Star	5 Jun, 80	D1
Booze-label waffling angers Kingston woman	HalifaxCHerald	5 Dec, 92	A5
Bouchard rejects warnings on bottles	Montreal Gazette	2 Dec, 92	B1
Burnaby pubs to display warnings against drinking alcohol when pregnant	Vancouver Sun	20 Jul, 90	D8
Changing a way of life in hard-drinking north	Vancouver Sun	10 Dec, 87	A16
Child-abuse expert urges constraints on pregnant problem drinkers	Globe & Mail	20 Aug, 92	A7
Children are nightmarish evidence of alcohol abuse by native mothers	Globe & Mail	16 Aug, 89	A1, A11
Children pay high price for drinking of mothers	Globe & Mail	17 Feb, 83	19
Committee wants ban on alcohol ads	HalifaxCHerald	19 Jun, 92	A9
'Communities in denial'. Fetal alcohol syndrome a plague	Winnipeg Free Press	17 Aug, 94	B2
Couple tells of strain, problems, in raising alcohol syndrome child	Vancouver Sun	18 Aug, 89	B7
Drinking during pregnancy	Toronto Star	7 Sep, 91	K1, K3

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Drinking harms the unborn child. Fetal alcohol syndrome causes damage	Winnipeg Free Press	14 Apr, 83	13
Drinking mother-to-be risks retarded baby	Winnipeg Free Press	13 May, 80	3
Drinking mothers. City meeting to yield ways to tackle FAS	Vancouver Sun	2 Oct, 92	B3
Drinking mothers 'leading to more retarded newborn'	Vancouver Sun	1 Sep, 77	A1, A2
Embryos shouldn't get drunk [Editorial]	Montreal Gazette	21 Jun, 92	B2
Fair warning [Alcoholic beverage labelling for pregnant women]	HalifaxCHerald	4 Dec, 92	C1
FAS. Children of the broken cord	Toronto Star	28 Aug, 89	C1, C3
FAS. Detecting victims can take years	Calgary Herald	19 Aug, 93	B6
FAS. Girl of 12 brings tragedy of booze legacy into focus	Vancouver Sun	6 Jun, 94	B3
FAS. Kandice, 11: born intoxicated	Vancouver Sun	7 Apr, 94	B3
FAS. Kudos, with reservations, for new labelling project [for alcohol]	Vancouver Sun	20 Jun, 92	B2
FAS. Letters tell what it's like to live with the problem - Parton	Vancouver Sun	23 Jun, 92	B2
FAS. Liquor-label push faces Tory bottleneck	Vancouver Sun	13 May, 92	B2
FAS. MPs seek tough label law to warn expectant moms away from alcohol	Vancouver Sun	18 Jun, 92	A2
FAS. Slightly dry column aims to shake, stir expecting moms - Parton	Vancouver Sun	25 May, 92	B2
FAS. Society urged to face problem	Vancouver Sun	20 Jul, 92	A7
FAS. Warning about drinking printed in five languages	Vancouver Sun	24 Nov, 93	B8
Father sues distillery over birth defects	Montreal Gazette	14 Jan, 88	B11

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Father sues Langley distillery	Vancouver Sun	13 Jan, 88	A1
Fears, phobias, frankness about birth defects	Vancouver Sun	15 Dec, 80	A5
Feds' failure to support alcohol warning labels defies reason	Vancouver Sun	8 Jul, 91	A2
Fetal abuse laws difficult to uphold, experts claim	Winnipeg Free Press	19 Jul, 92	B11
Fetal alcohol effect puts adopted son on life's sidelines	Toronto Star	7 Nov, 92	J18
Fetal alcohol leads to lifetime problems	Vancouver Sun	27 Apr, 91	B6
Fetal alcohol problem grows: time to curtail some mothers' rights to save babies, doctor says	Winnipeg Free Press	19 Jul, 92	A1, B11
Fetal alcoholism	Winnipeg Free Press	13 Apr, 93	A8
Fetal brain damage	Globe & Mail	10 Apr, 93	D8
Fetal-alcohol victims can tear families apart	Calgary Herald	31 Aug, 89	F9
Forced sterilization proposal raises ire	Winnipeg Free Press	15 Mar, 83	15
Government is trying to combat fetal alcohol syndrome - B Bouchard,	Montreal Gazette	27 Dec, 92	B3
Grants take aim at fetal alcohol risk	Vancouver Sun	31 Oct, 88	B4
Health warnings on booze bottles may get test run	Calgary Herald	19 Jun, 92	A14
Health workers worry as fetal alcohol syndrome plagues Yukon's children	Toronto Star	1 Feb, 92	K6
Heavy drinking at end of pregnancy proves harmful	HalifaxCHerald	3 Apr, 84	11A11
Heavy drinking endangers fetus, science confirms	Globe & Mail	2 Jun, 77	F2

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Help not available for victims: province aware of shortcomings: fetal abuse laws difficult to uphold, experts claim	Winnipeg Free Press	19 Jul, 92	B11
Home for expecting moms to help fight booze abuse	Vancouver Sun	24 Jul, 87	E8
Imbibing mothers damaging baby's chances: women who drink during pregnancy risk passing on problems	Calgary Herald	19 Mar, 93	B1
Indian group seeks warning labels on beer	Vancouver Sun	2 Jul, 88	B12
Infants swept up in drug-alcohol epidemic	Vancouver Sun	11 Dec, 91	A1
Label aimed at pregnant women	Globe & Mail	19 Jun, 92	A1
Label booze bottles to warn of danger to fetus, MPs say	Toronto Star	19 Jun, 92	A2
Marred for life. Young fetal alcohol victims find love with city couples	Winnipeg Free Press	16 Feb, 94	D4
MD urges more research on fetal alcohol syndrome	Vancouver Sun	23 Jul, 87	C11
Mom fights to help troubled son [with fetal alcohol syndrome] fit in	Toronto Star	10 Dec, 94	A6
Moody eyes alcohol warning label	HalifaxCHerald	3 Dec, 92	A7
Mother fights to end fetal alcohol syndrome	HalifaxCHerald	29 Dec, 92	A4
MPs want booze labelled to warn pregnant women: ban recommended on "lifestyle" alcohol advertising	Winnipeg Free Press	19 Jun, 92	A10
Ottawa doesn't act on call for alcohol warning labels	HalifaxCHerald	2 Dec, 92	C14
Ottawa stonewalls on warning labels for alcoholic beverages	Vancouver Sun	6 Jul, 91	A2
Pregnancy and alcohol don't mix	Vancouver Sun	23 Apr, 90	B6

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Pregnant? Just say no to booze	Vancouver Sun	17 Mar, 92	C2
Pregnant women can drink a bit	Montreal Gazette	9 Sep, 81	42
Pregnant women. Ottawa warns to project warning of drinking risks [to pregnant women]	Vancouver Sun	19 Jun, 92	A8
Program targets fetal alcohol curse. Federal money takes aim at inner-city evils	Winnipeg Free Press	29 Oct, 94	A17
Proposal to warn of alcohol danger during pregnancy	Vancouver Sun	21 Jan, 91	D10
Province urged to enact booze warning	Vancouver Sun	17 Aug, 91	A12
Researchers at Toronto hospital focus on babies born to alcoholic mothers	Toronto Star	28 Aug, 89	C3
Restrict rights of pregnant alcoholics, says child abuse experts	HalifaxCHerald	20 Jul, 92	B8
Retardation tied to alcohol abuse by mothers	Winnipeg Free Press	19 Jul, 87	16
Retardation-alcohol link studied	Vancouver Sun	17 Dec, 84	A6
Retarded problem linked to alcohol	Vancouver Sun	21 Jul, 87	A8
Saving one in three FAS babies worth effort, Mr. Minister	Vancouver Sun	26 Aug, 91	A2
Should alcohol carry warnings for women who are pregnant	Montreal Gazette	28 Jun, 92	B3
Sobering note for mothers-to-be: MPs want alcohol to carry warning label	Montreal Gazette	19 Jun, 92	A1
Study could shed light on fetal alcohol syndrome	Toronto Star	31 Jul, 92	C15
Syndrome figures rated excessive	Winnipeg Free Press	20 Feb, 93	B13
Syndrome leaves tragic hangover	Calgary Herald	15 Apr, 93	B1

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The hangover that lasts a lifetime	Vancouver Sun	22 Dec, 90	A5
Tippling moms to get BC warning: Victoria tired of waiting for Ottawa to act	Vancouver Sun	4 Jun, 93	B1
Tragedy touches every emotion. Dorris, M. The Broken Cord. Book review	Calgary Herald	23 Sep, 89	D7
Unborn child at risk because pregnant women don't drink alone	Vancouver Sun	3 Jul, 91	A2
Vote rejects signs in bars warning of fetal risks	Toronto Star	22 Sep, 91	A12
Vulnerable fetus mom-to-be's drinking companion. Studies link small amounts of liquor to miscarriages, defects	Calgary Herald	7 Apr, 91	D2
Warning on bottles urged to alert pregnant women	Montreal Gazette	5 Apr, 83	D10
Warnings about fetal alcohol syndrome should be widespread	Vancouver Sun	9 Aug, 90	A8

APPENDIX B

FEDERAL GOVERNMENT REPORT <u>Foetal Alcohol Syndrome:</u> <u>A Preventable Tragedy</u>	Government Response to the FEDERAL GOVERNMENT REPORT <u>FAS: From Awareness to Prevention</u>
Who will implement recommendations What recommendation is	Recommendation accepted or not Reason why not/alternative
1. <i>Minister of Health and Welfare, provinces and territories:</i> <u>Establish a National Advisory Committee on Alcohol and the Foetus (NACAF)</u>	1. No. Address within context of broader policy initiatives aimed at improving healthy pregnancies and decreased drug use
2. <i>Minister of Health and Welfare, provinces and territories:</i> Create a <u>National Resource Centre on Alcohol and the Foetus</u>	2. No. Incorporate idea into two other programs: <u>National Clearinghouse on Substance Abuse</u> (established) and the <u>National Clearinghouse on Disabilities</u>
3. <i>Minister of Health and Welfare, provincial and territorial counterparts:</i> Establish provincial FAS Co-ordinators.	3. No.
4. <i>Health and Welfare Canada, NACAF:</i> Organize and fund a National Conference on FAS/E.	4. Yes. A national Symposium was held on October 1 and 2, 1992 in Vancouver.
5. <i>Minister of Health and Welfare:</i> Amend the <i>Food and Drug Act</i> and request mandatory labelling on all alcoholic beverages warning of the dangers of FAS/E.	5. & 6. Not at this time. Industry will not voluntarily put labels on bottles. Federal government wants to collaborate with provinces to test impact of warning labels. Yukon has already started mandatory labelling.
6. <i>Minister of Health and Welfare, NACAF</i> will approve: The creation of effective design of labels.	6. see #5.

<p>7. <i>Minister of Health and Welfare, provincial and territorial governments:</i> Implement a uniform program of warning signs at appropriate outlets in all jurisdictions across Canada.</p>	<p>7. Not at this time. Currently there are several voluntary programs that have implement signs, as well as several by-laws (Richmond and Toronto).</p>
<p>8. <i>CRTC:</i> change regulations and ban lifestyle ads</p>	<p>8. & 9. Await decision currently before court re. CRTC ban on broadcast advertising of alcoholic beverages containing more than 7% alcohol by volume.</p>
<p>9. <i>Minister of Health and Welfare, Minister of Consumer and Corporate Affairs Canada and the CRTC:</i> Change regulation and add warnings on all alcohol ads about dangers of FAS.</p>	<p>9. see #8.</p>
<p>10. <i>Health and Welfare Canada, provincial and territorial health department, and NACAF:</i> Regularly review and evaluate public awareness and education programs on the impact of alcohol on the fetus.</p>	<p>10. & 11. This is seen as mainly a provincial responsibility.</p>
<p>11. <i>Federal Government, Provincial and Territorial Governments, and NACAF:</i> Develop and implement awareness programs in schools, judiciary, social services, child welfare</p>	<p>11. see #10.</p>
<p>12. <i>Health and Welfare Canada, professional health-care associations (e.g., CMA & CNA):</i> Upgrade curricula in medical, nursing schools, and other educational places</p>	<p>12. & 14. Support existing programs. Some programs are already being developed (both the BC). Health and Welfare Canada will examine ways these resources can be made available to other regions of the country, support workshops for professionals. A core curriculum guide will be established by the Canadian Centre on Substance Abuse.</p>

13. <i>Health and Welfare Canada, provincial and territorial health departments:</i> Conduct epidemiological study to determine incidence of FAS/E.	13. No. Very difficult to do. Two new research projects may shed light on prevalence of FAS/E.
14. <i>Health and Welfare Canada, NACAF:</i> Assist in developing diagnostic tools for identifying and classifying FAS/E.	14. See #12.
15. <i>Health and Welfare Canada, provincial and territorial health departments:</i> Initiate a program of research to develop more effective methods for the treatment, care and training of children with FAS	15. This is seen mostly as a <i>provincial responsibility</i> . <i>Federal participation</i> is highlighted in the National Strategy for the Integration of Persons with Disabilities.
16. <i>Health and Welfare Canada, provincial and territorial health departments:</i> Develop more appropriate, effective and economical treatment delivery programs for victims of FAS.	16. No. A needs assessment for specialized live-in treatment facilities arises. This will fall within <i>provincial jurisdiction</i> .
17. <i>Minister of Health and Welfare and provincial and territorial counterparts:</i> Develop and implement programs to subsidize adoptions of children with FAS	17. No. <i>Provinces and territories</i> have partially subsidized adoptions +/- or foster care. <i>Federal and provincial governments</i> provide Medical Expenses Tax credit and the Disability Tax credit.

<p>18. <i>Minister of Health and Welfare, Minister of Indian and Northern Affairs, provinces and territories:</i> Establish a Special Aboriginal Committee on Alcohol and the Foetus</p>	<p>18. 19. & 20. No. 18&19 must be looked at from a broad 'mainstream' perspective. Instead redirect to Canada's Drug Strategy</p> <ul style="list-style-type: none"> - do not identify as "Native" problem - examine policies on the availability and price of alcohol <ul style="list-style-type: none"> • Indian and Northern Affairs provides elementary and secondary education to on-reserve children, but no programs for children with learning disabilities • The Brighter Future initiative is best vehicle to review and assess program in place in Aboriginal communities
<p>19. <i>Departments of Health and Welfare, Indian and Northern Affairs, Special Aboriginal Committee on Alcohol and the Foetus:</i> Design and deliver aggressive public information campaigns to First Nations peoples.</p>	<p>19. See # 18.</p>
<p>20. <i>Indian and Northern Affairs Canada, Health and Welfare Canada, Special Aboriginal:</i> Review and evaluate program for the learning disabled in FN communities</p>	<p>20. See #18.</p>
<p>21. <i>Health and Welfare Canada, provincial and territorial health departments:</i> Design and implement a research program to develop diagnostic procedures to identify adults afflicted with FAS</p>	<p>21. No. It is hoped that increased awareness may increase sensitivity to the existence of FAE/S adult clients and offenders. Continue in-service training and provide information materials.</p>

The numbers seen in columns correspond to the numbers of the recommendations as they appear in each report.

NACAF = the National Advisory Committee on Alcohol and the Foetus

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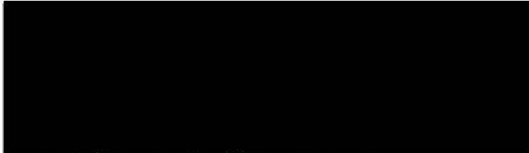
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June 5, 1998