

Schools (K)ill: How architecture, unhealthy foods, poor air and water quality, germs, illnesses, sexual assaults, and other types of violence threaten our children and families

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A Word About the Title

I would like to take a few lines to talk about the title. The word (K)ill in the title is meant to be taken both literally and metaphorically. I chose the title because I want to be clear that I believe schools are dangerous places. The parentheses around the “K” in (K)ill are there to draw attention to the two words that are central to the book’s theme: Kill and ill. Schools kill and they make people ill. Schools (K)ill people mentally, physically and spiritually, both literally and metaphorically. Schools (K)ill students, families, staff, and communities. How schools do this is the subject of this book.

Chapter 1—Introduction: Schools as Prisons

If you place hundreds of people in a small space, sometimes built for significantly fewer people than the number of people who are eventually housed in that space, strip them of their rights, control their minds, bodies, and spirits, tell them if they can speak, if they can urinate or evacuate, if they can drink, if their thoughts are acceptable and rate their thoughts on a scale, label them and place them in groups according to someone's fantasy about what they can achieve; in short, control their every move, what do you have? If you guessed prison, you are right: the prison of schooling. Schooling is where we take precious angels, when they are at their most creative and inquisitive, and force them into a space where their freedom and dignity are taken away, where we suffocate them with poor air quality and unhealthy foods, and force them to compete. Given all of this, is it surprising that so many of them get frustrated, resist, and bully; in short, act in ways that are unsafe? Rather than nurturing their wholeness, we poison their souls.

I am not alone in characterizing schools as prisons. Giroux (2004) says schools are transforming into institutions that “emulate prison policies” (p. 95). Gatto's (2003) book *The Underground History of American Education* is subtitled *An Intimate Investigation into the Prison of Modern Schooling*. Llewellyn (1998) also compares schools to prisons (p. 47). In the introduction to Freire's (1998) *Pedagogy of Freedom: Ethics, Democracy, and Civic Courage*, Stanley Aronowitz says bigger schools are like day prisons (p. 2). The list of those who make this comparison is so large that this mere sampling will have to suffice.

I have witnessed the poisoning of bodies, minds, and spirits firsthand. As a student, I was a prisoner of schooling for 24 years—from junior kindergarten until I

earned my Ph.D. Throughout this process, I was promoted to guardian when I became a teacher. I have taught in elementary, middle, secondary, undergraduate, and graduate schools. Because of this, I know what it is like to be controlled and to have some power to control. I have had and continue to have the luxury of having intimate conversations with colleagues who speak to me as an insider, who feel comfortable enough to share things with me and make comments to me that they would not make to other people, just because we are comrades, we are on the same team, we are a part of the ruling class, fighting the enemy together. The evil-doers, the enemies, range from infants and up. They may look innocent, but that is part of their ploy. Having said this, it is important to note that teachers are also victims of schooling. Among those who assault and abuse them are students, administrators, parents, and other teachers. Schooling does not discriminate. This is a systemic virus that infects all of us, since at some level we are all educational stakeholders. Schools are places where teachers abuse students; students abuse teachers; students abuse students; teachers abuse teachers; administrators abuse teachers; teachers abuse administrators; and so on. In short, schools are places where, too often, people abuse each other.

As we will see in this book, schools are places where students are bullied, raped, sexually assaulted, physically beaten, and even killed. They are places where students are medicated, fed unhealthy food, poisoned, made ill, and where drugs are available to be bought. They are places where people are driven to commit suicide. They are places in crisis, and there is a critical need for a serious, urgent response.

As I was writing the book, people found out about it, either from me or through word of mouth, and wrote me their own stories; so, embedded in this text you will hear

their voices. Whenever I mentioned the book to someone, without fail, every one of them would have one or more personal stories of their own that they would share with me.

This, I believe, is a testament to how ubiquitous the premise of this book is: Schools are unsafe places, and no one is spared.

After I wrote this book, I went back and looked at others who had weaved ordinary people's stories and accounts throughout their texts. Although the term "ordinary people's" is often used to describe a certain segment of the population, I want to be clear that by ordinary I do mean extraordinary. I believe that the power of their narratives makes them far from ordinary, but extraordinary. As for the books, I returned to them because, for me, their texts ended up being powerful quilts of both comfort because the truths they revealed had finally been exposed, and warmth when the tales were so frighteningly uncomfortable that I needed to be sheltered from how cold we have been. One such author is Studs Terkel (1972). In his introduction to *Working: People Talk About What They Do All Day and How They Feel About What They Do*, he reveals how "on one occasion, during a play-back, my companion murmured in wonder, 'I never realized I felt that way.' And I was filled with wonder too" (p. xix). Like Terkel's experience, I and those who shared their stories within the pages of this book discussed having an awareness similar to Terkel and his companion. We were often filled with wonder at what we had discovered in the course of our conversation. We were surprised when we realized that we felt the way we did because, like Terkel's companion, many of us had never realized that we felt that way.

For example, during one of my graduate classes I shared with my students that I was writing this book. I started by sharing with them the title. When I did, I noticed that

many were shocked at the thought that schools (k)ill. They were offended at my suggestion that schools were other than perfect places where people go to learn and better themselves. As we continued our conversation, though, their doubt turned to certainty. As this happened the energy that was created in that room, the oneness that we felt, can best be described by echoing Terkel and his companion's remark, namely, we were filled with wonder at the realization that we felt the way we had never thought we felt.

I, like Terkel, also "realized quite early in this adventure that interviews, conventionally conducted, were meaningless. Conditioned clichés were certain to come. The question-and-answer technique may be of some value in determining favored detergents, toothpaste and deodorants, but not in the discovery of men and women" (p. xx).

And like Kozol (2005), I respect the testimony of those who are not defined as adult experts. In referring to children's narratives Kozol echoes what I feel about my testimony and those who volunteered their narratives for this book. It is with great respect for their stories that I share the following quote:

I have been criticized throughout the course of my career for placing too much faith in the reliability of children's narratives; but I have almost always found that children are a great deal more reliable in telling what actually goes on in public school than many of the adult experts who develop policies that shape their destinies. Unlike these powerful grown-ups, children have no ideologies to reinforce, no superstructure of political opinion to promote, no civic equanimity or image to defend, no personal reputation to secure. They may err sometimes about the miniscule particulars but on the big things children rarely have much

reason to mislead us. They are, in this respect, pure witnesses, and we will hear their testimony in these pages. (p. 12)

I believe that the “pure witnesses” that Kozol describes is in contrast to Terkel’s critique of the conventionally conducted, meaningless interviews. My goal in researching this book was to stay away from the conventionally conducted, meaningless interviews and to engage in a meaningful conversation and a dialogue that, in my mind, resulted in pure witnesses’ testimonies. Again, I believe that the power of their narratives is far from ordinary but they are extraordinary narrative inquiries that expose the abuse of schooling.

How are schools unhealthy for our children? Schools affect students’ physical and emotional health. From physical and mental illness to unhealthy food to lack of exercise, schools are unsafe places. They are places that harm our bodies, minds, and spirit. I consider myself a healthy person who does not get sick easily. When I returned to school as a teacher, I noticed that I was ill more often than when I was away from the schools. As a high school teacher I taught about 100 students in a day and I came into contact with many more. It is almost certain that on any given day someone in the school was sick and contagious, and chances are that on any given day, someone in one of my classes was sick.

The book is divided into 12 chapters. In this chapter I introduced the topic that schools kill and explained what will follow in the rest of the book. In chapter 2 I look at how germs are spread within schools and how some viruses result in lifelong damage to those who contract them. I also look at stress and anxiety and the high-pressured environment of schooling and discuss the toll that it takes on a child’s mental health. I then look at the role schooling has in placing other educational stakeholders at risk,

namely, teachers, families, and university students. And finally, I look at what role schooling has in contributing to sleep deprivation. In chapter 3 I look at the role that junk food plays in placing students at risk within schools. Just like in the previous chapter, and throughout the book, I look at higher education and show how those involved are not exempt from the dangers of schooling. The dangers are attached to schooling itself and not any specific age group. It's the system of schooling as a whole that is systemically diseased. I also look at lack of physical activity in schools and the role that it plays in making schools places that (K)ill.

In chapters 4 and 5 I look at the school building and explain how the buildings themselves place people within them at risk. For example, I look at temperature, overall water quality including lead in the water, mercury, arsenic, rodents and other animals, poor indoor air quality and toxins, poor lighting, and mold and asthma. In chapters 6 and 7, I look at the use and abuse of both legal and illegal drugs within schools and the dangers they pose. In chapter 8 I look at the role of violence, and in chapter 10 I look at the role of sexual assaults.

In chapters 10 and 11, I try to pull it all together by offering examples of how specific schooling programs have resulted in placing children at risk because of the hazardous and unsafe conditions of schooling. In chapter 10 I look at the increasing demand and popularization of day care centres, and I suggest that we think about them in a new way informed by the findings of the previous chapters. I then interview a day care worker at length. Throughout our frank dialogue she exposes to me the serious challenges and dangers that they contend with on a daily basis. In chapter 11 I look at the abuses experienced by First Nation's people in residential schools. I explain that the abuse has

not ended with the abolition of residential schools and that they continue to face abuse both on and off reserve. And finally, I include an email I received from a teacher who wanted to share with us his experience of being a victim of racism and homophobia within schools. In chapter 12 I conclude by offering some alternatives to mainstream schooling that will cure some of these ills.

Chapter 2—Physical, Mental, and Spiritual Illness in Schools

In this chapter I will look at physical, mental, and spiritual illnesses that children suffer from as a result of schooling. In the chapter dedicated to day care centers, I will have more to say about physical illnesses.

Physical Illnesses

I will talk about poor indoor air quality later in the book, but for now suffice it to say that poor indoor air quality coupled with large numbers of people in a confined space is a breeding ground for germs. While I was teaching at the faculty of education, students would return from their practicum sessions complaining of being sick. They shared how they had to call in sick because of their exposure to the germs within schools. In fact, I would warn my students to be careful and to ensure that they follow proper hygiene ritually because, inevitably, new teachers, especially, are prone to becoming sick. To compound the problem, with so many people moving from class to class, those who are sick spread their illness among a wider group.

While on maternity leave, my wife, a middle school teacher, is ill less times in a year than when she is teaching. In turn, I and my children are safer now that she is on maternity leave because we are less exposed to the germs that she brings home. Gilbert (2005), a naturopathic doctor, author, and yoga instructor, describes the nightmarish experience that every parent who has a child in school will inevitably face: “The kids are back at school and they are bringing home viruses to share with the rest of the family.” And she reminds us that “children are particularly prone to catching colds because their immune systems are still developing.”

One teacher shared with me what happened to her when stress and germs combined to make her extremely ill:

My classroom had so many bodies in it and so many sick students, that by the end of November, I was sick again with bronchitis. I took a heavy dose of antibiotics over Christmas, followed by a second dose when school began again, and felt I was finally getting on my feet by the end of January. That Spring, I began feeling strange; I had tingling in my hands, weakness, and was unable to eat. Even when I began school the next Fall after a summer of slow recuperation, I was still weak and had to rest on the couch in the staffroom for the first month of school. As I got my strength back, and as I have reflected on this time in my life, I think what happened was that I was run down, stressed beyond my imagination now, doing the job of several people, and I was in an environment where students were always sick and I was always surrounded by them coughing, sneezing and touching everything. The room itself was not cleaned except that the floor was swept each night, until summer holidays each year. Our windows opened only a little. I know that I have been much healthier since I left elementary teaching those years ago. Eight years was long enough. (Personal communication, December 14, 2005)

She also shared how she was so ill that the doctors tested her for multiple sclerosis, a condition, it turned out, she did not have.

Given the setup of schooling, once one student gets ill, the possibility of the illness spreading is very likely. For example, Walton (2005) reports that, according to a spokeswoman for the Calgary Catholic School District,

About one-third of the student body at St. Stephen, a kindergarten through Grade 9 school, reported symptoms including fever, cough, headache, sore throat and muscle ache. (p. A15)

That translated into 150 children who stayed home on November 15, 2005 complaining of influenza-like symptoms. Schools are ideal places where illnesses can spread, some fear, uncontrollably.

Westad (2003) states that “if it seems like everyone's had the flu lately, they have -- at some schools anyway.” He goes on to share how more than half the students are sick in some classrooms. He quotes Terry Corcoran, director of instruction for the Sooke school district in British Columbia, who says that “kids are really good at sharing these things [illnesses].” Corcoran goes on to reveal how in one grade 1 classroom more than half the students were home sick with the flu and colds. Westad quotes Dave Hockley, principal of the 164-student kindergarten to grade 7 at Burnside community school. According to Hockley, “some classes are down 11 or 12 kids (of 29 students).”

Secondary schools and universities were also infected: “And at Belmont secondary, there were so many students out with cold and flu symptoms last week that there were worries whether the school play, Cabaret, could be performed.” Dr. Richard Stanwick, chief medical health officer for the Vancouver Island Health Authority, says that this year is no exception to the “post-Christmas season that is notorious for flu and cold bugs making the rounds, particularly in the close quarters of schools.” At the university of Victoria, “the average Monday caseload at UVic health services is 120 patients. Last Monday, it was 152.” Westad (2003) quotes Dr. William Dyson, director of health services at the university, who says that, “University students seem to be a group

at particular risk, especially as they are living in residence and housing where they are close to other students.”

One parent, who is a professor at the university his son attends, shared with me his son’s experience after his son contracted mononucleosis:

I called the registrar’s office and they told me that this was the third case of mononucleosis they had been informed about. He was seriously ill for almost six months. Initially the doctors told him he had the flu. They gave us antibiotics for his throat. He missed the last week of classes and the exam week. His neck was so swollen that it was as if he had punching gloves on his throat. His liver and spleen were so inflamed that they were afraid that it would burst. And his tonsils were so enlarged that they were touching each other, which made it very difficult for him to breathe. This is gross, but saliva solidified on his throat and turned into plaster. His blood level was three times higher of what it should have been in terms of white cell counts and so on. Eventually, they put him on steroids for five days. He started to feel better after four days of being on steroids. He slowly started drinking more, and got some energy back. He had ultra sounds of his liver and spleen done three times because they were afraid that it would burst, to make sure everything was okay and to see if there was any damage done. He was so tired and weak that he was sleeping 18 to 19 hours a day. Mononucleosis is contagious and can last for 6 to 8 months. In May and June he would go outside for three hours and would have to come in because he was so tired. He still had to write the exams. I had to write a separate letter to each of the departments and to his professors. I had to do it because he was too tired. So, in August he had to write

one exam a day. This is not normal. If someone doesn't have someone who can help, it is clear that the regulations work against you. The registrar was very helpful and told me to go on their website, download certain forms and so on. If you lose the deadline that's it.

In 2003 Toronto was in a state of fear as the SARS pandemic panicked the city. Daly (2005) reports that the next pandemic could result in 900,000 residents being ill and 5,000 killed. She cites schools as a major area of concern:

As germs multiply in subway trains, offices and classrooms, it is expected that thousands of Torontonians will fall ill with the highly infectious flu strain within days. Officials say they are preparing for the worst — in which case, schools, churches and day cares could close.

She reminds us of how an entire high school was shut down during the SARS scare in 2003 when one student became infected. Health officials are aware of how dangerous schools can be and how easily illnesses can spread throughout the population within that environment.

In an interesting study, scientists in a Michigan school set out to find the “germiest” surface in schools and found, to their surprise, that the water fountain spigot had 1,000 times higher germ count than the toilet seat (Aubrey, 2005). Aubrey says, “Avoiding the germs that can make you sick is nearly impossible, particularly in schools. Kids share their pencils, keyboards, toilets and even food.”

Some parents I spoke to have the belief that illnesses strengthen their children's resistance, and so the sicker their children get when they are young the better off they will be as adults. I do not think it is this simple. For example, Nenson (2005) reports that

U.K. scientists found that infections such as colds can trigger childhood cancers. This increases the danger connected to catching a common cold. Others have linked childhood colds and viruses to later heart and liver disease and so on. Smith and Feller (2005) describe Smith's need to have a liver transplant because an early childhood virus had silently destroyed her liver:

It took both my parents to get me to our family doctor. How ridiculous, I remember thinking as they carried me down the stairs. I've been taking ballet for eleven years. How can my legs not work? By afternoon, I was in the hospital near my home in Evans, Georgia, listening to doctors tell me that autoimmune hepatitis—probably the result of an undetected early-childhood virus—had silently destroyed my liver. Blood, unable to get through the hardened organ, was backing up, causing hemorrhaging throughout my body. I needed a transplant.

In another study conducted by Heath (2005), he found a connection between schools and leukemia and lymphoma:

Information suggesting that infection may be an underlying cause of childhood leukemia and lymphoma includes the occasional appearance of cases in time-space clusters within communities and increased incidence after communities experience marked population influxes (population mixing). Among 50 clusters involving cases of childhood leukemia and lymphoma investigated in the United States in 1961-1977, eight showed suggestive evidence of underlying infectious causation. In seven of the eight communities, case occurrence was associated with the attendance of patients or their siblings at particular schools or with family participation in particular church groups.

Contrary to the myth that childhood illnesses are good for our immune systems, we need to think that some of the viruses we get do not leave our bodies and may stay dormant until later, or some, without our awareness, continue to do damage.

Some illnesses run their course and remain a mystery. Officials do not determine the cause of the illness. The principal of the Capitol Hill Elementary School in Calgary called the Calgary Health Region when three dozen students and four staff members out of a population of 180 students complained of nausea, diarrhea, headaches, and vomiting (Heyman, 2002). Ultimately, officials privately suspect the Norwalk virus but remain unsure.

Dr. Hepburn (2002), a medical doctor, describes children, germs, and classrooms “as all of these kids congregate together to create a virtual cesspool of germs, also known as Miss Bone-smacker's class.” And he goes on to say that “teachers are often the first victims of the September mourn” who end up in his office.

Cleanliness is also a problem because of lack of supplies or fear of using the supplies that are there. One high school teacher shared with me what happens in her school:

One of the key complaints in our school is the cleanliness of the students' washrooms. Since some students like to dump the soap on the ground, there is nothing for students to clean their hands with after using the facilities. There is also no hand towels since these also get dumped onto the ground or toilets. There is often no toilet paper for the same reason as above. Also, some students have told me that even if there is soap, they won't use it because some students tend to

urinate in the soap dispensers. Students can lift up the lids to the soap dispensers because they are not screwed down. (Personal communication, January 7, 2006)

She went on to share how the cafeteria is another area that is always a mess in her school:

The cafeteria is a constant mess and there is little that is being done to clean it up - students and staff suggested banning fries until the mess is cleaned up, since they seem to be the major source of the mess; however, we are unable to do that because of a contract signed by the board with the food company.

Another teacher shared with me how there is very little opportunity for students to maintain proper hygiene within school. She said,

I have a sink in my room and paper towels but no soap dispenser or soap. I buy liquid soap and keep it in my room so the students and I can wash our hands regularly. The incentive from the board and Health Canada is to wash your hands frequently to prevent the spread of germs but the only place soap is provided is in the washrooms and in the staffroom. (Personal communication, January 12, 2006)

Meningitis

Meningitis is another serious problem within schools. Winstanley (2005) reported that Toronto Public Health is dealing with a case of meningitis at a Scarborough school. On Wednesday, December 14, 2005 a letter from the junior public school notified parents that someone at the school had contracted the disease. The letter went on to say that the meningitis is affecting their brain and spinal cord. Meningitis is spread by close contact with someone's saliva.

Lice

Head lice are a ubiquitous problem within schools. I am sure we all have or at least know somebody who has contracted head lice in schools. Opinions differ as to whether head lice are dangerous or simply a nuisance. There is also disagreement as to whether the numbers of cases have gone up or not and as to whether the traditional store-purchased treatments are still effective.

Pediculosis, or head lice infestation, has been a public health nuisance for thousands of years—traced to as far back as Egyptian mummies. Millions of children every year, mostly under the age of 12, are infested with head lice (Compromising, 2004, p. 61). The Harvard School of Public Health recommends that because of large misdiagnoses that children with head lice should remain in school. They argue that this should happen for two reasons: First, children miss school, and second, removing students can lead to teasing (Compromising, 2004, p. 62).

Freed (2005) quotes Diane Ferrara, a registered nurse and pediculosis program advisor for the Toronto District school board, who says that when lice spread they spread everywhere. She goes on to say that “rich or poor, lice don't know the difference. Most (elementary) schools do have head lice.” In Freed’s article, she writes that officials are trying to downplay the reported incidence of head lice by assuring the public that there is no real increase in incidence of head lice in the 2005 school year. From the beginning of the school year in September until mid-October Ferrara has seen 237 children with head lice in 29 of the 167 schools within the Toronto District School Board for which she is responsible. Even if the numbers are not up, the numbers suggest that this is a problem. Despite the official’s assurances, Dawn Mucci owner of the Lice Squad, says that they

have never been busier and isn't buying what the boards are saying. The Lice Squad offers to check kids out at a cost of \$2 a head.

Although head lice are not dangerous Ferrara says "it's an onerous, time-consuming and difficult task, especially with a squirmy, itchy child" (cited in Freed, 2005). Since I was not sure if head lice are dangerous or just a nuisance, I asked a nurse and Dean of a college program for information, and this was her response to me:

One of the dangers of lice, especially when conventional treatments fail, is that severe itching causes scratching which can lead to excoriation of the scalp and secondary infection. (We all know how clean kids' hands are). (Personal communication, December 6, 2005)

Another teacher felt that lice were a constant threat. He says,

Lice was a constant threat to our well-being. Every year there were infected students. (Personal communication, December 24, 2005)

Contrary to the officials trying to downplay the spread of lice in Toronto schools, Kuitenbrouwer (2005) writes that schools in Toronto are battling the worst lice outbreak in years with, "One-quarter of students at one Queen West school were found to have lice during a recent inspection. At a Riverdale school, nearly 7% of kids were infested" (p. A15).

One parent wrote me about her experience with her children getting head lice:

Both my children had head lice. Actually for one fall term I was called on three different occasions about two weeks apart. Finally, the public health nurse informed me that mayonnaise for three nights on their head would work;

meanwhile, I had used every product on the market and nothing would work.

(Personal communication, December 6, 2005)

Chicken Pox

Just like head lice, I am sure we all have or know somebody who has contracted the chicken pox through their school. One teacher shared with me his experience with contracting chicken pox:

I walked into a kindergarten room and unrepentantly got the adult version of chicken pox. I had suffered from pox covering my whole body from the waist up. As an asthmatic, I was made aware that chicken pox can be absorbed to the lungs. It was a horrible experience. (Personal communication, December 6, 2005)

Mental and Spiritual Health

Not only are schools places that threaten children's physical health, but their mental and spiritual health is also threatened. Mary Jean Gallagher, director of education for the Greater Essex County District School Board in Ontario, describes how years of budget cuts have prevented the board from boosting its support staff, and she goes on to reveal that there are 800 public board students on a waiting list for mental health services (Wolfson, 2005).

The focus in schools is increasingly moving away from children's emotional wellbeing and back to academics. This trend that is sweeping across children's educational experience around the world is described by Mathews (2005). Mathews quotes Mike Riley, superintendent of Bellevue, Washington schools. Riley's attitude is an example of the obstacles with which students are forced to contend. Riley says that middle schools have "overemphasized emotional development at the expense of

academic growth.” Mathews stresses that the emphasis on children’s emotional development is changing at Kenmore Middle School and in much of the rest of the country.

In contrast to Riley, I believe that children are already being hurried by our school systems. I am spiritually disturbed to read that what I consider too much pressure, others consider not enough. I believe that our schools are too unfocused on children’s emotional development and too focused on academics. In my experience, students are already being deprived of the benefits of a learner-centered, democratic, holistic curriculum and instead are being abused by a high-pressured academic one. To suggest that our curriculum is not cerebral enough, not academic enough, not cognitive enough is to misunderstand what is happening in too many of our schools. Too many adults, including those who are in positions of power, are abusing our children to quell their fears that we are losing some competitive race with the rest of the world. In order to stay ahead we need to push our children harder, faster, and sooner. In doing this, an artificially imposed standardized content-based curriculum is forced onto students. In the process, this stifles their imagination and creativity. Students are told things, expected to memorize them, and then tested on what they are told; rather, children should be encouraged to use their imagination and creativity to discover what they are interested in. We should encourage an educated population as opposed to trained slaves. Of course, those who are educated may be more difficult to manage and manipulate than those who are trained to obey.

Unlike the emphasis on academics, Rogers, Woods, and Evans (2005) recognize the importance of play, and they argue that calling children away from play to undertake formal activities is a source of frustration for children and disrupts the quality of their

role play. We need to recognize and value children's play as an important part of learning rather than dismiss it as a waste of time. Rogers et al. remind us that children learn through play. The Press Association (2005) reports that Rogers et al.'s research suggests that "young children are being denied the chance to play at being pirates and astronauts because they spend so much time learning to read and write." The article goes on to say that "the pressures of the formal primary school curriculum, such as the drive to teach literacy, mean there is too little time for play. Parents' groups backed the report's findings and warned that children were being pushed into formal education too young."

Similarly, in their book, *Einstein Never Used Flashcards: How Our Children Really Learn—And Why They Need to Play More and Memorize Less*, Hirsh-Pasek and Golinkoff (2003) advocate the following:

If we know play to be important, we need to let our actions speak loud. Let us transform preschool rooms back into indoor playgrounds that encourage and promote learning in a playful way. (p. 240)

Unfortunately, even in preschool, play is being replaced by formal learning or prekindergarten preparation programs where children are prepared academically to attend kindergarten. Instead of pushing for formal academic learning at an earlier grade, we should be encouraging a learner-centered, democratic, holistic form of play at later grades. To clarify, I am using the terms learner-centered and democratic in a way that Jerry Mintz (2004) does. He defines learner-centered education as "an approach that is based on the interest of the student rather than curriculum driven, where someone else has the idea of what you ought to be learning," and he defines democratic education as "education where students are actually empowered to make decisions about their own

education and if they are in a school their own school.” And I am using holistic to mean a curriculum that focuses on body, mind, and spirit.

In addition, for me to read that Barbara A. Sposet, a middle grades specialist at Baldwin-Wallace College in Berea, Ohio, commented that “one of the weaknesses may be the overemphasis of self-esteem” (cited in Mathews, 2005) is frightening. And for me to read that teachers at Kenmore Middle School say that they are trying to make classrooms more academically challenging by teaching what used to be an algebra high school course leaves me wondering, why? Especially, when we consider how the lies embedded in this rigid curricular fantasy are going to hurt children. There are too many successful people that know nothing about algebra to continue fooling children into believing that it is a necessary skill in our world. To use algebra, or any other subject, as a gatekeeper that allows some to go through and leaves others behind is a lie whose time has come. We need to respect difference and diversity and stop pretending that certain skills, and by extension, certain people are more worthy than others. In sum, we need to challenge the false premises and standardized curricula that schooling values, since it results in placing those that are not engaged at risk. In short, why take algebra other than to prepare someone for the next algebra course? Pushing to “accelerate” a nondemocratic, nonlearner-centered, nonholistic curriculum simply to raise test scores and for political bragging rights is an unjust and plainly ridiculous practice that sacrifices students’ well-being.

Physical and Psychological Complaints as a Result of Schooling

Adderssen, Albrektsen, Natvig, and Qvarnstrom (1999) did a study where they “examined the potential associations among the risk of psychosomatic symptoms and the

reported degree of school alienation and school distress, self-efficacy, social support, and decision control as experienced by students in the daily school setting” (p. 362). They defined psychosomatic symptoms as physical complaints as well as psychological complaints. Physical complaints were defined by headaches, stomachaches, backaches, and dizziness; psychological complaints were defined as feeling low, irritability, nervousness, and difficulty in getting to sleep (p. 362). Ultimately, they found that there was a “consistent association between school related stress experience and the risk of psychosomatic symptoms among school adolescents” (p. 365). The authors go on to point out the connection between stress and illnesses—the more stress, the more illnesses (p. 367). So it is clear that stress leads to more mental and physical illness and that school is a source of stress for students. After administering a survey, researchers found that the most commonly occurring school-related stressors are exams, tests, and grades (p. 367).

Because of the stress and anxiety resulting from the standardized testing craze, students are being made sick. Schmidt (2004a) writes, “Recognizing pre-test anxiety leads to stomachaches, head-aches and sleepless nights, some educators are coaching kids with strategies usually reserved for yoga classes and counseling sessions: breathing exercises, muscle relaxation, visualization and positive self-talk.” Lorne Rachlis, director of education at the Ottawa-Carleton District School Board, was visiting a school in the district when a young grade 3 female student “approached me and asked, 'Sir, can you please cancel this test. It's making my stomach hurt'” (cited in Schmidt, 2004a). In fact the standardized tests are so stressful that Schmidt (2004b) reports that parents are keeping their children home and boycotting tests. Mr. Hampton, an elementary school principal in Lacombe, Alberta says, “Have you ever seen the test booklet? It's this huge

booklet. To put a little eight-year-old kid through that -- why do you do this?" (cited in Schmidt, 2004a).

In a study that I and a teacher conducted, we found that parents, students, teachers, and administrators feel stressed and anxious about high-stakes standardized testing (Ricci, & Taylor, 2006). In some cases, students' sleep patterns and their health are compromised as a result.

Even children with high self-efficacy are not immune to the psychosomatic symptoms of schooling. Adderssen et al. (1999) also found that, among girls, those with high self-efficacy reported increased backaches, dizziness, and feeling low. One explanation for this surprising finding is that "persons with a high degree of self-efficacy tend to direct the responsibility toward themselves when aims are not satisfactorily achieved" (p. 367).

Labels

Schools love to label children and find creative ways to shift the problem onto the child. For example, children that resist authority are not seen as exercising their democratic right to voice their frustrations but are labeled as having oppositional defiant disorder (ODD). Another recent label that I came across was *school refusal* (Freemont, 2003a). This is a label that students get when they refuse to go to school. I suggest we reframe the label and call children who refuse to go to school what they really are: smart. Freemont (2003b) suggests that the problem might start after the child has been home for awhile because of a holiday, summer vacation, or brief illness. If your child shows signs of school refusal, Freemont suggests that you take your child to the doctor, since anxiety or a physical illness might be causing the problem. As well, she suggests, you should also

talk to your child's teacher or school counselor. She “comforts” us by saying that this disorder can be treated and that

Parents must keep trying to get their child to go back to school. Your child's doctor may want your child to talk to a psychologist, social worker, or child psychiatrist. The doctor also might prescribe medicine to help with your child's anxiety. (Freemont, 2003b)

She also warns that the longer your child stays out of school, the harder it will be for them to return. As someone who supports unschooling, who has witnessed firsthand the success that unschoolers have, this is insanity. MEDICATING children who refuse to go to school, so that they will comply! Would there be a child left that was not on this medication? Instead of putting the blame where it ought to be: on the oppressive and controlling nature of schooling that strips children of their dignity, rather, the blame is placed on the children and, they suggest, the “cure” is to have the children medicated?

Of course, if you are the least bit different, and we are all different to some degree in some way, schooling creates or exacerbates your feelings of anxiousness. Craig and Hancock and Tran and Craig (2003) looked at anxiety levels in people who stutter and concluded that “it is becoming clearer that a fluency disorder like stuttering, if it becomes chronic, is associated with higher levels of trait anxiety” (p. 1204). For those who stutter, schooling can be an unbearable place to be. Throughout my schooling I remember shamefully the abuse that those within the school took because of their difference. I remember the pain and courage it took for those who stuttered to speak to the group, and I cannot even imagine how difficult it must have been for them to read aloud at the teacher’s command to a preying audience.

University students

University students are not immune to the physical and mental affects of schooling. In reference to university students, Ubelacker (2005) points out that not coping well with demands of post-secondary life can lead to depression and anxiety in some students, especially those who have the added pressure of feeling homesick, lonely or isolated after moving away from the familiarity of family and friends.

Romantic relationships can also affect a student's psychological and physical health if expectations about “dating and mating” go unfulfilled or they feel pressured to join the sexual circus like “everybody else.”

Teachers

Schooling is a diseased institution that does not discriminate who it infects. Schooling is where teachers’ bodies, minds, and spirits are also placed at risk. All of the factors that place students at risk physically also place teachers at risk. Teachers are increasingly becoming “accountable.” Accountability is a euphemism for doing what other people expect and tell you to do. Accountability is the opposite of professionalism. Professionalism is when people have the power to make meaningful and substantive decisions about their own working conditions, whereas being accountable means that you need to do what you are told, when you are told, and how you are told to do it. This lack of agency is an insult and is contrary to a practice that promotes spirituality. Spirituality includes listening and empowering the voices within, not taking directions from the voices without.

Accordingly, in this section I will look at the harmful impact of schools as experienced by the teachers. Bachkirova (2005) writes,

Teaching is traditionally considered to be one of the most stressful occupations (Cooper, 2000; Kyriacou, 2000). In the UK concern is growing regarding the steadily increasing costs and consequences of teacher stress (Carlyle and Woods, 2002; DfEE statistics, 2002). Early retirement on the grounds of ill health, long absence due to extended illness, new teachers leaving either during training or within five years of taking up their first post are all factors that are significantly increasing. Travers and Cooper (1996) found that two-thirds of their large national sample of British teachers had actively considered leaving teaching within the previous five years. Various sources show that teacher stress and its escalation is not specific to the UK; this is also a serious concern internationally. (Carlyle and Woods, 2002). (pp. 340-341)

Recognizing the problem and trying to capitalize on it, a product called Just for Teachers was launched at the start of the school year by a Baltimore, Maryland-based natural supplements company. It “offers a daily dose of 21 vitamins, minerals and herbs chosen for their potential to combat the fatigue and stresses teachers face corralling classrooms full of children and teens” (cited in Staples, 2005). Jenny Thompson, managing director of marketing and business development for Health by Association, the manufacturer, says teachers' stress is a result of their strict schedules, short lunch breaks, and plenty of extra hours spent grading papers, planning lessons, and meeting with parents. She goes on to say that “teachers are surrounded by germs. They're working in what is essentially a germ factory” (cited in Staples).

Results of the second Canadian Teacher Learning Survey conducted in 2003-04, showed

that in the past five years the workload of teachers has risen from 47 hours per week to 52 hours per week. Eighty-one percent also reported an increase or significant increase in stress. This is no surprise to those of us who work in Ontario schools, where the Ontario Teachers Insurance Plan reports that over the past five years 40 percent of long term disability cases were stress-related. (Study Confirms, 2005)

Family

Schools also tear families apart. Schools create tension between children and their parents, between one parent/guardian and another, and even between various other family members, for example grandparents. For example, almost all of the parents that I talk to have a story to share about homework and the stress and tension that it causes in their families. One parent shared with me how she and her child, who is now 11, have been fighting about homework since the day her daughter brought homework home in junior kindergarten. Another mother shared with me how her husband's and her son's relationship has become significantly strained since her son entered school and has been given homework. Every night she dreads the inevitable battle that plays itself out in a similar scenario, school night after school night: the child resisting and doing everything to avoid the homework, and the father violently insisting that the child complete his homework.

Parents have even shared with me the tension that they experience between each other. For example, they argue over whether the child should be made to complete their

homework. For one parent the answer is clear, the child should. For the other, the answer is just as clear, the child should not. Given the difference in thought about homework completion and the violent ways in which the battles are played out, it is not surprising that rifts are the result; all the same, it remains a shame that otherwise perfectly healthy families are torn apart because of disagreements over schooling. Other issues that relate to homework and are possible instigators of division are disagreements and tensions over whether homework is taking time away from the child's interests or whether and which parent should go to the school and advocate for the child.

Homework is not the only school-related issue that tears families apart. For example, determining whether and who should deal with school-related discipline and in what manner is also a problem that can divide family members. Grades are another issue. Should the child be punished or rewarded for his or her grades? If so, what form should the punishment or praise take?

Parents have also shared with me the relational tension and strain that was placed on their marriage when they had to decide on what school to send their child to: private or public, nondenominational versus denominational, and so on or even if their child should go to school, or should she or he be home schooled or unschooled? In one family, the father wanted to unschool the children and the mother insisted that they be schooled. The tension was so serious that the couple, who otherwise get along preciously, contemplated divorcing because the issue caused so much strain.

Sleep Deprivation

Researchers have concluded that lack of sleep leads to harmful effects. For example, Guy (2003) reports that sleep deprivation can result in hyperactivity, ADHD,

affect moods such as irritability, whininess, low frustration tolerance, and a less positive outlook. She says:

Sleep deprivation among children is a ubiquitous and largely unrecognized barrier to learning, reports Edward Gibson, an epidemiologist at McMaster University in Hamilton, in a paper he presented earlier this year. The former president of Sleep/Wake Disorders Canada recently surveyed 3,200 Canadian high school students and found that 70 per cent feel “very sleepy” between 8 and 10 a.m. Today's teens are thought to be the most sleep deprived among children because their sleep need is approximately nine hours, but they rarely get that much.

Gibson's study also found that 75 per cent slept fewer than 8.5 hours each night.

She goes on to report that

a 2001 Italian study of emergency-room visits by young boys showed a connection between risk of injury and less than 10 hours' sleep. The study also noted a direct association between injuries occurring between 4 p.m. and midnight, when the children had been awake at least eight hours.

What does lack of sleep have to do with school? Parents have been telling me that they force their children to wake up for school, thereby depriving them of their much-needed and valuable sleep. It is not only the school-age children that suffer, but some parents have shared with me how they had to wake up the younger sibling so that they could get the older to school on time.

One parent wrote me about the problems that resulted from her frequently having to wake up her younger daughter so that her older daughter would not be late for school:

In order to ensure that my older daughter arrive at school on time, my youngest daughter was forced into an early morning routine that interrupted her sleep cycle.

While in a deep sleep, following a sometimes restless night where she would wakeup in the middle of the night and so already be deprived of sleep, I would often have to wake up our 2-year-old from her sleep as early as 7:00 a.m. so that her sister would not be late for school. This sometimes resulted in problems like irritability, fatigue, lack of appetite and restlessness throughout the day. (Personal communication, December 14, 2005)

Schools recognize this as being a problem, and some have played with their school start times in order to address this serious concern.

Chapter 3—Junk food in schools and Physical activity

Junk Food in Schools

There is a movement to ban junk food in schools. Child obesity and unhealthy children are the rallying cry. In British Columbia one in four children between the ages of 2 and 17 are overweight (Canadian Press, 2005a). On November 22, 2005 the government handed schools in British Columbia a hit list that includes hot dogs, candies, and sodas as banned substances within schools. In British Columbia, only 35% of items in elementary school vending machines are considered healthy. In high schools only 26% of drinks and 19% of snacks are considered healthy. The goal is to replace foods with high sugar, salt, and fat content with more nutritious foods. For now the guidelines are voluntary, and the government is hoping to eliminate junk food by 2009. The guidelines divide food into four categories: choose most, choose sometimes, choose least, and not recommended, according to British Columbia Education Minister Shirley Bond.

The British Education Secretary also banned junk food (Shaw & Luck, 2005), and California has done the same (Jacobson, 2005). And the list goes on and on. As well, banning food is very different than creating healthy eaters.

Similarly, in Maryland, Bahrapour and Wan (2005) report that the state has mandated schools to write nutritional plans about what can be served by January and that most are adopting more stringent guidelines than recommended by the state. “The state's new guidelines ban a la carte foods that have more than 9 grams of fat, 2 grams of saturated fat and 15 grams of sugar.” And in Virginia, school nutritional guidelines generally restrict junk food during the school day and allow only 100% fruit juice, water, and low-fat milk to be sold.

There are criticisms of these types of initiatives. In some cases the juices in the vending machines can be just as unhealthy as the soda that was in them before the ban. Since many schools are supporting the sale of 100% fruit juice and promoting it as a healthy alternative, I wondered how much better a choice fruit juice is; so I consulted a nurse. She shared with me the following:

Fruit juice has potential detrimental effects. Carbohydrate concentration is high (11 to 16 grams per 100 ml; milk has about 7 grams). If the child drinks high levels of the carbohydrates, they are not absorbed in the bowel and diarrhea can result along with flatulence, bloating and abdominal pain. Juice should not be given to a child who seems to be dehydrated; it will worsen the problem. Also, unless pulp is added, juice does not have any, so the benefit of fiber obtained from eating whole fruit is lost. Fruit juice offers no nutritional advantage over whole fruit. If juice is sipped throughout the day, this prolonged exposure to the sugars promotes tooth decay. Of course, drinking lots of juice means lots of calories and potential weight gain beyond normal levels. Juice is easily over consumed because it tastes good; it is also available in convenience packages. (Personal communication, December 6, 2005)

In their book *Food Marketing to Children and Youth: Threat or Opportunity*, McGinnis, Gootman, and Kraak (2006) warn that “the dramatic rise in the number of U.S. children who are obese, have type 2 diabetes, and are at increased risk for developing obesity and related chronic diseases in adulthood, is a matter of national concern” (p. ES-1). They go on to point out that diabetes among children has more than tripled over the last 40 years: from 5% of children between 6 and 19 years old in the

1960s to 16% in 1999-2002. This means that more than 9 million U.S. children and youth are obese! The problems are foods that are high in calories, added sugars, sodium, total fats, and saturated fats and low in nutrients. When these obese children become adults they are at risk of heart disease, stroke, circulatory problems, some cancers, diabetes, and osteoporosis (p. ES-1). The authors say that over 500 food products were introduced and targeted toward children last year in comparison to 52 in 1994.

In Ontario, the Minister of Education, Gerard Kennedy announced that “getting junk food out of elementary school vending machines is the next step in our plan to make all of Ontario's schools healthier places to learn” (Ministry of Education, 2004a). School boards were directed to ensure that all elementary schools restrict the sale of food and beverage in their vending machines. The government was responding to research done by the Dieticians of Canada that cited,

- Serving sizes of carbonated beverages have increased by 300 per cent since the 1950s.
- Approximately 27 per cent of boys and 23 per cent of girls in Grades 6 and 8 consume candy and chocolate bars daily.
- Milk consumption is almost 30 per cent lower in schools that also sell soft drinks.
- By the time children reach the "tween" years (9 to 12), many have lifestyle habits that could contribute to them developing cardiovascular disease as early as their 30s. (Ministry of Education)

The Dieticians of Canada report that only 20 per cent of children aged 6-12 are receiving the recommended daily amounts of fruits and vegetables. The report ends with

the Dieticians of Canada's criteria and examples for Ontario elementary school vending machines (cited in Ministry of Education, 2004a).

Even if educational stakeholders wanted to do something about the vending machines, for example, limiting student access to them, they cannot. One teacher shared with me how at her school they were concerned about the mess caused by the vending machines and so they moved them to an area that had doors so that they had more control over access to the machines. The vending machine suppliers had them move the machines back because the contract states that the machines have to be in a visible and accessible area. She says,

There is the issue with the contracts around the soda and junk food machines - because they have to be in a high traffic, highly visible area, we cannot move them to the cafeteria to cut down on the mess because it [the cafeteria] is off limits after school. (Personal communication, January 7, 2006)

A report released by the Ontario Ministry of Education (2004b) outlines how poor eating habits are contributing to rises in adolescent obesity and type 2 diabetes. It was estimated that in 1997, \$1-\$3 billion was spent in treating ailments related to obesity. Poor eating habits at a young age continue through adulthood and further contribute to the problem. The report goes on to link diet with the ability to learn. It is sad that the Ministry is making an economic and an efficiency argument rather than a healthy one for the reason that junk foods need to be banned.

Yet, despite the bans, many teachers I speak to tell me that they are still giving students junk food, sometimes as a means of rewarding them. Kohn (1993) writes that "if we want children to read more, to read carefully, and to care about reading, then offering

them bribes—edible or otherwise—is exactly the wrong way to go about it” (p. 66). In Kubik’s (2005) study on the connection between rewards offered in schools and childhood obesity she writes,

Schoolwide food practices that supported frequent snacking and the consumption of foods and beverages high in calories and low in nutrients by students throughout the school day were common and adversely associated with body mass index of the students. Prevention of overweight in childhood must include attention to the nutrition integrity of schools, and school nutrition policies that consistently support and promote healthy dietary practices among young adolescents are urgently needed.

Karnowski (2005) reports that teachers in the schools that Kubik researched commonly used candy, cookies, doughnuts, nondiet soft drinks, and pizza as incentives and were less likely to give out healthier items such as pretzels, fruits, vegetables, water, or low-fat milk, and that the body-mass index of students—a calculation based on weight and height—was 10% higher for each additional food practice allowed in their school.

In an unscientific poll, I asked my students whether they had witnessed others in their school distribute junk food to children after the ban on junk food came into effect in Ontario schools. There were 19 students in my class; 9 were female and 10 male; 11 were elementary school teachers, 4 were high school, and the rest were college instructors or other. I focused my question on the elementary school teachers because the ban applies to their schools. Of the 11 elementary school teachers, all of them had witnessed other teachers give students banned junk food in their schools. And, somewhat surprising to me, all 11 admitted having given their students’ junk food that the public is being told is

banned from their schools. It is funny how policy and practice are so far apart and how the public is being told over and over again in the media by the Ontario Ministry that something that is clearly happening is not happening. The Ontario Ministry is scoring political points by touting how they have eliminated junk food from schools through their ban, and it is not true.

Another criticism of the initiative to ban junk food in Ontario is that high schools are exempt from the ban (Harvey, 2004). Junk food sales are a lucrative venture for schools. For example, the Peel District School Board's contract with Coca-Cola is expected to be worth \$7 million over 10 years (Rushowy, 2003). In other cases, schools receive 30% of the sales, which go directly to the school (Rushowy).

Schools clearly face an uphill battle. First, although the policy states that only healthy foods are to be served in schools, it is clear that it is not happening. Second, even if schools did offer only healthy foods, simply offering healthy foods is not enough. Serving healthy foods is not the same as having students eat healthily. Bahrapour and Wan (2005) quote O'Connor, who is a food service specialist for Arlington schools, and who says that she "has been adding more fruits and vegetables to cafeteria lines. Still, it is hard to get children to select them." Ultimately, O'Connor says,

Parents would love for me to offer all the tofu and the whole-grain this and the whole-grain that. But I have to work within budgetary guidelines -- and how slowly you have to work in terms of changing the entire habits of the kids.

College and University

University students are also at risk of eating unhealthy food. The term "Freshman 15," which refers to "the propensity of first-year students to pack on the pounds from

eating high-carb, high-fat meals and falling prey to late-night snack fests while hitting the books” (Ubelacker, 2005), is used to describe this problem. Ann Wilson, a 22-year-old native Torontonion student at University of King's College in Halifax, blames her residential meal plan, lack of time to eat during the day which led to larger unhealthy meals that are quick to prepare at night, there being lots of fried food available, and all-you-can-eat deals for her weight gain (cited in Ubelacker). She says that “there was a salad bar, but there's only so many times you can eat salad in a week.” In the same article, Patricia Mirwaldt, director of student health services at the University of British Columbia, attributes student higher eating to there being a wide variety of foods available. If they cooked at home students would likely make only one entrée, whereas the cafeteria prepares a number of entrees, vegetables, and desserts from which students can choose.

One dean of a faculty of nursing shared with me how, because of students’ propensity to gain weight, they suggest to their first-year nursing students that they buy uniforms that are a size larger:

Nursing students often experience weight gain when they enter their program.

When nursing faculty are providing information regarding uniform and equipment requirements, the advice is to buy a uniform that is loose and probably a size larger than the student would think is the correct fit. The weight gain is probably related to the stress of school (nursing programs are notorious for the heavy demands placed on students), and change in lifestyle including eating habits.

(Personal communication, December 6, 2005)

Legal Action

The problem of unhealthy beverages has prompted legal action. Warner (2005) reports that Stephen Gardner, who is a staff lawyer for the Center for Science in the Public Interest, is filing a lawsuit against Coca-Cola, PepsiCo, and their local bottlers. The suit focuses on the sale of beverages in high schools. Gardner says that beverages such as full-calorie sodas, sports drinks, iced tea drinks and juice drinks without much juice are harmful to students' health, constitute unfair and deceptive marketing, and that selling those drinks in schools to a captive audience makes it seem as if their regular consumption is fine. Unbelievably, the \$92 billion beverage industry has commissioned a study that argues that soda sales in schools are not a significant contributor to childhood obesity. On the other hand, Gardner makes the point that people do not get as full on liquid calories from beverages as they would from eating a pizza slice or a handful of cookies; therefore, the suggestion is that they are less likely to compensate for this.

Warner (2005) gives us a sense for how ubiquitous beverages are throughout schools in the U.S.:

Across America, almost half of all public schools have exclusive contracts with beverage companies. According to a report published in August by the Government Accountability Office, the investigative arm of Congress, 75 percent of all high schools, 65 percent of all middle schools and 30 percent of elementary schools have beverage contracts.

He goes on to share how in Oregon, schools get more money for selling unhealthy drinks than they do for selling healthier options. For example, according to the Portland school district's contract with the Coca-Cola Bottling Company of Oregon, schools get 50%

from every 20-ounce bottle of Coke but only 35% for a 12-ounce can and 30% for a bottle of water or juice.

Finally, Warner (2005) points out:

In a study published in the medical journal *Lancet* in 2001, Dr. David S. Ludwig, director of the obesity program at Children's Hospital Boston and an associate professor of pediatrics at Harvard Medical School, found that each additional daily serving of a sugar-sweetened beverage increased the risk of obesity by 60 percent.

As we have seen, that schools no longer serve unhealthy food is largely a myth. Many of the educational stakeholders that I have talked to share with me that unhealthy banned foods are still abundant in schools. One teacher shared with me that Nestea, a caffeinated drink, is being sold through her elementary school's vending machine. I called the company's customer service department and asked how much caffeine there was in their iced tea. Then I asked if the company recommend that young children not consume it. I mentioned to him that I have a 2-year-old daughter who enjoys the taste and perhaps I was being negligent in having her drink it. He assured me that it is safe for everyone to drink and that they do not recommend any age group not drink it. Again, the health value of foods that schools are serving to students as healthy foods is questionable. In Ontario, foods like pizza, certain types of chips, and certain types of cookies, for example, are considered a healthy option. In my mind this is dangerous for several reasons: First, they are not all that healthy and nutritious, and second, we are sending the message to children that these are indeed healthy options when they are not. Children

may conclude that because schools are not allowed to sell unhealthy foods, and these foods are served in schools, these foods are healthy, when they are not.

Another point that parents and teachers made to me over and over again is that schools are places where children are forced or rushed to eat their meals. One parent described this unhealthy practice to me in the following way:

During lunch break students are rushed to eat their food, even though they say students have a full 20 minutes before they get to go outside, they don't. By the time they pick up their lunch and settle down to eat you are looking at about 10 minutes then they are quickly rushed outside. This is not a healthy environment.

(Personal communication, December 6, 2005)

Physical Activity

Along with healthy eating, physical activity is also gaining in popularity in an attempt to curb childhood obesity and ailments associated with unhealthy lifestyles. On October 6, 2005, Ontario Education Minister Gerard Kennedy announced that every elementary student will take part in a minimum of 20 minutes of daily physical activity as part of the government's Healthy Schools Program (Ministry of Education, 2005a). After years of cuts to physical activity within schools, these essential programs have been revived. For the first time, the program makes 20 minutes of sustained moderate to vigorous physical activity during instructional time mandatory. Before this initiative, students were getting 30 to 40 minutes of physical education classes two or three times a week.

Still, critics of the plan argue that 20 minutes is not enough time. The Ontario Medical Association and other Canadian agencies recommend that students receive 60 to

90 minutes of physical activity per day (Canadian Press, 2005d). There is clearly a large gap between the two. As well, is making physical education mandatory really going to make students want to participate in the program? Traditionally, what schools do best is take what students love to do and turn it into a chore and a burden for students. Along the same lines, Hughes (2005) argues that “physical education classes often do more harm than good to the kids who ‘need’ them most.” She goes on to argue:

Physical education classes inevitably result in kids comparing their physical prowess and judging each other by it. Overweight kids — the very ones who would allegedly benefit most from physical activity — learn that they are inferior, incapable and disgusting, as do other kids who are not athletically able. They learn that they will usually be picked last for teams, and that they can't have fun in sports because the other kids always outrun them. They learn humiliation.

I wasn't overweight, but I was small and uncoordinated, and that was bad enough. I learned to associate exercise with emotional pain to such an extent that it was nearly 10 years after I stopped gym class that I was comfortable going to a gym again and I still don't play team sports because they bring back too many bad memories.

I recognize that kids need more exercise. However, more physical education classes in schools will teach overweight kids that exercise is humiliating rather than fun and discourage them from exercising on their own as a result. More places for children to play outside safely would be far more productive.

After reading the Ministry of Education's newswire (2005a), I am left with the impression that this 20 minutes of daily physical activity will result in improved academic performance, improved self-esteem, decreased obesity, healthier adults, reduced cardiovascular disease when these children become adults, reduced health care costs, reduced premature deaths, less absenteeism due to illness, a more productive school, more active participation in school, and reduced behavioural issues. That 20 minutes of physical activity a day will result in all of these benefits is, frankly, a tall order.

Again, this initiative is for the elementary schools and not the high schools. One parent wrote to me about the limited amount of time that students were forced to take physical education at the high school level:

High school curriculum physical education has to only be taken once for the high school diploma. (Personal communication, December 6, 2005)

She went on to say that in her area,

in the Catholic School Board there is no grass for the students to play on. All of the play areas are gravel. I think it's because it is easier for maintenance of the property and less expensive to maintain.

If we want students to play, we need to create friendly environments that appeal to and invite students to play. We need to create areas that are conducive to play rather than uninviting concrete spaces that discourage play. As well, we need to give students space to play where they are not constantly restricted in their play by teacher/monitors who constantly overberate, overharass, and overhound children needlessly.

Chapter 4—The Building

In this chapter, I will explain how temperature, rodents, and other animals, lead, mercury, and arsenic are also threats to educational stakeholders within their schools.

Temperature Inside and Outside: Too Hot or Too Cold

One teacher summed up the problem with summer heat in schools best when she simply said, “Summer is HOT! [her emphasis].” (Personal communication, December 16, 2005)

Another parent, who lives in northern Ontario, shared her concern about temperature in the following:

In the past the May and June period have never been hot and therefore no air conditioners were needed. As you see the weather pattern changing our May, June and September months are very very hot. The students are having a difficult time in the classrooms. (Personal communication, December 6, 2005)

Another teacher (Personal communication, December 5, 2005) wrote to me about the challenges she and her students face because of the temperature in her classroom:

The fans in the radiators controlling temperature cannot for whatever reason be set at proper room temperature and so we have some classrooms that are freezing and some that are too hot. There is no such thing as a happy medium and complaints fall on deaf ears. We have learnt to dress in layers but when you have to wear a school uniform this can be difficult to do. I allow students to wear their jackets to class. Worse than a small window is no window at all. The classrooms

on the lower level rely on fans constantly blowing from the ceilings. I had to get the hell out of there and used my chronic eye infections as an excuse.

And another teacher tracked the temperature in her room throughout the day and shared it with me. In the first part, she shares the temperature in her room during an unusually warm January day for Toronto: The temperature outside reached 10 degrees. And in the second part, she shares what the temperature is like in her room during the summer months.

Yesterday when I got to school the temperature in my room was 16 degrees. By 11:00 it was a balmy 18 degrees. Eventually it heated up to about 21 degrees which was much more comfortable but it seems I can't win. In May/June and then subsequently August/September and even part of October, my room would reach temperatures of 34 degrees. This gave me headaches and sometimes nausea not to mention that the students who would come into my room for 45 minute periods were listless and unmotivated to learn anything as I'm sure that their first priority was to keep cool and stay comfortable. In the winter months when my room is warmer (sometimes), the heating fan/return is so loud that I can barely hear students if they are doing oral presentations in front of the class. When the fan shuts off periodically it feels like a vice has released my head! (Personal communication, January 12, 2006)

Summer heat or heat in the building due to faulty thermostats is not the only area of potential risk for children, but the heat and lack of shade outside school buildings is a risk as well. When the temperature is right, those of us in colder climates marvel at the beautiful icicles that form, but sometimes these wonders of nature hang dangerously

overhead. Some spear-like icicles are heavy and can pack a tremendous force. They have the potential to do a lot of damage. The dented hood of my father's car that fell victim to an icicle that dropped from overhead is a reminder of icicles' potential power to inflict damage. Some of the icicles that hang precariously overhead around the school playground as children innocently and unaware play underneath are just as dangerous as the one that damaged my father's car. One teacher warns, "In the winter, icicles would form, they would fall at any moment when the sun came out, not too safe to be playing at recess" (Personal communication, December 24, 2005).

The icicle incident reminds me of another hazardous incident that a teacher shared with me. She told me about a television that is "secured" in her room above where some of the students sit. She said that twice this year a child sitting underneath was fortunate that she was there to catch the television set just before it fell on the student.

Lead, Mercury, and Arsenic

Green (2005) writes about the dangers of lead in schools,

Schools, like all old buildings, may have lead somewhere: in the drinking water, the old paint, in the dust in the building, steps or handrails, or in the soil under the windows outdoors. The only way to find lead is to test for it. Lead can be very expensive to remove from soil or infrastructure so many schools that are not required by law to test for lead are unlikely to test. Parents can ask their schools to test for lead in tap water or ask for copies of any water quality tests conducted in the last five years or longer. Any time is a good time to test for lead, but especially in advance of any proposed renovation project. Renovation projects and repair work often liberate lead as dust particles or residues into the air and

drinking water. Incorporating a plan to eliminate and control lead exposures during renovations is a good way to take care of the problem when walls, windows, stairs and plumbing are being moved or replaced. (p. 57)

Lead leaches into the water from pipes, and in the case of newer copper pipes, from the lead solder used. According to Toronto Public Health (2005): “In general, for both home and institutions, if plumbing was done before 1989, it is likely that lead-based solder was used.” Toronto Public Health points out the importance of flushing water for schools:

The quality of drinking water in schools and daycare facilities is a special concern since the population is considered among the most sensitive to the effects of lead. Schools which provide care for children two years of age or younger, such as infant/toddler care centres, should be of particular concern (Powell, 1993). Schools have large plumbing systems, different types of water fountains and a pattern of water use such that water may remain stagnant over weekends and holidays. A survey of Ontario schools in 1989 indicated that lead levels may be elevated above the current Ontario Drinking Water Objective unless programs to flush drinking fountains were carried out. School boards and health units in Ontario recommend the flushing of institutional drinking water systems each morning. (p. 20)

They go on to recommend that water be flushed for 5 minutes each morning and for 30 minutes after an extended holiday. One janitor shared with me the following about his flushing routine. “I have to flush the sinks everyday. Usually, I do every sink every day, the odd day I miss a sink and do it the next day” (Personal communication, December 14,

2005). Others that I have talked to since express similar sentiments. In other words, this potentially life-saving process is not consistently followed in the ritualized way that it should be. The question becomes, was the fountain flushed this morning before you or a loved one drank from it? Perhaps what I should say is an even more pressing statement, does it matter who is drinking from the water tap that has not been flushed. The bottom line is that someone is being placed at risk.

In fact one teacher wrote me about how the yellow water that came out of the taps at his school deterred teachers from washing their hands:

The teachers would not wash their hands in the staff washroom in the Annex school because the water always ran yellow. The taps were never flushed properly. (Personal communication, December 24, 2005)

McKeown (2005) outlines the adverse neurological and neurobehavioural effects of relatively low-level lead exposure. Even low-level lead exposure encompasses a variety of measured and observed effects including:

- deficits in IQ or deficits in comparable/age appropriate tests of intellectual functioning;
- deficits in speech and language processing;
- deficits in perceptual-motor function and integration;
- deficits in reaction time;
- reduced attention span;
- non-adaptive classroom behaviour;
- deficits in reading, spelling and mathematics scores;
- poorer handwriting;

- significant increase in the risk for learning disabilities, as measured by the need for remedial education in reading, speech and math;
- sevenfold increased risk of failure to complete high school;
- sixfold increased risk for reading disability;
- poorer vocabulary and grammatical reasoning scores; and
- poorer hand-eye coordination (Summarized from Needleman and Bellinger, 1991). (Cited in McKeown, p. 49)

Nitkin (2005) points out that we cannot ignore the physiology of the learner. Martel (2003), founder of a nonprofit organization called the National Academy of Integrative Learning, which focuses on ways to increase learning capacity, wrote a book called *The Seven Secrets of Learning Revealed*, where he makes the connection between water and learning, behaviour, and health. A notice put out by George Lindley, the principal of Lindale Middle School reads,

Providing water to our students in the classroom increases their receptiveness and ability to learn. Research indicates that our children need 4 to 6 ounces of water each hour in order to be healthy and comfortable. Our program has been in effect for one month now and we are seeing positive results. (Cited in Nitkin)

Martel goes on to say that,

According to his review of medical literature, dehydration doesn't only make students sticky-mouthed and uncomfortable, it impairs learning. Water lubricates brain cells, ensuring they work properly.

Mercury

Green (2005) writes about the dangers of mercury in schools:

Mercury is now a known neurotoxin but can still be found in almost any high school science lab. Two US EPA pilot studies found that each school investigated contained an average of four to seven pounds of mercury while one teaspoonful is enough to poison a small pond. Some research has shown that mercury exposure can have permanent adverse effects on cognitive functioning in children that can lead to poor school performance. In addition, mercury spills are very expensive for schools to clean up. Mercury is not a necessary component of a school science lab, and exposure to mercury can be completely avoided by replacing products containing mercury and cleaning out the old chemistry supply closets. (p. 57)

Fong (2005) reports that teachers at Mount Baker Secondary School in Cranbrook, British Columbia are in fear because “tests show eight current and former teachers at Mount Baker have high levels of mercury and other metals in their bodies and half are now on full sick leave” (p. S3). The teachers concluded that “mercury from past spills in the science labs was silently, slowly and continuously, vaporizing and seeping into their lungs year after year” (p. S3). Mr. MacPherson, a science teacher, says that his mercury level is at 15—a normal level is between zero and three.

Arsenic

Of the dangers of arsenic in schools, Green (2005) writes, Arsenic can be found in the pressure treated wood used in playground equipment (or decks in your own home). Arsenic leaches out of the wood and into the soil or ground where they play. Arsenic has been associated with lung, skin and bladder cancers and more recently an association with cardiovascular disease such as hypertension. In addition, some preliminary research has shown an association of

arsenic exposure in adults with deficits in learning, memory and concentration.

The state environmental protection agency or the health department can usually assist in testing playground equipment and surrounding soil for arsenic levels. (p. 57)

Rodents and other animals

Rodents and other animals also pose a threat within schools. Green (2005) points out that “pests and their residues can cause allergic reactions, and we also now know that some cockroach residues trigger asthma. Mouse droppings may harbor dangerous diseases including rhino virus, which could be fatal” (p.57).

A teacher went on to write about her experience with rodents and maggots:

I remember the day very clearly when one of these little beasties came scurrying across the front of the classroom and amidst much screaming and chair climbing was eventually apprehended in a paper cup. The kids wanted to kill it. I could go on and on but amidst all the eye infections and sinus infections, migraines and allergy attacks the coup de force occurred when a maggot dropped onto the shoulder of an unsuspecting teacher followed by the maggot infested carcass of a rat that unceremoniously dropped from the ceiling tile. True story. Cross my heart.

Another teacher wrote,

For 9 years in the fall, the students and I brushed off our desks and books during a 2 to 3 week period because of an infestation of dead fruit flies. The reason for this was never determined, but one year I received the blame for this. (Personal communication, December 24, 2005)

And yet another teacher (Personal communication, December 3, 2005) shared her concern for her students with me, especially, the ones with allergic reactions to bee stings:

I was asking for window screens on my high school classroom for four years—without luck. It was particularly troublesome because I had students every year who were allergic to bees/wasps. Eventually we found out the wasp nest was in the ceiling of my class. Still no screens on a third floor of a school without air conditioning.

The health hazards of vermin in schools is well documented. For example in the Health and Safety Report (Toronto Parent Network 2003-2004) they write,

Many vertebrate animals expose humans to dangerous pathogens that have public health significance and mice are considered among the most troublesome.

Hantavirus pulmonary syndrome (HPS) is a respiratory illness associated with breathing air in contact with rodent urine and feces contaminated with hantavirus particles. Symptoms appear one to three weeks after exposure to the virus, occasionally up to six weeks. Fever and aching large muscles occur in all cases, abdominal pain is present in about half of the cases, and coughing, shortness of breath, dizziness, and chills may also occur. **Dermatitis** caused by the bites of mites has been associated with mouse infestations. The uncomfortable skin irritation is frequently blamed on other causes (heat rash, allergies, fleas, and the like). Lymphocytic choriomeningitis (**Meningitis**) is a virus infection of mice that may be transmitted to children through contaminated food or dust. **Leptospirosis (or Weil's disease)** is spread from mouse urine into water or food, entering

humans through mucous membranes or minute cuts and abrasions of the skin. The disease may cause mild aches, pains, and fever. More serious cases can result in high fever, jaundice, aseptic meningitis, acute kidney pain. (p. 13)

Budget cuts are largely to blame for the unacceptable state of disrepair that our schools are in.

Chapter 5—Poor Indoor Air Quality

The Ethical and the Aesthetic

In speaking about the importance of healthy school buildings in Brazil, Paulo Freire says,

Material conditions, staff and faculty salaries, the maintenance of schools, timely repairs, and streamlining the bureaucracies are all indispensable to the effective functioning of schools. Respect for educators, students, and all others are necessary as well. However, how can we show respect to the children, to the educators, the school administration, cafeteria workers, janitors, parents, and the local community, if the schools are deteriorating day by day, threatening the health and the peace of mind of all, even in view of the insistence from the directors over the course of many months to have the necessary repair work done in their schools?

How can one teach and learn with joy in a school full of puddles of water, with exposed electrical wires, with sewage systems plugged up, bringing about nausea and vomiting? (1993, pp. 28-29)

In the final analysis, we need to show that we respect these children, their teachers, their schools, their parents, and their community; that we respect what is public, treating it with decency. Only then can we expect and demand that everyone respects also the school desks, the school walls, as well as the school doors. Only then can we speak of principles and values. The ethical is intimately tied to the aesthetic. We cannot speak about the beauty of the knowing process if their classrooms are flooded with water, if the wind enters, directly and

maliciously into the classroom, cutting their not so well dressed bodies. In this sense, to repair the schools rapidly is already to change their face a little, not only from the material point of view but, above all, from the perspective of the schools' "soul." ...To repair the schools rapidly is a political act that needs to be lived with consciousness and efficacy. (pp. 29-30)

You may be thinking, "Carlo, Paulo Freire is talking about a time and place that is far removed from our own. Freire is talking about the developing world, we live in the developed. The problems that Freire is referring to are not our problems." I would like to make two points in response. First, I would like to submit that, unfortunately, what Freire describes is not as foreign as we would like to believe. And second, the spirit of what Freire is writing about is beyond specific examples and incidents. The message is one that we should all embrace: The ethical is intimately tied to the aesthetic. Whether we are thinking about the physical dangers in a building or the deplorable design and uninviting atmosphere, we need to keep in mind that the ethical is intimately tied to the aesthetic.

Furthermore, in Kozol's (2005) new book he describes the shameful conditions that many of the schools he visited are in. His descriptions are no less deplorable than those described by Freire. Just to cite one example, Kozol writes,

I had made a number of visits to a high school where a stream of water flowed down one of the main stairwells on a rainy afternoon and where green fungus molds were growing in the office where the students went for counseling. A large blue barrel was positioned to collect rain-water coming through the ceiling....Airlessness was stifling in many rooms; and recess was impossible

because there was no outdoor playground and no indoor gym, so the children had no place to play. (pp. 40-41)

The Toronto Parent Network puts out a report every year where they document health and safety infractions. Here is just one example from the Health and Safety Report (2003-2004) that documents part of a school's state of disrepair:

Rotting windows on the east side have been reported for years; floor tiles are missing; there are cracks in the plaster of the second floor hall; there is glass falling out of a window frame; radiator covers are coming off in the kindergarten; shower heads are leaking in the boys' change room; there are exposed electrical wires; water is pouring into a classroom from a leaky ledge. (p. 7)

The report cites numerous other examples. As well, in New Brunswick, Mike Ferguson said in the Auditor-General's annual report that the schools are crumbling and the province needs to improve their maintenance and repair. The Canadian Press reports that, "Mr. Ferguson's annual report says that although millions of dollars in repairs are needed to protect the health and safety of students and workers in schools, the necessary money has not been allocated" (Canadian Press, 2006, p. A12).

Poor Indoor Air Quality and Toxins

Dr. McKeown (2005), Toronto's medical officer of health, writes in his report that "indoor air quality is a largely unregulated source of exposure to a variety of contaminants" (p. 7). He continues, "Throughout this report, exposures of greatest concern, including many that children might encounter in a school setting, have been identified" (p. 165). In the classroom that I was unfortunate enough to teach in, we had to call the health inspector to monitor the air. The air quality was not too bad at the

beginning of first period, but by the end of it, the air was stale and unbearable. People constantly complained of headaches and about the bad air. As the day wore on and more and more people passed through the windowless room with poor to no air circulation, the situation became hazardous. Experts would come and go, investigate the problem, arrange for another to come, and they too would then come and go. In the end, the year went by and we were still in that same room with poor air quality. In fact, those who teach in that room today (5 or 6 years later) still complain about the same problem.

Is my example of poor indoor air quality an isolated one? Unfortunately it is not. Portner (1998) says that “forty-six percent of American schools have problems with indoor air quality or ventilation systems, according to the U.S. General Accounting Office.” I have not been able to get Canadian statistics, but given that Health Canada (2005) offers an Indoor Air Quality Tools for Schools Action Kit that they describe as a “practical tool to help schools understand and address indoor air quality problems,” poor indoor air quality is a problem in Canadian schools as well. Portner shares Jessica Trahan’s, a student who lives in Newport, Vermont, experience with poor air quality:

“At first I thought, It's a new school, I'm nervous. But I'd get constant sinus infections and headaches, and soon I couldn't take it anymore,” says Jessica, who has been home-tutored at district expense ever since she fainted in class and was whisked to the hospital with a severe rash a few months ago. A family physician concluded the otherwise healthy teenager was allergic to something in the building, and he advised her not to venture back until the school's air quality improves.

Then there is Kellianne King who, was “a healthy, vibrant little girl until she started preschool. That's when she started to suffer from headaches, sinus infections, chest pains and seizures” (ABC News, 2005), says her mother, Kathy King. Her mysterious illness turned out to be a result of “serious air quality problems in her school that had sickened dozens of students and teachers.” The story goes on to report that Dr. Phillip Landrigan, who chairs the Department of Community and Preventative Medicine at Mt. Sinai School of Medicine in New York, “is one of many doctors alarmed by hidden toxins in schools.” Landrigan goes on to say that “today, too many chemicals are put into schools that have never been tested for the possible impacts they have on young children.”

Leech, and Wilby, and McMullen, and Laporte (1996) report that children in Canada spend 80% of their time indoors. McKeown (2005) suggests that this includes “the home, schools, child care centres or recreational facilities (swimming pools, arenas, etc.)” (p. 92). Given this statistic and the concern this poses, the Toronto Public Health, Health Canada, and Environment Canada are currently conducting a Personal Exposure Monitoring Study “that seeks to characterize pollution levels in a variety of indoor settings, such as homes, schools, day cares, shopping centres and sports and recreational facilities, in comparison with outdoor pollution levels” (McKeown, p. 146).

McKeown (2005) argues:

Given the solid scientific evidence of harmful effects of poor indoor air quality and the high burden of respiratory illness among children, it seems clear that high priority should be given to improving indoor air quality as school boards make

investment decisions about the infrastructure and maintenance of Toronto's schools. (p. 167).

McKeown (2005) ends his report with a table that outlines the potential environmental indoor and outdoor threats in schools, why it is a concern, and action to reduce the concerns. He lists the following as potential indoor concerns: mold, indoor pesticide use, cleaning products, classroom materials (e.g., arts and science supplies), lead paint, lead in drinking water, building materials, maintenance and renovation activities, and ventilation systems (pp. 178-182). He lists the following as potential outdoor concerns: pressure-treated wood, ultraviolet radiation, diesel exhaust, and outdoor air pollution (pp. 182-184).

The air quality inside school buses is another area of concern for students. A study of Connecticut school buses looked at children's exposure to diesel exhaust. Levels inside the buses were frequently 5 to 10 times higher than average levels measured at stationary monitoring stations (Wargo, 2002).

Basler (2005) points out that allergic reaction due to poor indoor air quality keeps 10,000 American children out of school each day, according to the Environmental Protection Agency. Starting in September 2006 a new New York state law will go into effect requiring schools to begin using environmentally sensitive, or "green," cleaning and maintenance products. Going "green" is not without its problems. For example, Basler makes clear that there is some concern that the "green" cleaners will not be as effective at keeping the buildings clean and that they may be more labor intensive to use.

And Norton (2005) exposes how poor air quality and mold contribute to poor health. Norton quotes Valerie Teal, who said her son, a fifth-grader at New Hope, already

suffers from sleep apnea: “He suffers and does not sleep. He gets about three hours of sleep a night, until summer, when he sleeps beautifully.”

McKeown (2005) talks about the result of school underfunding, After many years of inadequate funding for routine maintenance and major repairs, schools are literally crumbling, especially those buildings that were built decades ago, including some that have even passed the century mark. A litany of problems exists from leaking roofs to badly deteriorating electrical and plumbing systems, antiquated heating systems, peeling paint, broken windows, poor ventilation and more. (p. 166)

He goes on to say that,

many elementary schools built before the 1980s lack true ventilation systems, having only an exhaust vent system. About three-quarters of the TCDSB schools rely on windows and doors alone to provide adequate ventilation. With the dramatic rise in energy prices of the last 30 years, particularly in the 1970s and again in recent years, some remedial work has occurred on these old buildings to accomplish energy efficiency gains. However, these efforts have mainly focused on sealing up the spaces around windows and doors which, architecturally in the older buildings, were incorporated as the main routes for ventilation air intake. Of course, the more tightly sealed the spaces are the more the toxins within schools with poor air quality will linger.

One teacher wrote me of her school experience and how poor air quality was such a serious issue that it was frequently brought up in meetings:

During the spring months at a public school where I worked, the teaching staff and administrators spoke about our working conditions during a staff meeting. Many teachers expressed concern over health issues surrounding the poor air quality and ventilation system in the school. Affected staff members described cases of breathing problems/difficulties related to the air quality in the building. Many reported improved health conditions during extended periods of time away from school (during holidays). By raising these issues, staff members intended to increase awareness, draw attention to the problem etc. In addition, they requested further inquiry and possible solutions to the problem in order to improve working conditions. When I left the school that June, this remained an issue to be resolved. (Personal communication, December 14, 2005)

Another teacher shared his experience with poor indoor air quality and the impact that being in schools had on his health and how his health improved when he was out:

I was perpetually coughing during the regular school year. I am guessing that the air quality was bad, the windows did not open, and sometimes the fans did not circulate the air. During the summer, away from this, I was fine. (Personal communication, December 24, 2005)

Whether a school is new or old does not exempt it from being a possible site for poor air quality. Portner (1998) reports that in older buildings, they [experts] attribute the problem mainly to aging, tightly sealed buildings with antiquated ventilation systems and to newer, more potent chemicals being deployed by science students and maintenance crews. “Since the energy crisis in the 1970s, people just tightened up buildings to conserve energy, and because

districts saw savings, they never opened schools back up again,” says John Guevin, a program analyst with the U.S. Environmental Protection Agency. And in newer buildings, “Some newly constructed schools pose problems, too, because of the pollutants emitted by their synthetic building materials and furnishings.”

Air Quality and Sickness

On a recommendation from the Cypress Hills Health Region, part of St. Patrick's School in Swift Current, Saskatchewan was sealed off because of concerns that air in the building may be making students and staff sick (Canadian Press, 2005c). Parents and staff complained about watery eyes, fatigue, and headaches. The reason for the poor air quality was traced back to an addition that was recently built. During construction, staff at the school noticed the smell of sewer gas. Ultimately, the Holy Trinity Roman Catholic School Board says a broken sewer stack was repaired but it will likely be checked again.

A *Toronto Star* (Students Struggle 2002) article reports that “germs pass through dirty schools much more quickly, causing more sick days. Students who aren't breathing fresh air can get tired and dizzy.”

Asthma

Toto (2005) writes that

the Environmental Protection Agency (EPA) reports that asthma accounts for 14 million missed school days a year, and that asthma rates in young children have jumped by 160 percent during the last 15 years. Airborne pollutants like asbestos, dust, pollen, mold and chalk can be found in school buildings, particularly those built decades ago.

One teacher shared with me how at her boyfriend's school the teachers were complaining about being ill and they eventually found asbestos in the classroom. She said, "The union health and safety representative found asbestos in one of the classrooms last spring after staff repeatedly complained of illnesses" (Personal communication, January 7, 2006).

McKeown (2005) writes about the increased incidence of asthma in both Canada and the U.S.:

Statistics on asthma incidence in children in the US and Canada are similar. In the US, the prevalence of asthma among pre-school-aged children rose throughout the 1980s and 1990s. Recent figures indicate that 13% of US children under 18 have been diagnosed with asthma at some point in their lives with low income children more frequently affected (USDHHS, 2005). Likewise in Canada, the prevalence of childhood asthma stood at 2.5% of children aged 0 to 14 years in 1983 and by 1995 had risen dramatically to 11.2% (MOHLTC, 2000). The most recent prevalence data come from the National Population Health Survey (1996-97) which indicated 12.2% of children had been diagnosed with asthma (Health Canada, 1999). (p.44)

At a summit held by Croser and Seiter (2003), participants revealed how asthma, dizziness, developmental delays, and cancer have been linked to poor school environments. Green (2005) writes how "every day children are being exposed to dangerous chemicals and toxins in the most unlikely of places: Their schools" (p. 57). She continues, "Toxic exposures further impact learning and school success by increasing

disabilities and absenteeism caused by illness such as allergies, nasal congestion and inflammation and headaches” (p. 57).

One teacher and parent (Personal communication, December 3, 2005) wrote me the following story about her child’s first experience with being in a school building:

My daughter is in SK [senior kindergarten] this year. Last year when she started JK [junior kindergarten] (around October) she began coughing and vomiting every night for three months. Eventual diagnosis in January was asthma and allergies. There was no real difference in her life other than school. She is still in the same room this year for SK. I wonder if it is the room. It is a basement class with few windows and old rugs!

Green (2005) writes, “Asthma is the leading cause of student absenteeism and the leading occupational disease of teachers” (p. 57).

Mold

Because of the poor air quality in my classroom, we found that there was a mold buildup evident along the walls and under the ledge of the chalkboard. Kennedy (2003) writes,

A subset of indoor air quality, but a critical one for schools, is mold remediation. Many school facilities are plagued with mold problems because of deferred maintenance that allows moisture to seep into buildings, and construction methods that didn't provide adequate ventilation. Unchecked, mold can lead to serious health problems for students and staff. (p. 28)

One teacher (Personal communication, December 20, 2005) wrote to me about her experience with a moldy carpet:

I began teaching 5 1/2 years ago in an old converted classroom -- once a tech shop, now a drama space with carpet and no desks. The carpet was brand new and clean and students and I would begin each day in a circle on the floor to go over the days events and share news, reminders, announcements, etc. After about six months, I began to notice frays and would trim the carpet where the frays became safety issues. After a few months of this I noticed an odor accumulating in the classroom. I began an investigation and requested our custodial staff and administration to have a look. . and smell. The custodians were accommodating and applied a chemical to the carpet which masked the smell of stinking feet; students were helpful in bringing clean socks to wear (when they remembered), but the odor lingered. Several more months passed and the odors were becoming increasingly unbearable and I became more and more concerned as students began complaining of headaches and their tolerance of the smells. I made a new case and had a second inspection done, this time not only focusing on the carpet which was becoming increasingly more foul as the warm weather began to set in, but also for an air circulation tube leading from one end of the classroom to another and construction began that spring to remove the piping measuring easily 1 ft. by 1 ft. in diameter. I learned that this pipe was full of mold and mildew as a result of stagnant water sitting inside of it and leaking to the floor in our classroom. This tube was inactive. It was removed 3 years after I began teaching. had hoped that perhaps the smell would dissipate but to my dismay, it only grew worse. Again, I sought a second opinion from health and

safety and the custodial staff. New, stronger chemicals were applied, the carpet became cleaned more frequently, and air fresheners became a regular part of my budgetary spending. Finally, even the custodians had to admit that the carpet was the source of the stench and it was removed a year later. Now, although colder, there are linoleum tiles in the classroom which can be washed frequently and the classroom is quite literally, odor-free.

Green (2005) says,

Molds are present everywhere, but they grow and flourish in areas that are wet or damp. Also, warm temperatures foster the growth of molds. These harmful organisms cannot only trigger asthmatic reactions, but they also can cause headaches and mental confusion. If you can see or smell water, dampness, or musty and dank odors, molds are growing somewhere indoors. Molds will grow under the right conditions - they need water that can come from leaks, condensation and high humidity. Molds also need food such as wallboard, books, paper, carpets or other organic materials. (p. 57)

Portables or a modular classroom that are constructed in many schools to keep up with growth in the numbers of students enrolled adds to the problem of unhealthy spaces. Nichols (2005) reports that “whether it's to ease overcrowding, provide temporary shelter during renovations, or keep class sizes small, many schools around Massachusetts are adding temporary classrooms.” He goes on to say that the head of the new state school building authority, teachers' union, and health officials worry that, kept too long, “modular classrooms can grow mold and create unhealthy conditions for schoolchildren.”

The attraction is that they are cheaper, take less time to build, and the newer ones resemble regular school buildings.

The problems occur when these temporary buildings are kept for longer periods. Nichols (2005) quotes Suzanne Condon, director of the Center for Environmental Health at the state Department of Public Health, who says, “Without proper care, leaks in the roof can lead to mold growth, triggering asthma attacks, while poor ventilation can cause headaches, nausea, and eye irritations.” And he quotes the Principal at Silver Lake Regional High School in Kingston, Richard Kelley, who says,

The wear and tear became visible. The wooden floors weakened, and roof leaks caused the walls to deteriorate in the first modular building. In a second modular building, added in 2000, the air conditioner stopped working one summer, and mold grew in the carpet and in the vents, giving the classrooms a musty smell.

The school added the first modular building in 1995, when enrollment was about 1,800 students. Nichols (2005) says that officials saw problems when they kept a modular building for seven years, two years longer than they intended.

A website named *Sick School Syndrome: In the News* (2005) has collected a number of cases of individuals who have suffered greatly because of poor indoor air quality and mold in schools. Just to cite several examples that they have documented:

- From: Inland Empire / Metro Sun (Yucaipa, CA) - June 8, 1997 Three years after a Yucaipa Junior High School student became ill from what his family called contaminated air in the classroom, Troy Grove has been awarded \$83,500. “We believe that we established the contamination of the air quality in the junior high school,” said San Diego attorney Michael Padilla, who represented Grove

against the Yucaipa-Calimesa Joint Unified School District in the 1995 lawsuit.

“The heating, ventilation and air conditioning system was not properly maintained and was not efficient in the manner in which it was moving air in and out of the classroom. As a result, we had mold, fungi and contaminants at very unacceptable levels in a number of those rooms, and Troy Grove was injured...compromising his high school days.” Grove will receive \$47,000 from the Inland Empire Schools Insurance Authority for the out-of-court settlement, expected to be signed by a Superior Court Judge (Thomas Nuss) on July 7. “I don't know if money could ever really take care of everything I went through,” said Grove, 18, who received a Yucaipa High School diploma Thursday though homeschooled since the 10th grade. Grove's mother, Doris, said her son's immune system was permanently damaged by the exposure to the contaminated air in the portable classroom. He is now hypersensitive to his environment, she said. Air quality tests in 1994 showed high levels of bacteria, mold, yeast, fungi and carbon dioxide in several portable classrooms and in the counseling center. A third of the junior high staff filed workers' compensation claims against the district during that time, claiming respiratory and other health problems.

- From: The St. Charles Republican (IL) - September 25, 1997 Shawn

Villwock, a 16-year-old sophomore at St. Charles High School, slumps his tired body in his chair at the oak kitchen table of his Royal Fox home. In front of him sits a glass of water next to half a dozen pills including anti-depressants, vitamin supplements and liver cleansers. Behind him, an ionizer machine hums as it blows fresh air into the house. Speaking at a barely audible volume, he finds the energy

to speak a few words at a time, telling about his condition. "Slept everyday last year during class," Shawn said. "Couldn't breathe. Dizzy. Out of it. Couldn't function." Shawn has been diagnosed with multiple allergies to mold, dust and pollens, as well as with Candida, a yeast-related illness that essentially weakens the immune system. He is currently taking nutrient supplements and has an IV treatment every week. According to his mother, Cathy, Shawn's condition has been severely aggravated by attending classes at the high school. Cathy Villwock points to several factors in the high school she says contribute to her son's condition, including a presence of mold, poor ventilation in the classrooms and an overall poor quality in the air the students breathe on a daily basis. Similar concerns have been raised by the school faculty, several of whom have complained of symptoms such as burning eyes, burning in the throat, and nasal passages, headaches and lethargy while working in the school. The Dunham wing of the high school was built over 25 years ago during a fuel crisis as an energy-efficient structure with NO WINDOWS in many rooms, many interior rooms and few vents. Science teacher Bonnie Redmer said dramatic enrollment increases have caused partitions to be put into rooms and closets to be made into classrooms, decreasing the effectiveness of the ventilation system. During Homecoming Weekend in 1994, four teachers and 26 students were hospitalized after becoming ill due to noxious fumes at the school.

Another site that highlights how big a problem unhealthy schools are is the National Clearinghouse for Educational Facilities (NCEF); (2005). It was created in 1997 by the U.S. Department of Education and is a free public service that provides

information on planning, designing, funding, building, improving, and maintaining schools. It has a huge resource list that deals with many serious health and environmental concerns within school facilities. In terms of health issues in schools, one NEA publication, *The Healthy School Handbook: Conquering the Sick Building Syndrome and Other Environmental Hazards In and Around Your School*, lists and discusses key factors which may reduce student and teacher health. These include a list of the 10 top concerns of a group of environmental specialists in terms of school facilities. The list includes heating, cooling and ventilation systems; pest controls; cleaning products; chemicals; fragrances; site selection; lighting; remodeling school buildings; floors (coverings and cleaning); and art supplies.

Good indoor air quality (IAQ) is especially important for younger children. Kennedy (2003) writes, "IAQ is especially important in schools because most students are still developing their respiratory systems, their immune systems are less effective than an adult's, and their high metabolic rates cause them to breathe more air and retain more toxins, according to the U.S. Department of Energy" (p. 27).

Green (2005) warns,

Pollution and chemical exposures negatively impact the health and development of children. Many of their biological systems - endocrine, neurological, hormonal and immune - are still developing well into their teenage years, and exposures to some of these chemicals at certain developmental windows can compromise those systems for a lifetime. Persons with existing health issues may find their problems exacerbated. Some of these impacts may include deficits in the capacity to learn,

talk, read, calculate, memorize, conceptualize, organize, pay attention, interact socially and/or behave appropriately.

I would like to end this section with a story that a teacher shared with me. She told me that she invited a friend to talk with her grade 3 students about his job. He measures air quality. As part of his talk he thought it would be engaging for the students if he brought his equipment and showed the grade 3 students how he does it. To their surprise and shock, he discovered that the oxygen level was poor. He was concerned and asked her if she had noticed whether the children often appeared unusually fatigued. She then told me that she did not suspect that there was a problem, but there was, and that is frightening. The question I now ask myself, and ask you to consider as well, is, how safe is the air quality that my/your family and I/you are exposed to on a daily basis, whether in school or out?

Natural Light

Another teacher (Personal communication, December 5, 2005) wrote to me about the connection between absenteeism and poor air quality and about the need for natural light:

Before we moved into our present school approx. 12 years ago, we were warned by the previous staff that teacher and pupil absenteeism would increase dramatically due to poor air quality and circulation. There are no windows in the long hallways and the stale air becomes quite foul and humid particularly in the warmer months. The one window in each classroom on the second floor is very small and deeply recessed and affords little air or natural light.

Laurence Martel (2003) is the founder of a nonprofit organization called the National Academy of Integrative Learning, which focuses on ways to increase learning capacity, and he wrote a book called *The Seven Secrets of Learning Revealed*. He argues that schools hinder learning because they frequently lack natural light. George Lindley, the principal of Lindale Middle School, also acknowledges the problem of not having natural light. Lindley (2005) says, “We have windows in our classroom so I thought the natural light was not a problem” (cited in Nitkin, 2005). Martel (2005) argues that contributing factors that hinder learning are “sugary breakfasts, fluorescent lighting and sodas filled with sugar and caffeine” (cited in Nitkin). I have been in many classrooms as both a student and instructor where the only lighting came from fluorescents. At one point, school buildings were designed without windows in classrooms because windows were seen as a distraction and competition for students’ attention. It was believed that without windows students could more easily focus on what mattered, namely, what was going on inside the classroom. The argument that was made is that without windows, the temptation students have for looking outside would be eliminated.

One teacher (Personal communication, December 5, 2005) wrote to me about the art teacher’s experience in her school with poor lighting:

Students complained about the fluorescent lighting and how it made their vision unfocused. The art teacher lobbied for years for full spectrum lighting because the fluorescent lighting changed the shades of colours. Too expensive she was told.

Chapter 6—Legal Drugs

Both legal and illegal drugs (the subject of the next chapter) are present in schools in unsafe amounts. In terms of legal drugs, the Wall Street Journal (2005a) reports that as many as 12 percent of kids today have been labeled with ADHD, and the number of kids' prescriptions for ADHD drugs, including Strattera and Adderall, rose 23 percent between 2000 and 2003, according to the latest figures from Medco Health Solutions Inc. ADHD drug prescriptions for pre-schoolers were up 49 percent.

Yes. You read it right, PRE-SCHOOLERS! The spending on pills for ADHD and other disorders has surpassed the amount of money spent on asthma and antibiotics medication for children (Associated Press, 2004).

Painter (2005) reports how parents dread hearing, “Johnny seems to have trouble paying attention,” or “Daniel often disrupts the class,” or “Hannah isn't finishing her assignments,” or, worst of all, a blunt statement that “I think your child has ADHD.” She goes on to say how teachers often are the ones that identify children as having attention deficit hyperactivity disorder (ADHD). We need to ask whether the problem is with the child or with the school. Are schools medicating students simply so that they become more docile and manageable within their walls? I believe that we have to ask schools whether it is reasonable for us to ask children, sometimes very young children, to pay attention, not disrupt, or do their homework, especially when many of the activities of schooling do not engage so many students. It is often easier for schools to blame the children rather than for schools to question and challenge their own assumptions and practices. Are schools so disconnected from what the students are interested in that it is

reasonable to expect students to resist in ways that get defined by schools as trouble paying attention, being disruptive, or not doing assignments?

ADHD drugs have been linked to children having suicidal thoughts, cancer, and other disturbing side effects. For example, Strattera was launched in the Canadian marketplace in March 2005. Taylor (2005) reports a statement released by the company that says some patients may feel “worse instead of better,” particularly within the first few weeks of treatment or when doses are adjusted, and that “they may experience unusual feelings of aggression, hostility or anxiety, or have impulsive or disturbing thoughts that could involve self harm.” Another example of the seriousness of using these drugs is found in a report by Gardner (2005), who says that Ritalin, a drug that has been used to treat ADHD for decades, has been linked to cancer.

Vedantam (2005) reports on the troubling way that drugs are brought to market without adequate knowledge of their long-term effects. He quotes Thomas Laughren, director of the division of psychiatry products at the Food and Drug Administration, who says, “The problem is we don’t have enough good data. All of our data are focused on the short term.” While some trials last just 12 weeks, some children are placed on the medication for years. Vedantam says that although the agency does ask that companies pursue long-term trials after drugs are approved, few do. He goes on to say that at a meeting this month, Laughren said regulators will debate whether long-term trials “should be asked for at initial approval.” It is unconscionable that the reason this more cautious and prudent approach is not taken is that pharmaceutical makers say it will add too much time and money to the process of bringing medication to market.

That the problem is a serious one is evident in the following examples of actions taken in the U.S., Canada, and Britain:

- U.S.--An FDA review last year found that newer antidepressants increase suicidal behavior among some children, and the agency ordered that a "black box" warning be placed on them.
- Britain--British authorities last month went even further, telling doctors there never to prescribe medications to depressed children without first trying multiple alternatives, and never to prescribe drugs without also providing psychotherapy. Doctors were also warned not to prescribe the antidepressants Paxil and Effexor to depressed children under any circumstances.
- U.S.--On Sept. 28, the FDA announced that the drug Strattera, prescribed widely to children with attention deficit disorder, had also been found to increase the risk of suicidal behavior in some, and told manufacturer Eli Lilly and Co. to add a black-box warning.
- Canada--Also last month, a major government analysis of antipsychotic medications found newer, expensive drugs were neither safer nor more effective than an older generic medication that doctors rarely use. The drugs had never been systematically compared in a long-term trial. Another study in older patients, paid for by Canadian health authorities, found the newer drugs "are not necessarily safer" when it came to causing uncontrolled movements; for years, doctors have believed the newer drugs were significantly less likely to cause that side effect. (Vedantam, 2005)

Vedantam (2005) reports that nearly a quarter of all antipsychotic prescriptions for children are going to those younger than 9 years old, the vast majority of them boys, a fact that Thomas Insel, director of the National Institute of Mental Health in Bethesda says “was amazing.” Insel is also concerned that because of the changes in Britain, physicians are already switching children from antidepressants to antipsychotic drugs, none of which have been approved for children.

Lumpkin (2005) reports that the Food and Drug Administration (FDA) has now approved a skin patch for children to treat ADHD. The patch will be used in place of pills, despite initial apprehensions about its safety. Lumpkin reports,

In documents posted by the FDA, agency reviewer Dr. Robert Levin had said trials showed the patch produces troubling side effects too often to be considered safe. But Friday, Levin said he now judged the drug was safe enough to approve.

Mercogliano (2003) is one among many that knows that medicating children is not the answer. In his book, *Teaching the Restless: One School's Remarkable No-Ritalin Approach to Helping Children Learn and Succeed*, he uses the stories of six boys and three girls and shows how labeling and using stimulant drugs is not necessary. In addition, Senge et al, (2002) ask us to consider several questions about the explosion of learning disabilities and schooling. They write,

Similarly, what should we make of the explosion of “learning disabilities” that educators now recognize? Is this really a sign of research progress—or a sign of increasing pressure from the assembly line to force nature’s variety to conform, through increasingly sophisticated labels of “disability”? Are we not just making teachers more and more sophisticated “inspectors,” able to detect increasing

numbers of raw materials that do not fit the needs of the machine? I understand that the intent among many educators is to do more to help different kids who learn in different ways. But the deficit model casts a long shadow on our ability to appreciate and work with difference. What we call “disability” is in truth a description of mismatch between educational processes and person. Why not label the educational processes as “disabled,” instead of the person? (pp. 39-40)

In a Wall Street Journal (2005a) article titled “What if Einstein Had Taken Ritalin? ADHD's Impact on Creativity,” a very powerful argument is made about “whether the Ritalin Revolution will sap tomorrow's work force of some of its potential genius.” When we think about those who are considered to have had the disorder, those with the disorder are in great company: Thomas Edison, Albert Einstein, Salvador Dali, Winston Churchill. The article says that ADHD drugs dull people’s creativity and drive. As well, psychologically those who are labeled ADHD might lose confidence and “dream smaller dreams” by playing into the self-fulfilling prophecy.

Lara Honos-Webb (2005), a psychologist at Santa Clara University and author of *The Gift of ADHD: How to Transform Your Child's Problems Into Strengths*, says that creativity, exuberance, and intuition are among the positive “gifts” of ADHD. She says that “spaciness is a path to inspiration” (cited in Wall Street Journal, 2005a).

A lot of adults who've excelled as entrepreneurs, performers, politicians, and communicators trace their successes to their ADHD (Wall Street Journal, 2005a). For example, Erich Muller in seventh grade in the late 1970s was such a class clown that his teachers actually sentenced him to more days of detention than there were days in the school year. He is now based in Chicago and is one of the nation's highest paid radio

personalities. He also shares how he had a cubicle-like enclosure built atop his desk to keep his eyes from wandering. Although they said he should be on Ritalin, his parents refused. “As a kid, I'd see a thousand different things in every cloud. Teachers told my parents I was 'too creative.' Too creative like who? Picasso?” (cited in Wall Street Journal).

David Neeleman, CEO of JetBlue Airways, is another successful adult who never took drugs for his ADHD. He is now an advocate for kids with the disorder. He attributes his unconventional way thinking to ADHD. He invented the electronic airline ticket (cited in Wall Street Journal, 2005a).

Dr. William Pollack, an assistant clinical professor at Harvard Medical School who researches boyhood, “has found anecdotal evidence that Ritalin renders some kids less interested in pursuing creative opportunities” (Wall Street Journal, 2005a). One boy he studied dropped out of the science club once he was put on Ritalin because “he felt like the spark inside him was extinguished.” Once he stopped taking Ritalin, he “returned to the club, and developed a flashlight alarm system that won a major science competition.”

Another of Pollack's subjects is a math whiz in his 40s who was hyperactive as a child. “As an adult, the man earned several hundred million dollars developing computer technology. His ideas come to him in a flash. He feels that if he had been given Ritalin as a child, he'd have just ended up as a teaching assistant in some science course.” (Wall Street Journal, 2005a)

Drugs in education are no longer limited to those who are diagnosed as being candidates that will benefit from the drug, but now consumers can demand it. This is

known as cosmetic neurology. Chatterjee (2004) asks, “If one purpose of medicine is to improve the quality of life of individuals who happen to be sick, then should medical knowledge be applied to those who happen to be healthy?” In 1997 the Food and Drug Administration allowed pharmaceutical companies to market their products directly to consumers. This has led to consumers/patients going into their doctor’s offices and asking for drugs for nonmedical needs. An article posted by Gail (2005) reads,

Memory-enhancing drugs, ranging from stimulants such as Adderall to an Alzheimer's drug called Aricept, are particularly in demand, doctors say. Scripts to treat attention-deficit disorder increased 500 percent between 1991 and 2000, according to the Drug Enforcement Administration. A 2002 study by the University of Wisconsin reported that one out of every five college students takes the stimulant Ritalin or Adderall, an amphetamine that can sharpen performance and memory that recently was suspended for sale in Canada. The drug has been linked to 20 sudden deaths in children in the United States since 1999.

Two newer drugs also are gaining a lot of attention in the performance enhancement arena. One, Provigil, is geared toward those with narcolepsy as a “wake promoting agent” but is often taken by students pulling all-nighters. Another, called propranolol, has been shown to help people remember horrific memories without emotion.

Chatterjee said he was concerned that the marketing campaigns would not only have adult patients banging on physician doors, but parents demanding them for their children.

“What I'm really worried about is the coercion factor,” he said. “Children today - I already can't believe their schedules - what if, by taking a drug with little side effects, they could study better for a test, or learn the piano better? Would parents start forcing their children to take it?”

The answer, many psychologists believe, is yes.

The U.S. and Canada differ on how they deal with drugs. For example, the Wall Street Journal (2005b) reported that Canadian regulators decided to remove the attention deficit drug Adderall XR from the market because of 20 reports of sudden deaths in patients taking the drug since its debut in 1994, whereas the FDA has decided to leave the drug on the market. The article goes on to say that to date over 38 million prescriptions have been written for Adderall in the U.S. and Canada and that some suggest the deaths are not directly connected to the drugs.

Another serious problem with drugs is with the improper dispensing of drugs. One teacher shared with me how one of her students was very active and hard to control from a management perspective, yet she really enjoyed his presence and thought he was very pleasant; unfortunately for the child, not everyone agreed. The teacher went on to share how just after the Christmas break she noticed that he was less active and much easier to manage; in addition, she noticed his eyes were glossy. Eventually, she found out that his grandmother--he lived with her--was not available to give him his dosage during lunch break and so she would give him the full dosage in the morning. Yes, the child was easier to manage, but at what cost? Is it ethical to sedate students with medication so that they can fit into an arbitrary, artificially constructed institution based on somebody's fantasy of how children should behave?

Nurses in schools?

Another issue is that of having nurses available in schools. It seems to make sense that, in a place where medication needs to be dispensed and where so many students are in need of medical attention for diabetes, asthma, attention deficit disorder, food allergies, and other increasingly prevalent health problems, nurses are available to help instead of having students rely on teachers, other school staffers or the telephone. In the U.S., there is increasingly an inadequate number of nurses for the schools. Horovitz and McCoy (2005) report that

an analysis of 2004 Census data by USA TODAY showed roughly 56,000 nurses worked full time at schools. That's one for every 950 students, a ratio that fails to meet federal guidelines that call for one nurse for every 750 students.

In Canada, the practice of having nurses in schools has been all but abandoned.

Horovitz and McCoy (2005) point out some of the deadly consequences of not having nurses on staff who are able to respond to medical emergencies and daily necessities:

- Patty Baker a school nurse had to decide whether to go to a school a couple of miles away to help eight-year-old Gavin Ward who couldn't talk and could barely breathe, or to remain with Logan Rice, a 10-year-old diabetic crashing from a sugar low.
- Kate Earnhart is the only school nurse for 7,200 students in Tuolumne County, Calif.
- Albert Lee, a 17-year-old senior, collapsed during badminton practice five years

ago at Mills High School, in Millbrae, California. There is no nurse at the school. He died of cardiac arrest.

- 10-year-old Michaela suffered seizures in September after she panicked during an asthma attack at school and accidentally overdosed on the medication in her inhaler.

Would nurses have made a difference in these cases? It's hard to say; nevertheless, I think we have an ethical obligation to ensure that we will be proactive in maintaining the safety of children if we insist on housing them in the institutions of schooling. As well, there are documented cases where nurses clearly have made a difference and even saved lives. For example, 10-year-old Maribel Ruiz at Highland Elementary School in Las Cruces, NM stopped breathing and collapsed while running laps on a soccer field. She had no history of health problems. Fortunately for her, Ellen Williams, the school nurse, was on duty, and she heard teacher John Coats scream that Maribel was not breathing. The ambulance arrived 9 minutes later, and in the meantime the nurse and teacher performed CPR—Maribel survived (Horovitz & McCoy, 2005).

Horovitz and McCoy (2005) point out that nurses also make mistakes. One school nurse in the Washington, DC area sent an ailing 13-year-old girl with cerebral palsy home on the school bus with an urgent health note, and, sadly, the girl died en route.

William Sears, a pediatrician and author of more than 30 books on child care, argues that “schools without nurses are putting children in harm's way” (cited in Horovitz & McCoy, 2005). A survey from the Centers for Disease Control and Prevention reveals that 47% of schools do not meet the nurse-to-student ratio recommended federally.

Given the dangers involved in dispensing medication, treating injuries, diagnosing illnesses, and handling other health emergencies, should we allow unlicensed staff

members to deal with this? In 2000 researchers at the University of Iowa surveyed about 600 school nurses and found that almost half reported that “medication errors” had been made, mostly by nonlicensed staff at the schools in which they worked. And according to the California School Nurses Organization, in the Los Angeles Unified School District, 86% of the medication administered last year came from staff members who weren't licensed to be nurses (Horovitz & McCoy, 2005).

Horovitz and McCoy (2005) cite data from the Utah Department of Health that offers an example highlighting the need for school nurses: “Every half-hour a student suffers an injury significant enough to cause him or her to miss a half-day or more of school. Every three days, the injury is so severe that a student loses consciousness.” They go on to report that, on average, two students in every classroom are asthmatic, and more than 3.5 million children take medication at school every day that includes 200 types of prescription drugs—according to a University of Iowa study, this is three times the number taken in the 1980s. Although the number is still small, children allergic to peanuts and tree nuts doubled between 1997 and 2002 according to a study by doctors from Mount Sinai School of Medicine and the Food Allergy & Anaphylaxis Network. According to the state's Department of Health, there were 6,007 calls made to 911 for injuries or illnesses during the 2003-04 school year in Florida.

Chapter 7—Illegal Drugs

In this chapter I will look at the use of illegal drugs within schools. Schools are ideal places for and where drugs and alcohol are promoted. I will bombard you with statistics to show you how big a problem it is.

With respect to illegal drugs, Moore (2005a) reports that although more than half of the students believe that drug use is increasing in Ontario schools, in fact drug use is decreasing. This sounds great until we look at the numbers: 36% of students are drug free (this includes alcohol and nicotine), which means that 64% are not! This is only a slight decrease from the year before when 32% of students were drug free—not as significant a difference as the headlines lead us to believe.

The Ontario Student Drug Use Survey

In this section I will look at drug use among Ontario students and then discuss how similar the pattern is among users in other provinces in Canada and throughout the United States. Every 2 years since 1997 the Centre for Addiction and Mental Health (2003) has conducted an Ontario Student Drug Use Survey (OSDUS). It is the longest ongoing school survey of adolescents in Canada. It is extremely valuable, and I will rely heavily on their findings and publication for my discussion. The focus of the 2003 survey was students from grades 7 to 12.

It is important to remember that the OSDUS focuses on students in school and therefore cannot be generalized to those that are not part of the school community. At the same time, the information is valuable for our purposes because it reveals the use of drugs among those who attend school, thereby shedding light on how much of a problem it is within schools. A majority of students (53%) believe that drug use in their school is

higher today than it was a few years ago, and 28% believe that it is a big problem at their school, with 51% believing that it is a small problem, and only 21% saying it is not a problem (Centre for Addiction and Mental Health, 2003, p. iv). This means that 79 percent of students believe that drug use is a problem (big or small) in their schools. As well, students in grades 9 to 11 are more likely to report drug use as a big problem in their schools (p. 199). The transition from elementary school to high school is a high-risk time for students, when students are either initiated into the use of drugs or their use increases (p. 212). This is evidenced by the finding that between grades 8 and 9 about half of the drug use measures increased (Centre for Addiction and Mental Health, 2003, p. 212).

How Do Ontario's Results Compare to Those of Other Canadian Provinces?

In response to this question, the authors of the report write the following:

In general, compared to students in other Canadian provinces, Ontario students are *less likely* to: smoke cigarettes, use cannabis, tranquillizers, and non-medical Ritalin. On the other hand, Ontario students are *more likely* to: drink alcohol, use cocaine or crack, and ride in a vehicle with a driver who was drinking alcohol.

Ontario students *are similar* to other Canadian students with respect to: binge drinking, inhalant use, any hallucinogen use, heroin use, ecstasy use, and drinking and driving (with the exception of New Brunswick, which is lower). (Centre for Addiction and Mental Health, 2003, p. 213)

How Do Ontario's Results Compare to Those of the United States?

In response to this question, the authors of the report write the following:

Similarly, American survey data mirror the

OSDUS trends in the decrease in cigarette smoking, the recent decreases in ecstasy, LSD use, and any illicit drug use excluding cannabis (Johnston et al., 2003). However, Ontario students have shown increases in heavy drinking and hallucinogen use over the long-term, and an increase in cocaine use over the short-term, which are not paralleled in the US. (Centre for Addiction and Mental Health, 2003, p. 213)

What illegal drugs are students using?

The most common type of drug used by students is alcohol, with 66.2% or 641,700 of students reporting that they used it within the last 12 months; cannabis is next at 29.6%, followed by tobacco at 19.2% (Centre for Addiction and Mental Health, 2003, p. 14).

Of the 19.2% of students who smoke, 62.4% report that they have tried to quit smoking at least once within the past 12 months; unfortunately, of those who tried to quit smoking, about one third could not abstain for longer than one week and only one quarter lasted for longer than 3 months (Centre for Addiction and Mental Health, 2003, p. 40). Clearly, a majority of students who smoke do not want to continue but have trouble quitting. As well, about 13,100 (1.4%) of students reported that they have sought alcohol and/or drug treatment (p. 188).

The authors distinguish between binge drinking and becoming drunk. Binge drinking is when students consume five or more drinks on a single occasion, and becoming drunk is when students drink until they become ill. These are both problems, with 26.5% or 255,900 students reporting to have participated in binge drinking and

23.9% or 225,800 students reporting that they drank until they became ill, within the past 12 months (Centre for Addiction and Mental Health, 2003, p. 52).

Overall, 18.8% or 186,700 students are drinking to the point of future medical and physical problems (e.g., accidents) becoming a likelihood (p. 65). This is defined as hazardous drinking. Of those who report drinking, 27.2% of students report drinking at a hazardous level (Centre for Addiction and Mental Health, 2003, p. 69). Cannabis is used by 29.6% or 286,000 students (p. 70). Of these, 13.4% attempted to reduce their use, 4.3% reported that they could not stop, and 7.7% report that they have used cannabis daily for at least one month (p. 84). About 1 in 10 (10.5%) of cannabis users may have a dependence problem (p. 87).

Students also report using other illicit drugs such as glue and other solvents. The estimated number of students that have inhaled glue over the past 12 months is 21,700 and 48,700 for other solvents (Centre for Addiction and Mental Health, 2003, p. 88). The nonmedical use of stimulants, barbiturates, and tranquilizers is 55,600 (5.8%), 21,600 (2.5%), and 21,600 (2.2%) respectively (p. 97). The use of hallucinogens such as LSD, PCP, and other hallucinogens such as mescaline and psilocybin are as follows: Other hallucinogens such as mescaline and psilocybin are the most commonly used at 96,800 (10%), followed by LSD at 27,700 (2.9%) students, and PCP at 21,800 (2.2%) students. About 32,000 (3.3%) students reported using methamphetamine or speed (p. 121). In 2003, 11,100 (1.2%) students report using “Ice” or d-methamphetamine hydrochloride (p. 126). It is a powerful stimulant which first appeared in Canada in 1989 and is a smokeable form of methamphetamine (“speed”). Cocaine was used by 46,500 (4.8%)

students over the past year (p. 129); 25,900 (2.7%) used crack cocaine (p. 134), and 13,100 (1.4%) used heroin (p. 139).

There is also a category of drugs known as club drugs. The most popular of these drugs is “ecstasy” (MDMA, methylenedioxymethamphetamine). It first appeared in Canada in 1989 and is a synthetic substance with both stimulant and hallucinogenic properties (Centre for Addiction and Mental Health, 2003, p. 144). Ecstasy was used by 39,400 (4.1%) in the past year (p. 144).

Gamma-hydroxybutyrate (GHB) or “liquid ecstasy” or “G” is an odourless central nervous system depressant taken for its euphoric and relaxing effects (p. 144). GHB was taken by 6,500 (0.7%) students (p. 148). Rohypnol (flunitrazepam, also called “roofies” or “the date-rape drug”) is a benzodiazepine sedative. It is odourless and tasteless and can produce amnesia (p. 144); it was taken by 15,300 (1.6%) of students (p. 148). Ketamine (also called “vitamin K” or “special K”), is a general anesthetic for human and veterinary use. It is a central nervous system depressant that can produce hallucinogenic effects (p. 144). It was taken by 21,200 (2.2%) of students.

Students use prescribed drugs for recreational use and for other reasons that were discussed earlier when we talked about cosmetic neurology. Ritalin (methylphenidate) is similar to amphetamines and is primarily used to treat Attention Deficit/Hyperactivity Disorder (ADHD) but is used by 28,100 students recreationally for its stimulant effects such as appetite suppression, wakefulness, increased focus, and euphoria (p. 151).

Students also use drugs to change their physical appearance or enhance performance. To this end, 3% of students report that they have used steroids, which

include body builders, testosterone, androgens, durabolin, and growth hormones, over the past year (p. 154).

In sum, 312,300 (32.2%) of students reported having used illicit drugs; this list includes cannabis, barbiturates, heroin, methamphetamine, stimulants, tranquillizers, LSD, PCP, other hallucinogens, cocaine, and crack. This list excludes glue, solvents, prescription drugs, Ice, GHB, Rohypnol, Ketamine, and Ritalin (Centre for Addiction and Mental Health, 2003, p. 157). Even if we remove cannabis from the list, 148,800 (15.3%) students still report having used these substances over the past year (p. 157). Only 30% of students report not having used drugs in the past year (p. 165).

With such a high rate of use, it is not surprising that there is such a high incidence of new users. Among the total sample, 9.3% smoked cigarettes for the first time during the last 12 months; 19.4% drank alcohol for the first time; 10.4% used cannabis, and 5.1 percent used another illicit drug for the first time (Centre for Addiction and Mental Health, 2003, p. 170). And, of course, those that start using drugs at an early age are more likely to develop dependence and other problems later in life (DeWit, Adlaf, Offord, & Ogborne, 2000; Fergusson & Horwood, 1997; Hingson, Heeren, Jamanka, & Howland, 2000). In 2003, the average age of first use of cigarettes (smoking one whole cigarette) among grade 11 smokers was 13.1 years. The average age of first use of alcohol among grade 11 drinkers was 13.1 years, and the average age of first cannabis use among grade 11 users was 13.7 years (Centre for Addiction and Mental Health, 2003, p. 176).

With all of the alcohol being consumed, and given the age of some of the students, it is not surprising that one of the related consequences and problems is drinking and driving, with 13.8% of all drivers in grades 10 to 12 reporting that within the past

year they drove within one hour of having consumed one or more drinks (Centre for Addiction and Mental Health, 2003, p. 179). Cannabis use and driving has been reported by one in five (20.1%) of drivers (p. 182). The strongest correlates of drug use were age and grade, followed by sex and region (p. 212). The higher the grade, generally, drug use is more likely to occur; however, grade 7 and 8 students did show a higher level of inhalant use. Males showed higher drug use on 8 of the 21 measures used. Generally, females were more likely to use stimulants like diet pills. With respect to region,

- Toronto students are less likely to: smoke cigarettes, binge drink, use stimulants, hallucinogens, and Ritalin.
- Northern Ontario students are more likely to: smoke cigarettes, binge drink, use stimulants, hallucinogens, and Ritalin.
- Western and eastern students do not differ from the provincial average on any of the measures. (p. 212)

I hope that all of these data serve to highlight how substance use contributes to making schools unsafe spaces. With so many students within the buildings being consumers of drugs and alcohol, coupled with the high rate of influence peers have over each other the results is an environment that is conducive to promoting and spreading the use of drugs and alcohol. Furthermore, results show that 29.2% of students had been a passenger in a car at least once in the past year with a driver who was drinking, and 22.9% with a driver who was using drugs (p. 182). Students reported that the substances were easily available. The perception of easy availability was highest for alcohol (66.4%), followed by cannabis (51.4%), cocaine (21.1%), ecstasy (19.9%), and LSD (15.6%); (Centre for Addiction and Mental Health, 2003, p. 195). The higher the grades,

the easier students report it is to get these substances. Just over one third or 36.7% of students report that they were approached in their neighbourhood and asked if they wanted to buy drugs (p. 199).

One parent wrote me about her concerns with her daughter being approached to buy drugs and about her overall exposure to them:

My daughter has just started grade 9 this past fall and daily she is approached about buying drugs. The club house for Sudbury Soccer is located on the high school property. That is where most drug deals occur: behind the building.

(Personal communication, December 6, 2005)

The Spreading New Drugs

As new drugs are discovered, created, or popularized, schools are ideal places for the substances and knowledge about them to be shared. Cheney (2005) reports how a newly arrived grade 12 student shared with others his amazing discovery of a new free drug: *Datura stramonium*, also called jimson weed, thorn apple, and angel's trumpet. The result was that dozens of students from Western Technical-Commercial School ended up in hospital, and a few of them, vice-principal Tammy Paulen says, "near death," with hundreds of others in North America poisoned and at least five others in southern Ontario hospitalized since September. It is reputed to be the poor man's hallucinogen, and "those who take it often experience symptoms that include hallucinations, disorientation and loss of bowel control. Worst-case scenarios include cardiac or respiratory arrest" (Cheney). Yet, despite the experience of taking it not being pleasant, countless people try it. Other schools have also had brushes with jimson weed. At Humberside Collegiate Institute one student said that, "it is going around" (cited in Cheney). Just like a disease, an epidemic,

or a virus, word spreads about the substance and people get infected, enticed by the opportunity to try. Cheney reports that the students heard about the jimson weed through schooling. He says,

After questioning students, Ms. Paulen and Mr. Salmon came to the conclusion that the jimson-weed experiment was sparked by a student who had heard about the drug at another school, then transferred to Western Tech, where he began evangelizing about a free drug that offered a peyote-style high.

Chapter 8—Violence

In this chapter I will look at the difficult and painful issue of violence in our schools. On a personal level, I struggle philosophically, and have done so for a long time, with the problem of evil. Simply put, why do so many evil things have to happen in the world? Unfortunately, the explanation and especially the solution to this question are not as simple as posing the question is.

Bullying

Gerard Kennedy, the Ontario Minister of Education, says that “bullying is an underestimated and pervasive problem. It is a proven precursor to violent behaviour and is never acceptable in Ontario's schools or communities” (Ministry of Education, 2005c). He also said that bullying “is a serious problem that should not be left unchecked (Canadian Press, 2005b).

Bullying is defined as a form of aggression in which there is an imbalance of power between the bully and the aggressor (Besag, 1989; Coloroso, 2002; Olweus, 1991). In her book, *The Bully, The Bullied and the Bystander*, Coloroso identifies three types of bullying: verbal, physical, and relational (p. 14). Verbal bullying is the most common and accounts for about 70% of reported incidents (p. 15). She says, “Words are powerful tools and can break the spirit of a child who is on the receiving end” (p. 15). Physical bullying accounts for about one third of reported incidents and includes slapping, hitting, choking, poking, punching, kicking, biting, pinching, scratching, twisting limbs into painful positions, spitting, and damaging or destroying clothes or property belonging to the bullied child (p. 16). Relational bullying “is the systematic diminishment of a bullied child’s sense of self through ignoring, isolating, excluding, or shunning (p. 17).

Glew, and Fan and Katon, and Rivara, and Kernic (2005) researched the implication of bullying for the bully, bully-victim, and the bystander. They point out that the problem of bullying and school violence, depression, and health concerns has grown. They argue that their study has shown that the prevalence of bullying during elementary school is associated with school attendance, academic achievement, disciplinary actions, and self-reported feelings of sadness, safety, and belonging. They report that the prevalence of frequent bullying among elementary school children is substantial and is a serious issue for elementary schools.

When I first read the statistics (I will share them with you shortly) surrounding school-related bullying, school-related sexual assaults, school-related suicides and school-related violence in general, I thought that the numbers were too high, that they could not be correct. As I struggled with making sense of these numbers, I spent a lot of time quietly contemplating my own experience with schooling, as a student and teacher. The deeper I went into myself, the more examples I recalled of violence that I have been a bystander to throughout my schooling. We need to distinguish between a bystander and someone who is willing to bear the burden of being a witness—how great it would be if more of us would take on the role of witness as opposed to being merely a bystander.

Coloroso (2002) offers four reasons people most give for not intervening: They are afraid of getting hurt, they are afraid of becoming a new target, they are afraid that they will make the situation worse, and they do not know what to do (p. 67). Of course, this list is not complete. For example, some people may be put off by the burden of acting. In the case of a teacher for instance, I have sometimes heard that getting involved will result in too much extra work and that it is easier to keep walking and ignore the

altercation. If, for example, someone overhears an inappropriate racial or sexual comment and decides to bear witness to the incident, then they may face a long list of consequences, from being challenged by the person who made the comment or the perpetrator's parents/guardians, to explaining the situation to the principal, police, or courts. In addition, a mountain of paperwork, emotional strain, and the stress that comes with bearing witness may have to be endured. Given the burden that comes with getting involved, at the time it may seem that it is easier to just walk away, and many choose that option. And given the pressures of everyday living within schools, I think most of us can understand, as opposed to condone or accept, this behaviour, but we need to ask, at what cost? The following are some examples of the cost of not bearing witness to acts of violence that are school related:

- Jacksboro, Tenn. — A student shot and killed an assistant principal and seriously wounded two other administrators at a high school on Tuesday November 8, 2005. The student was arrested. (Associated Press, 2005b)
- As we neared the reservation, we lost radio stations, and our cell phones worked sporadically. Just before our cell phones became unreliable, we were told there were more than three dead, and this was going to be a big story. It wasn't "just another" school shooting. It was the biggest school shooting in Minnesota history, with the most deaths in a U.S. school shooting since Columbine.... As it turned out, there were 10 people dead—one teacher, two adults, six students, and the shooter. (Yellow Bird, 2005)

- Eric Harris and Dylan Klebold leer into the camera and promise to murder bullies. “If you ever touch him again, I will fricking kill you,” Harris yells at an imaginary thug. The newly released videos were filmed by the two boys in the months before they killed 12 students and a teacher (and themselves) at Columbine High School in April 1999. (Tolme, 2004)

- At first, students were convinced it must be some sort of practical joke.

Felix Vater, 17, came out of a classroom to find one of his teachers lying in the school hallway. “I felt his pulse and tried to talk to him,” says Vater, “but he wasn't there anymore. You know blood from TV, and you just can't believe this is real.” Denise Hoffman, 15, thought the three loud bangs she heard meant construction workers had dropped something. “Suddenly out of a room, a masked person appeared,” she recalls. “Then he opened the door to another room and shot the teacher.”...By the time the firing had stopped at midday last Friday, 16 people lay murdered in a scene of carnage that was grimly reminiscent of the Columbine massacre that took 15 lives in April 1999. The killer was a former student who dressed all in black for his murderous spree; he moved methodically through the building, picking his victims off one by one. And in the end, with 12 teachers, two students, a school administrator and a policeman dead, he turned a pistol on himself....Police identified last week's killer as Robert Steinhauser, 19, who evidently had been expelled from the school in February for forging doctors' signatures on absence-- excuse

notes. In the attack's aftermath, Germany declared a day of national mourning. (Lemonick, 2002)

- In April 1999, he walked into W.R. Myers High School [in Taber, Alberta] with a sawed-off shotgun, gunning down 17-year-old Jason Lang and injuring another student. (Taber school killer, 2005)
- One by one, the candles were lit. One by one, 14 white roses were solemnly placed in a vase. One by one, 14 names were called out. One by one, their lives were remembered. One by one, they died on Dec. 6, 1989 - gunned down at L'Ecole Polytechnique - victims of a national horror that has become known as the Montreal Massacre. (Black, 2005)

Unfortunately, Taber, Columbine, and L'Ecole Polytechnique are names too many of us are familiar with for the wrong reasons. Could the shootings have been avoided? I do not know, but Kass and Marek (2005) report that in 2002 The Secret Service released a study of school shootings that revealed that in almost all the incidents, others knew beforehand that the student was considering a violent attack on the school. And the Ministry of education (2005c) refers to studies that show that when peers intervene positively, they are effective in stopping the bullying within 10 seconds 57% of the time.

Another frightening element of all this is that teachers, no matter how vigilant, may not even be aware of the bullying that is happening around them. One teacher shared with me how one of her students was being bullied and she did not even suspect that he was and found out only during a parent-teacher interview when the parent shared with her the child's victimization. The teacher said,

At our school there is little "overt" bullying. Which means, it's hard for teachers to tell that it's going on unless a student approaches us about it. Recently, the mother of one of my students told me that he has been coming home and taking his anger out on his mother. Apparently the students are teasing him and calling him gay etc. He doesn't seem to be angry at school and other than typical grade 7 discipline issues, I haven't noticed anything out of the ordinary with this student. However, his mother has told me that he comes home very angry and often lashes out at her. (Personal communication, January 12, 2006)

Bullycide

The following are examples of students who committed suicide because of school-related bullying. This problem is well documented in Marr and Field's (2001) book, *Bullycide: Death at Playtime—An Expose of Child Suicide Caused by Bullying*. Bully online (2005) has a memorial page with hundreds of names and cases of those who have committed bullycide. Below I honor a few:

- Manchester: Eight-year-old Marie Bentham hangs herself in her bedroom with her skipping rope because she can no longer face the bullies at school. Marie is thought to be Britain's youngest bullycide. (Bullycide Memorial Page, 2005)
- A 15-year-old girl killed herself after suffering months of abuse at the hands of school bullies.... Anna Marie Averill... was found hanging in her bedroom by her mother. (Britton, 2005)
- Shaun Noonan, 14, from Ellesmere Port, Cheshire, was headbutted,

thrown into a ditch, and had an earring pulled out by youths at his school in the town. One bully attacked Shaun while others filmed the assault on a mobile phone. On 18 April, his mother found him hanged with a school tie inside his wardrobe. (Happy Slap, 2005)

From the U.S.

- 29 September 1998: after a long period of bullying at school Jared B High took his life at home aged 13 years and 6 days. His mother Brenda has set up a memorial to Jared to inspire others to tackle bullying. (Bullycide Memorial Page, 2005)
- January 2002: Joseph Daniel Scruggs hung himself in his bedroom closet without leaving a suicide note. He was 12 years old. Subsequently the authorities have been attempting to imprison his mother for neglect. (Bullycide Memorial Page, 2005)
- 7 October 2003: 13-year-old Ryan Patrick Halligan commits suicide after being bullied at school. (Bullycide Memorial Page, 2005)

From Canada

- Hamed Nastoh jumped off a bridge in Surrey, a suburb of Vancouver. (Bullycide Memorial Page, 2005)
- Dawn-Marie Wesley, 14 years old, hanged herself in Mission, suburb of Vancouver. (Bullycide Memorial Page, 2005)
- Gilles Moreau, an Edmonton, Alberta teen, who was found dead, face-down in a ditch. (Bullycide Memorial Page, 2005)
- 8 April 2002: Emmet Fralick, a 14-year-old pupil at St. Agnes School in

Halifax, Nova Scotia, shot himself in his bedroom because he was being bullied by classmates. Emmet was regarded as a quiet boy with a reputation for kindness to others. (Bullycide Memorial Page, 2005)

- 20 October 2002: 15-year-old Greg Doucette was so tormented about his acne by bullies at Notre Dame Secondary School in the Heart Lake district of north Brampton, Toronto, Canada, that he hanged himself in the basement of his home. (Bullycide Memorial Page, 2005)
- July 2004: the life of a boy, known only as Tom, changes dramatically after incidents of bullying; Later, Tom attempts to hang himself but survives, albeit with brain damage and requiring 24 hour care. Anchorage School District pays out \$1million as part of a \$4.5 million settlement but denies liability. (Bullycide Memorial Page, 2005)

Sadly, the list of those who commit bullycide and suicide because of schooling continues to grow. Bullying is not the only school-related reason why educational stakeholders commit suicide, but I have limited discussion in this section to them. Marr and Field (2001) write that “at least sixteen families will lose a child to bullycide this year.”

Serious Assaults, Some That Lead to Death

Below are some examples of students who were assaulted by people they knew at school. In some cases they were beaten so badly that it resulted in their death.

- Becky Smith, 16, was knocked out and suffered temporary paralysis when she was attacked by fellow school pupils near her home in Blackley, Manchester. The youths recorded the attack on a mobile video phone - a craze known as “happy slapping.” The video has now been circulated around

Becky's school and was also seen by her brother Craig, 13. Becky's mother, Georgina Smith, said: "This is absolutely horrendous. She was jumped from behind by another girl and five boys looked on and videoed it. Becky was rushed to hospital unconscious. They could have killed her. We are very lucky she is alive." (Mother Rages, 2005)

- Victoria B.C. 1997: Warren Glowatski, the only male convicted in the beating and murder of Virk, was sentenced earlier to life in prison. He's still in jail, with parole eligibility also set at seven years. Six other girls were convicted of assaulting Virk and sentenced as juveniles.... Ellard has been tried three times. She was found guilty in 2000 and won an appeal. Her second trial ended in a hung jury. A third trial in May found her guilty of second-degree murder. Ellard was found guilty of unleashing a beating on Virk so severe that the 14-year-old was left with shoe imprints in her skull and layers of her fat and muscle were sheared apart....A pathologist testified it usually takes the force of a car to do such damage. The attack was unprovoked, court was told. Ellard and her friends lured Virk out to punish her for allegedly sleeping with another girl's boyfriend. Ellard followed Virk as she tried to flee the swarming. She was determined to stop Virk from ratting, Crown prosecutor Catherine Murray said. She smashed Virk's head on a tree, dragged her into Victoria's Gorge waterway and held her under until she stopped moving. (Carmichael, 2005).

Schools are places where groups of children can come together and form cliques or plot to distribute vengeance on other students. Whatever the reasons, whether it's for

acceptance or other reasons, a sick mind has too often convinced others to act out in ways that they otherwise may not have.

Statistics

Sherman (2005) reports that school crime figures in the U.S. are declining. The rates were released by the departments of education and justice and looked at the crimes against the 26.4 million students who were between the ages 12 and 18 years old in 2003. When I first read this headline, I felt a sense of optimism surge through me. Then I read that there were about 28 crimes of rape, sexual assault, robbery, and physical assault for every 1,000 students in 2003 compared with 59 per 1,000 a decade earlier; there were about 738,700 violent crimes involving students at school; 17 homicides and five suicides in the 2001-02 school year compared to 12 and 5 respectively a year earlier; that from 1999 through 2003 teachers were victims of an annual average of 183,000 crimes at school, 65,000 of them violent. That translates to an annual rate of 39 crimes per 1,000 teachers. Furthermore, school experts on violence say that the data are dated and that they are flawed because the crime rates are underreported since they rely on limited surveys and self-reporting to compile the data. Furthermore, the reason, experts say, for the “decline” is the installation of metal detectors, security personnel and antibullying programs. Understandably, my sense of optimism quickly turned to despair. As I researched further, the desperation of the situation quickly returned.

In their study, Atlas and Pepler (1998) found that 40% of students reported that teachers intervene once in awhile or rarely when students are being bullied. They concluded that even when teachers know about bullying they may do very little to intercede (p. 88).

Since 1996 more than two dozen teens have gone on shooting rampages in schools across the U.S. (Sallee, 2005). Kimmel and Mahler (2003) report that “since 1982, there have been 28 cases of random school shootings in American high schools and middle schools.” In an article titled “Half of Teens Have Heard of a Gun Threat at School” (2001), it was reported that more than half of all teens know somebody who has brought a weapon to school, and more than three fifths of them did nothing about it, according to a PAX study.

A 2003 Ontario provincial survey of grade 7 to 12 students, conducted by the Centre for Addiction and Mental Health found that one in three students reported being bullied at school (Ministry of Education, 2005c).

Zeigler and Rothstein-Manner (1991) compiled the following statistics:

- 35 percent of the kids were directly involved in bullying incidents.
- Bullying peaked in the eleven- to twelve-year-old age group.
- 38 percent of students identified as special education students were bullied, compared with 18 percent of other students.
- 24 percent reported that race-related bullying occurred now and then or often.
- 23 percent of the students bullied and 71 percent of teachers reported that teachers intervened often or almost always. (cited in Coloroso, 2002, p. 12)

Coloroso says that in comparison to students, parents and teachers greatly underestimate the frequency of bullying (p. 13).

According to the 1993 “Hostile Hallways” study conducted by the American Association of University Women Educational Foundation,

- 85 percent of girls and 76 percent of boys reported having experienced sexual harassment.
- 65 percent of girls reported being touched, grabbed, or pinched in a sexual way.
- 13 percent of girls and 9 percent of boys reported being forced to do something sexual other than kissing.
- 25 percent of girls stayed home from school or cut classes to avoid sexual harassment.
- 86 percent of girls targeted reported being sexually harassed by their peers.
- 25 percent of girls targeted reported being sexually harassed by school staff. (cited in Coloroso, 2002, pp. 34-35)

Rivers (1996) found that 80% of those responding had experienced taunting about their sexual orientation and over half had been physically assaulted or ridiculed by peers or teachers (cited in Coloroso, 2002, p. 35).

A more recent study that surveyed 3,000 youths in eight high schools in Toronto, Kingston, and Montreal found that 75% of students were being sexually harassed (Alcoba, 2005). It was conducted by psychology professors at York University and Kingston's Queen's University. Alcoba reports that the study's lead researcher, Jennifer Connolly from York University, said that if 75% of employees in a workplace reported they were being sexually harassed, "it simply wouldn't be allowed."

In Canada, 40% of children aged 9 to 13 are bullied at least once a week and nearly 10% are tormented daily; 17.9 per cent of 14- to 18-year-olds have been victims of

cyber, or Internet, bullying, and among girls in that age group, the figure jumps to 21.4%. This is according to a survey released 15 November 2005 by Youthography, a Toronto-based market research firm that conducted the survey (Mahoney, 2005).

Mishna and Allagia (2005) looked at reasons why students withhold disclosure of being victimized. They point out that secrecy, powerlessness, victim self-blaming, retaliation, child vulnerabilities, fear of losing the relationship if the bully is a friend, and expectations regarding the effectiveness of adult interventions as possible reasons why victims withhold disclosure (p. 217).

As the next example shows, there is no doubt that schoolchildren can be cruel even in the most sensitive of circumstances. One of the victim's relatives shared with me the teasing that her cousin, who is in grade 9 and is in the process of being treated for stage three nonlymphatic cancers, has had to endure. She painfully describes her disbelief at how cruel children can be in the following:

I can't believe how cruel they are. His mother is so hurt. The children tease him.

The other day he went to put gel in his hair, ran his fingers through it and clumps fell out. He is losing his hair because of the chemo. He went to the hair dressers and shaved it all off. The other day he went to his mother and just said to her,

"Mom, I'm going to die." And the kids just bully and tease him.

Another relative added,

I just don't understand it. He is a good looking, smart kid; but he has been teased and tormented throughout his elementary and now in high school. He is normal looking but they just tease him. I don't know why.

Teachers Being Bullied

Consistent with the incidents of teachers being bullied in the U.S., teachers in Ontario also report being bullied. An Ontario Secondary School Teachers' Federation and Ontario English Catholic Teachers' Association study conducted in 2005 found that 40% of Ontario teachers and educational workers responded that they have been subjected to bullying by students; that part-time teachers (44%), elementary teachers (42% of public elementary teachers), and women teachers (39%) are the most likely to be subjected to student bullying; and that 7% of teachers and educational workers have been targets of physical violence or assault (Teachers and Educational Workers, 2005). They go on to clarify that the reported incidents referred to are

more than the occasional outbursts by students that occur regularly in many classrooms and halls in the schools across Ontario, and that both female and male teachers are victims. The consequences for those who have been victimized include emotional and stress-related symptoms including increased fear, loss of sleep, loss of self-confidence, anxiety, appetite loss, and depression leading to absence from work. (Teachers and Educational Workers)

In a follow-up study done by the Ontario Secondary School Teachers' Federation, the Elementary Teachers' Federation of Ontario, and the Ontario English Catholic Teachers' Association, they found that 50% of teachers in Ontario's public and Roman Catholic schools have been bullied by parents, their superiors, or colleagues at some point in their career; and that 30% of teachers and support staff have been bullied by a parent or a child's guardian; and that 24% have been bullied by a superior and 15% by a colleague (Howlett, 2005).

Many of us likely have personal accounts of teachers being violently assaulted by students or others. For example, I remember my elementary school teacher being reduced to tears after one student, very tall and mature for his age, punched her in the stomach. Many of us, even within schools, are sheltered from the violent acts that happen. When I talk to teachers and when I talk to school administrators, the latter have so many more examples of the violence that takes place within schools. The incidents that the administrators have to deal with are usually not shared among the staff, and so the teachers are usually not even aware of them.

In writing about the problem of teachers being bullied, Bettiol (2005) says, “What we often fail to consider is that these bullies [schoolyard bullies] grow up and become our colleagues and supervisors” (p. 9). He goes on to point out:

It has been estimated that about 1 in 6 workers in the U.S. has been a victim of bullying. In 80% of cases, the bully is someone in a position of authority over the victim. Victims suffer stress related effects such as severe anxiety (76%), disrupted sleep (71%) and even post-traumatic stress disorder (39%). In 70% of cases, bullying only stopped after the victim resigned or was terminated. In only 13% of cases was the bully subjected to consequences or discipline.

Currently, in Canada only the province of Quebec has legislation that protects workers from psychological harassment. In Ontario a bill was introduced but never enacted. It was designed to protect workers from acts of physical or psychological violence, including bullying, mobbing, teasing, ridicule, or any other acts that could hurt or isolate a person in the workplace.

In some cases educational stakeholders are maliciously subjected to false, defamatory statements that compromise their good character. Recently, a British Columbia Teachers' Federation news release (2006) reported that "Nine teachers, a former school trustee, and a parent have won a resounding Supreme Court victory over a Comox Valley woman who defamed them on internet sites, in chat rooms, and on e-mail." The release goes on to say that "Madam Justice Jacqueline Dorgan states that parent activist Sue Halstead 'published the defamatory statements in the context of a prolonged and sustained campaign of character assassination against each of the plaintiffs.'" Judge Dorgan went on to say that the attacks were shockingly vicious, fictitious, malicious, cruel, outrageous, scandalous, prodigious, defamatory, incessant, and had nothing to do with freedom of expression. The judge said that Halstead's allegations included "very serious allegations of manifestly improper conduct." Ultimately, the judge concluded that Halstead had no credibility, and she awarded the individual plaintiffs a total of \$631,000 in compensatory damages and a further \$50,000 in punitive damages to be shared amongst the 11. The judge praised each of the plaintiffs and said that "not only students, but the community as a whole, suffers when those involved in education are unfairly and unnecessarily publicly maligned." Despite the positive ending, the plaintiffs, undoubtedly, had to suffer through a nightmarish ordeal that ended up in the Supreme Court.

Assaults

Murray, an Edmonton mother, said, "It's so scary with all the violence going on." Her 14-year-old daughter, Glory-Ann, was left with a slight concussion and a broken nose after a fight Friday afternoon in the hallway at Hardisty junior high school. The mom said

the fight was with another girl (Vernon, 2005). Vernon reports that a spokesman for Edmonton Public Schools said they have a zero-tolerance approach to violence and that last year, out of 80,000 students, the school district expelled 270 students from their schools and 2 from the district. Assault was behind 37% of the expulsions, while bullying was cited in 39% of cases and carrying weapons in 32%.

Brawls

At Westbury High School in Houston, despite the presence of five officers who usually are there, a brawl broke out between local teens and Hurricane Katrina evacuees. The brawl led to the arrest of 27 students, and the increase in security to 14 Houston school district security officers and two canine units assigned to the campus (Guzman, 2005). This incident is not an isolated one, but other schools in the Houston area have also experienced fights between local teens and Hurricane Katrina evacuees. Guzman quotes one 16-year-old girl as saying that she is worried about it: "I worried about it. I wasn't planning on coming. I guess I was taking my chances. ... I can't afford to miss classes because of my grades." Furthermore, attendance is down because students are wary of the situation.

Fights

One parent wrote me about a fight she witnessed.

The high school is very close to my home. One afternoon after school I could hear lots of cheering and yelling. I looked out the window and there were about 50 students in a circle, just off of school property watching two boys fighting.

(Personal communication, December 6, 2005)

A middle school (grades 7 and 8) vice-principal shared with me the following account:

While I was performing bus duty, I saw two students assaulting one another. Once the boys acknowledge my presence, the one assailant goes in for one last kick from a distance of 6-8 feet. (Personal communication, December 6, 2005)

Weapons

A college administrator shared the following experience with me about bringing weapons to school:

We have a high school just across the road from the College. Our Police Foundation students volunteer at lunch times, etc. throughout the day at the school as part of their community volunteer activities required in their program. One of the faculty in the Police Foundations program said in a meeting where the volunteer activities were being described, that a high school student had reported that she no longer carried her knife to school, because with the college students there, she finally feels safe. (Personal communication, December 6, 2005)

Chapter 9—Sexual Assaults

The frighteningly high number of incidents of sexual harassment and assault by both other students and staff contributes to making schools dangerous and unsafe places for children to be. In an interview with psychology professor Jim Duffy of Memorial University in Newfoundland, who surveyed 1,600 high school students about sexual harassment in a joint project with the University of Toronto's Ontario Institute for Studies in Education, Brown (2005c) quotes Duffy, who says, “We found sexual insults and jokes and groping and leering and even homophobic insults surprisingly prevalent, yet students didn't tell their parents and they didn't tell the school, and I find that fairly striking.” And in interviewing Paddy Stamp, long-term head of the University of Toronto's sexual harassment office for 15 years, Brown quotes Stamp, who says, “An enormous amount of sexual harassment goes on under the radar. We get calls about harassment every day, but only 60 complaints are filed a year. Students are afraid to get involved in some ghastly big process that would invade their private lives.”

Brown (2005c) goes on to report Pepler's, who is a bullying expert at York University, findings in a recent study: More than one third of Canadian teens admit they sexually harass their peers from time to time; 60% said they rarely take part in this kind of behaviour. Brown says,

Pepler's study asked students how often they make sexual jokes, brush up against classmates in a sexual way, spread sexual rumours, show someone sexual pictures, send sexually charged messages, use homophobic insults, rate someone's body or “flash” another student. While 60 per cent of students said they seldom if ever take part in such behaviour, 35 per cent admitted they do some of these

things with “moderate” or occasional frequency, said Pepler. And 3 per cent admit they do it frequently.

One parent wrote me about the concern that she and other parents in the community have about a school principal who is inviting young female students to enjoy his home swimming pool:

The grade eight principal at my oldest daughter’s school is having too much contact with the grade eight girls. In the summer they were invited over to swim in his pool and many of the parents had concerns about young girls in bikinis at his home. (Personal communication, December 6, 2005)

This incidence highlights at least two problems: one, the dangers of exposing children to a potential sexual predator, and two, suspecting a genuinely innocent man of being a sexual predator.

In a disturbing case that Detective Constable Peter Duncan says is not uncommon in Toronto's high schools (Friesen, 2005), the following controversial case occurred:

Fourteen high-school students were pulled from their classrooms yesterday and arrested in connection with allegations of sexual assault and harassment of a 16-year-old female, part of a growing web of charges stemming from what police say was 15 months of abuse. The students, all but two of them under 18, which means they cannot be named under the Youth Criminal Justice Act, join two others arrested this week and charged with sexual assault and forcible confinement.

Police say the young woman, a Grade 11 student, came forward this week after a number of incidents she said took place both inside and outside James Cardinal McGuigan Catholic High School in the Finch Avenue and Keele Street area.

On Oct. 17, the young woman was approached by a male student and forced into a stairwell at the school, where she was sexually assaulted, police said. She was then taken to a bathroom on another floor and assaulted again.... In all, four young men were charged with sexual assault and forcible confinement, 10 were charged with criminal harassment and two women were charged with uttering threats against the victim to a third party.... Police rejected the notion that the charges have anything to do with race or racism. The accused are all black, parents and classmates said, and the alleged victim is white.

I described the case as controversial because some are suggesting that it is a legitimate case of sexual harassment and assault, while others are suggesting that it is tainted by racist undertones. The case is disturbing on a number of fronts. Some complain that the victim is being called deceptive and a liar and that will only serve to silence others who may want to come forward. For example, Beverley Bain, an antiviolence educator, says, "This will further silence the voices of young women Others might hesitate now" (Bureau, 2005). Bain also says that the police should have arrested the students in their home rather than in the schools. Police, however, argued that they arrested them while they were in their schools because this would ensure that they would be there.

In addition, Zanana Akande, a past president of the Urban Alliance on Race Relations and a former principal, argued that the young men were treated differently because they were black, and she pointed out that the school apparently did not properly inform all the parents that their child had been arrested, and the students spent the night in jail (Bureau, 2005). Whether this is a case of sexual assault and harassment or a case of racism or both, it still serves to manifest the dangers of schooling.

In another case, Nenson (2005) reports that a 15-year-old boy was charged with 11 counts of sexual assault after a touching incident at a Brampton school. Peel Regional Police (2005) reported that between September 2004 and December 2005, the suspect has allegedly sexually assaulted 11 victims on the property of Brampton Centennial Secondary School.

Sexual Assaults and Teachers

Not only do students have to worry about being sexually assaulted by their fellow students but by teachers as well. Teachers and students are in a special relationship where students are in the care of teachers and teachers are in a position of power over students. The trust is sacrosanct and, sadly, the breaking of this trust is far too common. Sometimes teachers abuse students physically and at others students abuse teachers by falsely accusing them of doing something that they did not do. Last year I was a supervisor, which means that I was responsible for teacher candidates when they would go out and practice teach. During one of my teacher candidate's sessions, she was in the room with the classroom teacher and, fortunately for the classroom teacher, witnessed an incident that the student initially claimed was sexual assault. The teacher, without even looking, swatted his hand back in a gesture to get a student to stop talking and in the process brushed his hand against her breast. Had it not been for my teacher candidate being in the room to witness the incident, the classroom teacher would have been seriously compromised, because the student told her mother and the mother and student were ready to escalate the incident. It is also important to this story to know that the classroom teacher and student were not amicable, and the student may have seen this as an

opportunity to get back at the teacher. Once the parent realized that there was another adult in the room who witnessed the incident, they backed off.

Herbert Sommerfeld, who is now 70 and was a former teacher and dorm supervisor at Upper Canada College, is another person who was falsely accused of sexually assaulting a student. In his case, he was charged and forced to defend himself in court. Sommerfeld's lawyer, Joseph Di Luca, said of his client being accused of sexually assaulting a 9-year-old boy: "It's cast a dark cloud over his entire teaching career" (Moore, 2005b). Although, he was completely exonerated, the fact that his name was published in connection with sexually assaulting a 9-year-old boy is distressing.

Of course, not all cases are false accusations. *Professionally Speaking: The Magazine of the Ontario College of Teachers* has a section that is called "Governing Ourselves" (formerly the blue pages). "Governing Ourselves" (2005, December) includes information about investigations, dispute resolutions, and hearings. For example, the December issue includes information about Julia Ann Webb, who had her certificates suspended for allegations of professional misconduct that related to a sexual relationship with an 18-year-old high school student (p. 63). She was 34 at the time. In another case Michael Travers had his certificates revoked. He faced six allegations of professional misconduct related to a sexual relationship with a female student (p. 62). More disturbing cases are found in this and every issue.

Terri Lee, now 40, is testifying that her former teacher sexually assaulted her when she was 16 (Audette, 2005). It took her one year before she could tell a friend and over 2 decades to come forward. The friend she told went to a teacher, who then told the principal—nothing happened. She cried Monday during an Alberta Teachers' Association

conduct hearing as she described the night in 1981 when her teacher allegedly sexually assaulted her inside his car. She said,

I was traumatized, I guess. I was confused, I was blaming myself. I told [the teacher] at that time [that] my greatest fear was that my parents would find out. I don't know at what point I registered his hand undoing the belt of my size two, stretch-denim jeans. The next memory I have is of him on top of me, having sex with me. It was like someone flipped a switch... .

Consensual Sex

Consensual sex in schools seems to be on the rise as well. This is troubling when we consider how unprepared students may be to protect themselves against sexually transmitted diseases, parenting, and the psychological and emotional consequences of being in a sexual relationship. Many teachers that I have talked to share with me how knowledgeable students try to appear in talking about mature adult subjects, but at the same time how naïve they actually are. Bahrapour and Shapira (2005) report that, “according to some teenagers, sex on school property is more frequent than adults might imagine. And some adults who work with teenagers said it's happening more often these days” (p. C01). They go on to list a number of anecdotal evidence for their claim:

- At Osbourn High School the students -- eight in all -- were quickly identified and suspended, and the matter prompted the small school system to confront an issue many adults would rather not face: in this case, two girls and three boys engaging in oral sex or intercourse on school property while three other boys watched, according to sources familiar with what happened.
- Two students were discovered recently having sex in an Anne Arundel County

high school gym.

- Four students at Col. Zadok Magruder High in Rockville were arrested in June after performing sex acts in the school parking lot.
- A boy and a girl at Springbrook High in Silver Spring were caught “touching inappropriately” in a school bathroom.

Last year, three teenage boys at Mount Hebron High in Howard County were arrested after a student accused them of sexually assaulting her in a school restroom, but charges were dropped after the boys said the sex was consensual and the girl recanted.

With all of the places schools offer to find privacy, and given that about half of all 15- to 19-year-olds have had vaginal intercourse and more than half have had oral sex, according to the Centers for Disease Control and Prevention, the fact that students engage in sex in schools should not be surprising. I remember several students in my elementary school who boasted about having engaged in sexual intercourse with each other.

Sexism is also alive and well in schools. In the incident reported above with the eight students, the girls were called “sluts” and “whores” for participating while the boys were criticized only because their actions could have jeopardized the football team’s season (Bahrapour & Shapira, 2005).

Suspensions and Expulsions or Injustice

Because schools are such dangerous places, many jurisdictions have implemented zerotolerance policies. In their book *Zero Tolerance: Resisting the Drive for Punishment in Our Schools*, Ayers, W., Dohrn, & Ayers, R. (2001) write that “zero tolerance policies have by now become commonplace practically everywhere—certainly in our schools... and the phrase has been reduced to a platitude through overuse and misuse” (p. xi). Zero

tolerance is about having no excuses for violating certain school rules. In theory this policy has served by punishing disproportionately those who have been traditionally marginalized. For example, Ayers et al. (2001) write that, “some 90 children, overwhelmingly African American and Latino, are now suspended or expelled from Chicago public schools each week” (p. xii).

In Ontario, the safe schools provision that is based on zero tolerance highlights similar inequities. The Ministry of Education (2005b) released a statement saying that the act is not being consistently applied across the province. The result for those that are being discriminated makes schools dangerous places for them. Some boards report a suspension rate of 0.5%, while others report a 36% rate.

In 2003-04, 152,626 students (or 7.2% of the total student population) were suspended. Of those:

- Over 65% were suspended only once.
- Boys were more than three times as likely to be suspended as girls.
- Northern and rural boards were more likely to have higher suspension rates than urban boards.
- 27,250, or 18% of suspended students were students with exceptionalities--accounting for 8.8% of all exceptional students (Ministry of Education 2005b).

As well, there were 1,909 students expelled in 2003-04.

In comparison, in 2000-01, the year before the act was implemented, under local rules, 113,778 students were suspended and 106 students were reported expelled. This

means that in 2003-04, 38,848 more students were suspended and 1,803 more were reported expelled than in 2000-01.

Among other things, the numbers suggest that either schools are getting worse or that students are being cheated. Either way, this is a bad thing. Liz Sandals, Parliamentary Assistant to Minister of Community Safety and Correctional Services Monte Kwinter, who is leading the Action Team of safety experts who are implementing the Safe Schools Action plan, says, "Data shows that some groups, including boys and students with exceptionalities may be impacted by the act in greater numbers than the rest of the student population" (Ministry of Education 2005b). As a result, in Ontario at least, the problem of zero tolerance has been recognized, and the province is committed to reviewing the Safe Schools Act. These errors are not innocent, neutral, or without serious consequences for those wrongfully accused. People's lives and futures are being compromised by these policies.

In speaking about another issue, recognizing the flaws of the new curriculum that was introduced in Ontario elementary schools in 1997, the Minister of Education, Gerard Kennedy, lamented that "it's going to unfortunately be an unvarnished fact that their futures were changed" (cited in Sokoloff, 2005). Sadly, this statement can be made far too often and applies just as well to the issue of zero tolerance. Unfortunately, just saying this or recognizing the problem does little to change those who are being unfairly punished by schooling. Currently, since the new curriculum was introduced in Ontario high schools in 1999, 32% of students are dropping out of school, 40% of the students in the grade 9 applied math class fail, of those that failed grade 9 math only 3% went on to earn an Ontario Secondary School Diploma, and less than 60% of students in grade 6

reach the provincial standard for reading, writing, and math, according to the Education Quality and Accountability Office (an arms-length body that administers the standardized tests; Kalinowski, 2005b). I echo the Minister's statement that it's going to unfortunately be an unvarnished fact that their futures were changed. They were changed because of the arbitrary decisions made by those in positions of power and how the schooling game is being played. I will continue to fight against schooling, and I hope that this book will inspire others to join in the fight and that it will serve to add fuel to the already-burning fire.

Chapter 10—Preschool Day Care Centers

Given all of the attention and publicity being spread recently about the value of preschool education, I thought I would dedicate a whole chapter to this type of schooling. I will incorporate some of the things discussed in earlier chapters and apply them to preschool. This will give me the opportunity to bring it all together and to continue to show how schools (k)ill.

In speaking about universal prekindergarten Gormley (2005), writes,
A quiet revolution in our thinking about 4-year-olds has occurred. Two generations ago, we thought that they should stay at home with their mothers. Then, as women joined the work force in record numbers, we decided that 4-year-olds could spend substantial time in a day-care center without turning into bed wetters, biters, or bullies. Today many parents think that 4-year-olds ought to enroll in a prekindergarten program that helps to prepare them for school. These parents think of preschool as a public good, not a luxury or a necessary evil. (p. 246)

He goes on to remind us that preschool is not a new idea, and that disadvantaged students were in Head Start Programs since they originated in 1965 (p. 246). The question we need to grapple with is, is placing students in a prekindergarten program a good idea? My intention is not to chastise parents that do place their children, but simply to provoke and to challenge us to think about the risky and hazardous implications of doing so. This, I hope, will help us make more informed decisions.

In Canada and throughout the world, preschool is a popular initiative. McQuaig (2005) says that there are more than 1 million preschoolers in Canada whose mothers

work outside the home. We are in the midst of a federal election in Canada, and all of the major parties have identified universal preschool as an important election issue—it's clear that its time has come, and so it is essential for us to think about this issue in a critical way.

As of November 25, 2005 Development Minister Ken Dryden obtained early-learning and child-care deals with all 10 provinces in Canada (Galloway & Seguin, 2005). This leaves only the three territories left to sign a deal on the plan to create a national system of child care for Canada. Since 1996 Quebec has been offering full-day kindergarten for 5-year-olds through the school system, and it now provides \$7-a-day programs in early childhood centres for kids from birth to age 4. European countries like Sweden, France, Spain, and Italy provide universal preschool. Britain is also jumping on the bandwagon (Monsebraaten, 2005). McQuaig (2005) reports that

since the 1990s, the Australian government has provided public funding for child care, without restricting it to non-profit care. Today, the private child-care business in Australia is booming, fuelled by public money. After a merger last year, ABC Learning Centres Ltd. controls a sprawling empire of 900 centres across Australia, worth more than \$700 million.

In the U.S. almost two thirds of all 4-year-olds now attend preschool programs before starting kindergarten (U.S. Department of Education, 2003). Peterson (2005) reports that only Florida, Georgia, and Oklahoma have statewide preschool programs and that another 36 states offer preschool for some of the states' neediest children. He goes on to say that the quality of the programs vary.

Currently, getting a spot for day care in Toronto is not easy even if you are willing to pay the going rate in some centers of \$70 per day. Elton (2005) describes it as “a feat more challenging than hailing a cab after midnight on New Year's Eve.” She goes on to report that there is a waiting list of 6,771 children under 12 waiting for one of those spots. In Toronto there are only 2,471 spots in licensed child care centres for babies younger than 18 months. The situation is so dire for those wanting to get in that some parents register their fetus as soon as they find out they are pregnant. Elton reports that one of her friends registered her fetus when it was 4 months gestated and that, ultimately, the child got in only because of personal business connections. Some centers are asking desperate parents to submit cheques to cover the administrative costs if they would like to be placed on the waiting list. Before Elton paid the fee she was told that the new year (2006) was a realistic timeframe to get her child in; after the check was received, 2007 was the new date of possible admission. She was told that at the time their position of being fourth on the waiting list had increased to 30th by the time the cheque was received. The cost of many full-day care programs can range from about \$700 to \$1,200 per month. One day care worker shared with me how she could not afford the services that her center offers when she has her child.

Monsebraaten (2005) reports on some parents' delight at what the day care program is offering their children. Some of the 3-year-olds are in the center for a full school day and some stay longer. The program has 26 children, with a maximum of just 16 kids in the room at any time, and 9 in the room the day Monsebraaten attended. That means that 7 children were absent for reasons that I can only speculate: illness, not really meeting their needs, the children do not want to attend, the parents had other prior

commitments, and so on. Kristen Chow's father, Kenny, expressed hope that the program will help his 3-year-old learn English and improve her attention span (Monsebraaten). Jessica Chan says that she hopes story time will help her 3-year-old son, William, “learn to sit down and listen to a story,” that he will learn some independence, and that she thinks “it's really important to start early.” Blake Ball’s mom, Rosyln, believes that it is a “great bridge to junior kindergarten.” These comments are symptomatic of the hurried world we live in. It is incredible how pressured parents and children are to hurry their children, to get them to do things that they believe are hallmarks of success earlier. I think we have to ask ourselves whether getting children to sit down and listen to a story and become independent is a laudable goal for children at such a young age. When we say that we want children to sit down and listen, what message are we sending to the child about his independence, freedom, agency, and choice? Is obedience to an external authority more important than freedom to explore or to help others? By expecting these things, what are we doing to the child’s creativity and imagination?

As well, what are we doing to children who are separated from their parents? This is highlighted in Monsebraaten’s (2005) description of Brooklyn Rose’s experience:

But over at the window, Brooklyn Rose is looking out longingly for her mother. Brooklyn, 3, is the baby of the family — her closest sibling is 11 — and her mother hopes the program will help her daughter meet some new friends and gain some independence. “She knows her ABCs, her phone number and her address. But she has a hard time separating from me,” Mary Rose tells us as she leaves.

Student worker Dan Roffey, whose strawberry blond dreadlocks just scream “fun,” tries to coax Brooklyn from the window. “I’ve got some puzzles that need to be put together. Can you help me? I don’t know where to start,” he says.

Brooklyn doesn’t bite. Roffey switches tactics, and begins juggling three brightly coloured blocks. “Pick a colour. I’m going to make it soar into the air.”

This elicits a small smile. But still Brooklyn doesn’t budge from her perch.

“It’s difficult during the first couple of days for some children,” acknowledges Esther Miller, the senior staff person in the room, with 14 years as an early childhood educator under her belt. “But they all come around.”

Is the fact that they all come around a positive thing or a sad thing? Do the children learn to love it, or do they become broken to the point where they resign themselves to their fate?

Miller, 42, who is both a parent and a grandparent, says that parents send their children for several reasons: “Some parents come because they want their kids to learn to socialize, some to learn English, others feel frustrated at home and just want a break. We’re here to help” (cited in Monsebraaten, 2005). Being a parent of two small children (an 8-month-old and a two-and-a-half-year-old) myself, Miller’s recognition that some parents feel frustrated at home and just want a break resonates with me. I honestly cannot think of a harder task that I have had to complete in my life than raising children. It is rewarding, yes, but also draining and exhausting.

McQuaig (2005) asks the necessary question of whether we know what’s happening to these kids while their mothers (and I would add fathers) are at work. She goes on to suggest that “childhood development has been exhaustively studied and the

overwhelming consensus in the field is that children reap enormous intellectual, social, health and behavioural benefits from early childhood education programs.” Is this as agreed upon as McQuaig suggests? I would argue that the evidence is not as unambiguous as she claims.

In a study conducted by researchers at Stanford University and The University of California, Loeb, and Bridges, and Bassok, and Fuller, and Rumberger (2005) ask, how much is too much? as they look at the influence of preschool centers on children’s development in the U.S. They found that “young children benefit from exposure to preschool or child-care centers, at least among those from poor families and within the domains of cognitive growth and school readiness” (p. 1). Preschools seem to benefit children’s cognitive development, especially if they are poor (Heckman, 2000; Shonkoff & Phillips, 2000). However, the news is not as positive if we look at children’s social behaviour, where the findings show negative effects (Belsky, 2001; Nichd Eccrn & Duncan, 2003). Furthermore, although poor children benefit cognitively from entrance in preschool (Vandell & Ramanan, 1992), middle class and White children do not (Han, Waldfogel, & Brooks-Gunn, 2001; Nichd Eeocr, 2002).

Ultimately, Loeb et al. (2005) found that starting early boosted certain children in early reading and math but resulted in negative social developmental outcomes for children, including disruptive and more aggressive behavior in centers and later in school (p. 4). Furthermore, the more months and the longer the hours children spend in preschools, the greater problem behaviors, including elevated levels of aggression and less effective impulse control, resulted when compared with children attending fewer hours each day (p. 4). They also point out that if all children enter a preschool program

the gap will not change, since all children are entering. As well, we need to ask ourselves whether we are willing to sacrifice our children's social development for increased scores in math and reading.

Referring to the same study, Lewin (2005) reports,

Youngsters who were from families with income of at least \$66,000 and who spent more than 30 hours a week in center-based care had the weakest social skills - including diminished levels of cooperation, sharing and motivated engagement in classroom tasks, along with greater aggression - compared with similar children who remained at home with a parent.

In a New York Times article, Lewin (2005) reports that a study done 4 years ago found that

4½-year-olds who had spent more than 30 hours a week in child care were more demanding, more aggressive and more noncompliant than others, regardless of the type or quality of care, the family's socioeconomic status or the sensitivity of the mother's parenting.

In a follow-up study with the same children, who are now in third grade, a National Institute of Child Health and Human Development's Study of Early Child Care found that those who had spent long hours in child care continued to score higher in math and reading skills and that their higher likelihood of aggressive behavior had dissipated. But it also found that they still had poorer work habits and social skills. (Cited in Lewin)

Professor Booth-LaForce, who was one of the researchers who conducted the study, agrees that the effects are small but responds:

But child care affects so many children that for society at large, even small effects are important. We have to consider whether we're creating a generation of children who have slightly less self-control, slightly more behavior problems, and whether teachers will have to spend a little more time on classroom management and a little less on instruction. (Cited in Lewin, 2005)

Dalmia and Snell (2005) argue that universal day care leads to disaster. They point out that “the final price tag for Quebec's day care program is 33 times what was originally projected: It was supposed to cost \$230 million over five years, but now gobbles \$1.7 billion every year.” They go on to point out that the increased dollars spent did not go to increase access but to cover higher costs, such as a 40% increase in salaries. As well, the inequity that the program was meant to eradicate has not happened. In fact, “according to research by Peter Shawn Taylor for the Canadian Taxpayers Federation, half of Quebec's day care spaces are taken by families in the top 30 percent income bracket” (Dalmia & Snell). Finally, they argue that

Pierre Lefebvre, an economics professor at Université du Québec, has just completed a study comparing 4- to 5-year-olds in Quebec with kids elsewhere in Canada and found that Quebec kids have no better scores on the Peabody vocabulary test -- the most widely used indicator of school readiness.

Japel (2005), a professor in the Department of Special Education and Training at the Université du Québec à Montréal and coauthor with Richard E. Tremblay and Sylvana Côté of *Quality Counts!* published in December 2005 by the Institute for Research on Public Policy, reports on the flaws of the Quebec child-care model. The Quebec child-care model started

in 1997, it has developed a network of fixed-fee services that aims to facilitate work-family balance and provide children, no matter the financial status of their parents, with high-quality early childhood education and care that fosters their social, emotional and cognitive development as well as readiness for school.

(Japel)

She goes on to say that underprivileged children do not fare well in receiving the level of quality care in Quebec. Of the child care settings that they studied, only one quarter of them obtained a global quality rating of good, very good, or excellent, with the majority receiving minimal quality, and almost one in eight was inadequate, “failing to provide children with an educational environment and ensure their health and safety.”

It is interesting to note that Japel (2005) reports that “nonprofit and family-based early childhood centres (*Centres de la petite enfance*, or CPE) generally provide better quality care than other types of settings, such as for-profit daycares and unregulated home-based daycares.” As well, since 80% of budget goes toward covering the cost of rent and salaries, “purchases of educational material, the quality of food served, professional development, activities for parents and provisions for children with special needs are among the first areas to suffer directly from the lack of funding.” Furthermore, she points out that, paralleling a number of other studies, their report shows that for-profit services offer care that is generally of lower quality: 27 per cent of for-profit day cares were rated inadequate, compared to 7 per cent of nonprofit CPEs.

The Flu

Just like all schools, and likely more so given young children’s propensity to place things in their mouths and their poor hygiene with runny noses and so on, day care

centers are places where children are at risk of contracting illnesses. One question we need to ask is, Are we willing to put our children's safety at risk for raised math and reading scores? For example, not only are preschools spaces where children get sick and bring it home to their families, but Roan (2005) reports that preschoolers are drivers of annual influenza outbreaks. This is according to a study out of Children's Hospital Boston. In September, preschool children are the first to show up in hospital rooms, followed a week or 2 later by babies younger than 2 in October, and finally adults show up around November. Preschoolers are in an ideal position to spread the flu: They have poor hygiene, are in close proximity, and remain infectious longer than other groups.

In their study Brownstein, Kleinman, and Mandl (2005) write:

Pediatric populations are sentinels of infection, and they signal the consequent burden of illness. Although this finding does not necessarily prove that preschool-age children are driving the yearly influenza epidemics, they intriguingly suggest that preschool-age children are the initial group infected and may be important in the subsequent spread. (p. 691)

They go on to say

furthermore, that there is a strong association between their temporal patterns of illness and subsequent mortality in the general population from influenza. (p. 692)

In a USA Today article titled "Flu Season Begins with Preschoolers, Study Confirms" (2005), Brownstein is quoted as calling preschools "hotbeds of infection." The article goes on to say that other experts agree and include regular schools and school-age children in general as being the biggest spreaders of influenza.

Safety

From della Cava's (2005) article, I gathered that children who are seen as deserving expulsion in one school are seen as beautiful children in another school that is better prepared to deal with these children and more willing to accept them. So, is the problem with the children or with the school?

Lewin (2005) shares the results of a study that was published in *The American Sociological Review* that found that 16 times more children die in private child care in homes than in child care centers. The report was written by Julia Wrigley, a sociologist and acting associate provost at the Graduate Center of the City University of New York, and Joanna Dreby. Wrigley is quoted as saying, "No one kind of child care is clearly and definitely better for all children, but in terms of safety there are advantages in centers." Children who die in private child care homes usually die from being shaken because the caregiver is stressed by the child's incessant crying. Between 1989 and 2003, she found that 203 babies were shaken to death while being cared for in private homes and not a single child died from being shaken while in a child care center. Furthermore, Wrigley found that risks of injury and sexual abuse were greatest when children were being cared for in private homes. However, she did find that children in daycares had a higher rate of near-miss incidents, such as the child that wandered off onto a highway or another that was left in a van.

To add to Wrigley's examples of near-miss incidents, in Edmonton, a day care center was recently ordered to shut down by the province because a 20-month-old child was left alone on the playground and another 6-month-old was left crying in the dark for nearly 3 hours after the day care closed (Alta. shuts down Edmonton day care, 2005). Ron Bos, a spokesman for Edmonton Child and Family Services, was quoted as saying,

“It was a second incident regarding a lack of supervision and putting a child at imminent risk in the past month so we felt we had no choice but to issue a stop order and immediately close the day care centre.” Two other licensed day care centers have also been ordered shut down by the province. Revoking of licenses is the strongest measure the province can take.

I am not so sure that Wrigley and Dreby’s research paints a clear enough picture of the dangers within preschool centers. Consider, for example, the number of children that contract the flu in preschools with a study conducted by the Centers for Disease Control and Prevention (CDC) and headed by epidemiologist Niranjan Bhat. The study concluded that more than 153 children died from the flu. The reason that the number is thought to be higher is that the CDC did not ask states to report these types of deaths until well into the flu season. The Associate Press (2005a) article, “Flu Virus Killed Children Quickly in 2003-04” that reported on the CDC study quoted above starts with the following:

One-third of the 153 American children killed by the flu during the 2003-04 season were dead within three days of getting sick, and many of the youngsters were perfectly healthy before they were stricken, government researchers reported. Five percent of the victims died within a day, 31 percent died before getting medical care, and 10 percent died in the emergency room, the Centers for Disease Control and Prevention said in its first detailed report on flu deaths among children. Nearly two-thirds of the deaths were in children under 5, and 12 percent were younger than 6 months.

Given the deaths connected to the flu that some may have contracted in preschools, I do not think it is fair to suggest that day care centers are not as dangerous as home care centers. I hope you agree that the problem is much more complicated than Wrigley and Dreby (cited in Lewin, 2005) suggest and not as straightforward. In addition, if we add to this our discussion earlier in the book about how childhood colds can be connected to adult illnesses, the argument that day care centers are safer than home care is further complicated.

A Daycare Worker Speaks Out

One day care worker I interviewed in depth shared with me her experiences. She has been working at the centre for 7 years. The center runs four programs: Infant (2-18 months); Toddler (18 months to 2.5 years); Junior (2.5 to 3.5); and senior preschool (3.5 to 5). Due to health concerns the Ministry bylaw dictates that infant toys be sterilized every day. Up until 2 years ago she said they used bleach and water. Of this practice she said, “We stopped using it 2 years ago because of the dangers of exposing children to bleach. When we have an outbreak, though, we do use a solution of one cup of bleach for two cups of water to sterilize bathrooms, toys, sinks, tables kids eat on, chairs, and all surfacing. We [the staff] do the sterilizing. She went on to share how any teething toys are sterilized by machine. She added, “In reality, it is impossible to prevent children from sharing toys that are not sterilized. They are infants and put things in their mouths.”

The product that they now use to sterilize the toys does not sound much safer than bleach and water. They use Bac-Killer 90- Liquid. It is a disinfectant, cleaner, and deodorant. It also goes by the name of Quaternary Ammonium Chloride Germicidal Detergent. The company puts out a material data safety sheet that is broken down into

several categories. Under the “Health Hazard Information” section the following information is included:

Eye contact: Corrosive. Protect eyes when handling material. Product may cause eye damage. Product contains alkaline chemicals and quaternary ammonium chloride.

Skin contact: Corrosive. Will cause skin irritation. Protect skin when handling.

Skin absorption: Corrosive. Protect skin when handling.

Ingestion: Product is harmful if swallowed. Avoid contamination with food.

The fact sheet also includes a category titled “Handling Precautions” that reads as follows:

Protect eyes and skin when handling product. Use safety glasses and gloves. In case of contact, wash thoroughly.

And, of course, there is a warning to keep this product out of the reach of children.

As a parent of two children, I totally understand how impossible it is to prevent children from sharing toys that are not sterilized because, after all, they are infants and put things in their mouths. My wife and I are very aware and cautious about having our children place things in their mouths when other children come over and play with them, especially when our or the other children are sick. Yet, even when the children are sick, it is impossible for us to prevent our daughters from sharing toys that other children have put in their mouths. The only solution is isolation, and this is not an option when we invite people over to play; so we try as much as possible to keep children away from each other when they are sick. Again, this does not always happen; having said that, we are convinced that our daughters are very healthy and have been rarely sick because we have

more control in our home than we would if they were in day care. Understandably, the challenges we face in our home are no doubt magnified in a center where there are so many bodies, some of whom are sick. Our home is a healthier environment. In fact, when my wife was pregnant it was the height of the SARS epidemic in the Toronto area. There were strict precautions and alerts put out for people in public spaces to follow in an attempt to stop the spread. Hospitals were stringently controlled because of the high risk of infections spreading. We were fortunate that we had midwives, and so we had the option of delivering our baby at home. It was the midwives who informed us that a home birth can be safer than a hospital birth because our bodies are accustomed to the germs in our home, whereas, in a hospital we do not know what we will be exposed to. In short, we delivered our first daughter at home with our midwives because we were afraid of the SARS epidemic, and the experience of home delivery was so overwhelmingly perfect for us that we decided to deliver our second daughter at home by choice as opposed to fear.

The day care worker went on to say that toddlers' toys are expected to be sterilized once a week. She shared that, "if the toddlers are really oral with it, then we try to sterilize it on the spot. This does not always happen, especially if the room is too busy. I would say that it is done only about 50% of the time." The junior and preschool toys are sterilized once a month.

Children move between rooms, which may further increase the risk of spreading germs and potential viruses. For example, the oldest children in the infant group would visit the toddler group for one hour a day so that they could get used to the room, toys, and caregivers. This is done so that when they move up it is not a shock. Another problem that the day care worker highlighted was that illnesses can be spread by siblings

who are in the same day care but in different programs. For example, siblings who are younger in the program can get sick and spread it to their sibling when they are at home, and they will bring it into their room when they return to the day care. Although interacting has its social benefits, it also has its health risks.

I had a student in one of my classes this summer whose daughter was very sick with pink eye and a fever, and she was dropped off at day care so that her parent could make my class. I assured the student that I would be totally supportive if she decided to stay home with her sick daughter. By midafternoon, the center called the student on her cell phone and asked her to go and pick up her daughter because she was sick and it would benefit her to be home and it would benefit the other children in the center who were placed at risk by her presence. This story highlights two things: one, how schooling, my classroom, pressured the parent to be in class rather than at home with her daughter even though she knew that I would have supported her missing class to stay at home with her sick daughter; and two, how susceptible, vulnerable, defenseless, and helpless children are when they are exposed to the dangers of illnesses being spread within day care facilities. Children who are so young simply do not know and are incapable of using precautions to prevent themselves from contracting illnesses; so as adults it is our duty to do what we can to protect them.

Long Days and Illnesses

The center is open from 8 a.m. until 5:45 p.m. Some children are at the center from 7:30 a.m. until 5:30 p.m. or 5:45 p.m. “It’s a long day for infants and toddlers. Mostly toddlers experience long days, but some infants do as well, especially if they are sick,” the day care worker said.

When parents are called to the center to pick up their children, they are often frustrated because they have to leave work. The day care worker shared with me that the first question parents often ask is, “how sick are they?” She felt that beyond genuine concern, parents are implying, “are you sure they are sick enough that I have to come get them?” She went on to say that it happens regularly that parents are upset, or perhaps torn is a better word, at the tension they feel between the pressures of work and the pressures of parenting. She also sympathized with the parents and related her personal experience as an example, “Some people do not have the luxury to leave work right away to pick up their children. In my job, for example, I cannot just leave but need to have a replacement brought in before I can leave.”

If children have an eye infection like pink eye or there is discharge oozing from their eye or if they have diarrhea, they have to be away from the center and can return only when they have been symptom free for 24 hours. With the eye infection, they can come back the same day if they have a doctor’s note saying that what they have is not contagious.

Based on the day care worker’s experience, diseases spreading throughout the daycare center happen at least once or twice a year:

A couple of weeks ago we had four or five vomiting cases in our junior preschool, about three or so of our toddlers, and one in senior preschool; then, a couple of days later one or two more cases would surface in various rooms. When there is a pattern of illnesses, we are obligated to call the health department. They want to know who was infected, what the symptoms are, were they treated, when it first happened, and when the children came back. They would have to be vomit and

diarrhea free for 48 hours before they can return. We have to disinfect everything with the bleach and water solution instead of Bac-Killer 90- Liquid and everything the children throw up on would have to be washed.

She went on to say that the “health department inspector said that one care facility had 75 percent of its students off because of an illness that spread.”

Another parent shared with me her concern about a letter they just received from their child’s day care center:

We are so worried. Just the other day we received a letter from my daughter’s daycare. The letter said that some children contracted whooping cough at the center. It is signed by the health inspector.

The day care center worker that I interviewed went on to share how her facility has a number of carpets. The smaller ones are washed every 2 weeks. The carpets are vacuumed daily, and the large one that takes up most of one area is not professionally cleaned very often, the day care worker said.

I asked the day care worker if she has noticed her health suffer since working at the center. Without hesitation she revealed how she does get sick very often. “I have 17 sick days and have used 16 so far this year. No matter how much you wash your hands you always get sneezed and coughed on. When I worked at other jobs I rarely got sick.” She shared with me some of the health issues she has had to deal with personally in the last little while. She said,

I had ring worm, strep throat. Strep throat can be dangerous and often gets underplayed a lot. If it’s not treated it can affect your heart. When I tell parents that their child is complaining of a sore throat sometimes they don’t come and get

them because they assume that it is not dangerous; but if strep is not treated it affects your heart. So you have to make sure that they finish their anti-biotic or it affects the heart. I got lice twice. The first time I used Nix to treat the lice, but the second time I did not because Nix is a pesticide. The second time I used a treatment that was given to me by a parent who is a nurse at a children's hospital. I think I used vinegar to kill the lice and oil to make my hair slippery so that I could get them out easier. I had ring worms which is not worms but a fungal infection. You get a round red circle where it is. It is treated with ant-fungal cream. If you get ring worms on your scalp you can lose your hair and it eventually grows back but it takes a while -- I got it on my arm.

Some of the other illnesses she has seen recently include whooping cough which, she said, is becoming a big epidemic because doctors are no longer promoting the vaccine for it, Fifth's disease, also called foot and mouth disease, thrush, scabies, lots of colds, coughs, flus, and runny noses. As well, there was a big outbreak of chicken pox 2 years ago.

Sleep Deprivation

The 12 infants at the center sleep in two separate sleep rooms that have six cribs in each. The day care worker shared with me that "typically they all sleep on an individual schedule." She went on to share that sleeping in cribs is cultural and that not all infants can or prefer to sleep in cribs:

In some cultures children don't sleep in cribs so for them their naps are not so restful. As well, some are used to sleeping/napping in their strollers, car seats, or on mats rather than in a crib. Therefore, if sleeping at the center is comfortable for

a child who prefers a crib or a child that is more adaptable. In addition, typically the room is not very quiet. For example, if a new child is still adapting to being at the center there is sometimes crying which makes it fairly noisy. As well, others bang things. It is quieter than the play room but not extremely quiet.

Toddlers and juniors still nap, and about three quarters of senior preschoolers still nap. The toddlers and juniors nap in the playroom on cots, and they bring their own blankets from home. Typically all teachers stay in that room and rub backs and play with their hair until the children fall asleep. Of the noise level she said, “The room is noisy for children who like to sleep, it’s okay for early riser. We can’t close the door to reduce the noise since we have to see them.” She went on to explain that children who wake up early go and play. This makes noise that disrupts those who need or want more sleep. As well, most parents get upset because of the sleep policy for older children: “They don’t want their children to nap by age 3 because they say they don’t sleep at night.” The Day Nursery Act legislates that they have to be in bed for at least 45minutes a day. [All ages have to nap for 45 minutes?]

Adapting to Daycare

The transition to day care from home care is a difficult one for many children. The day care worker said, “Sometimes parents leave their kids and the kids don’t care, they are happy to be with whoever is with them and willing to give them attention.” She went on to share how

in the infant program adapting is harder. For example, for the baby who bonds closely with one staff member, it’s hard because when the caregiver is sick or on

vacation, the infant cries when there is a new face and they do not see the familiar face they are use to.

Does this story ever resonate with me. Both of my daughters, and especially my first, had what some might call “stranger anxiety.” In the presence of someone they did not know, they, especially my first child, would cry, sometimes incessantly and sometimes uncontrollably, until the stranger would back off. Some might think that the reason for this is that my children were not exposed to people other than me and my wife. In our case, I can assure you that this was not the problem. Both of our children were and still are exposed to a large network and community of people; despite this, stranger anxiety still was a problem.

To help children adapt, the day care worker shared how they would ask parents to come in a few weeks before their child is scheduled to attend the day care. They then would ask the parent to disappear for minutes or hours at a time to help the child get used to being at the center without them. Some adapt fairly quickly, and some can take about 6 weeks to adapt. She said,

It’s hard on the parent to see their child cry while they have to leave and it’s obviously hard on the child. After that period everybody eventually is okay. I have never seen any child not adapt, eventually. One child recently was in the care of grandma. Unfortunately, grandma fell ill and the child enrolled in our centre. I have eight children to look after. This poor child cried for five weeks straight all day.

Level of Care

The day care worker shared with me that you “can’t compare individual care with day care. When I have my children I would love to stay home with them.” The infant group is the most challenging to care for. They are the group that is most dependent on someone for care. Infant feeding time is stressful because it is impossible to feed them all at once, so they have to be patient. There is one teacher that looks after three babies. “Since there are three infants to look after the workers cannot give each child as much attention,” the daycare worker said. “I guess infants learn about patience. It’s especially hard during feeding. If one child takes longer to feed the others simply have to wait.”

Expulsions

Incredibly, if preschoolers do not adapt they are increasingly being expelled. della Cava (2005) reports on Stephanie Crowe’s experience. She is a 39-year-old single mother who just placed her 4-year-old son, Davis, in a Montessori school. Davis is dealing with a recent move and his parents’ tense separation. The school called her to warn her that Davis wasn’t sharing, that he seemed angry, and that he pushed a child. Finally, in a meeting with the school’s director and three teachers, they handed Stephanie her son’s things and she was informed that her son was out.

della Cava (2005) goes on to write:

Each year, about 5,000 children are asked to leave state-financed preschools, which include some private institutions, a rate three times higher than public school students in kindergarten through grade 12, according to a report by the Yale University Child Study Center. Nearly seven preschoolers in every 1,000 are expelled, and some for-profit schools eject children at nearly twice the rate of public preschools, says Walter Gilliam, the report's author. The results were even

more alarming in the study's pilot project, which broadly encompassed licensed child care centers in Massachusetts and found that 27 in every 1,000 children were expelled.

This is even more disturbing when we consider the emotional impact children who are expelled have to deal with. Catherine Risigo-Wicklines, a pediatric occupational therapist who founded Kangaroo's Korner in Watertown, Connecticut, comments that what she found “was that their misbehavior often resulted from being asked to do things that weren't developmentally appropriate” (cited in della Cava).

A Mother's Experience with Day Care

One mother shared with me her day care experience. She was frustrated by the poor hygienic practices, her son's diet, and the many caregivers with whom she had to communicate. She said,

On several occasions, when I picked up Sam at daycare, I found that another child was sucking on his soother or using his personal cup (or vice versa). On most days when I picked him up, his face and clothes were filthy. The fact that he wasn't walking yet explains why his clothes were dirty, but it was not comforting to see the remainder of his lunch still on his face 3 to 4 hours later. I also found that it was impossible to ensure that staff at the daycare would monitor his diet to ensure that he was not eating foods containing ingredients he was allergic to. As I mentioned to you, Sam is allergic to eggs. Shortly after we informed staff at the daycare of this allergy, he was given muffins as one of his snacks. When we checked the ingredient list, sure enough, the muffins did contain eggs. If he has eggs he gets a rash around his mouth, and every time he's exposed the reaction

gets worse. I also found that although the lunch meal was hot and somewhat nutritious, the kids were frequently fed cookies and non-healthy snacks (chips, marshmallows, cake). It seemed like there was always food being handed out whether it was in the morning or when I was picking him up at the end of the day. In the beginning I found it very difficult to keep track of, and get to know, the caregivers at the centre. Given the long hours that the centre is open, some days there would be 3 to 6 different people looking after Sam over the course of the day. No wonder kids have trouble adapting to this setting. The very last day I picked Sam up, this was after 9 months at the centre, I didn't even know all of the care givers names. (Personal communication, January 8, 2006)

Chapter 11—The Reprehensible Injustice Continues: Racism and Homophobia

In this chapter, I will look at how schools, to our shame, contribute to the continuing marginalization of certain groups. Schools continue to have a negative impact on certain groups' bodies, minds, and spirits; essentially, anyone that is not considered "normal" by the school system is punished harshly by it. The list of normality is increasingly being narrowed, resulting in more and more people and groups being stripped of their self-confidence, sense of worth, value, with all of the implications and repercussions that results from this. In this chapter, I will focus on Native, Black and gay students' schooling experiences, but unfortunately, the list is much longer and includes anyone that is the slightest bit different than what schooling accepts.

In *On Miseducation*, Noam Chomsky (2000) points out that those who exercise control over the educational apparatus are commissars to the system. He writes,

Those who exercise control over the educational apparatus should be referred to as a class of "commissars." Commissars are the intellectuals who work primarily to reproduce, legitimate, and maintain the dominant social order from which they reap benefits. Real intellectuals have the obligation to seek and tell the truth about things that are important, things that matter. (p. 26)

Educational stakeholders need to really spend time contemplating what Chomsky is arguing and what role they play in continuing to abuse children. Even something as simple as grading is a form of abuse. This is where one individual has the power to stand in judgment of another and the audacity to believe that they know another's present or future potential—this is a ludicrous yet well accepted and established educational practice.

Native Residential Schools

One of the most blatant forms of abuse is evidenced by the residential schools. This is where children were literally ripped from their families in a reprehensible, egotistical mission that led to a diminished quality of life for Aboriginals. Gordon (2005) reports that in Canada “the residential school program existed in eight provinces for over a century — the last schools closed in the 1970s — and was primarily designed to culturally assimilate young aboriginal children.” During this time more than 100,000 children suffered the abuse within residential schools. In Canada, the federal government continued the injustice by offering what in my mind is an insulting compensation package. Each of the 800,000 survivors will be eligible for a \$10,000 lump sum payment in addition to \$3,000 for every year they spent in the institutions. The compensation is meant as “reparation payments to ease the plight of aboriginals who fell prey to rape, beatings and emotional abuse in church-run residential schools” (Gordon). Phil Fontaine, national chief of the Assembly of First Nations, and who was abused as a youth at the Fort Alexander School in Manitoba, poignantly points out that there are “thousands of first nation individuals who have suffered and who continue to suffer from the effects of residential schools abuse” (cited in Gordon).

Although the last residential school closed in the 1970s, many schools that have a high Aboriginal population, on or off reserves, continue to abuse children in many ways—everything from a Eurocentric curriculum to punishing them for not conforming to the schooling fantasy of what it means to be educated and educable. For example, by ripping peoples’ identities from them, schools exert a high cost on students.

In a *Toronto Star* article titled "Short-sighted Ottawa fails native students" (2005) the conditions that continue to victimize aboriginal students on reserve are described:

The social problems that plague many reserves affect the ability of children to learn. Many go to school hungry or suffer from fetal alcohol syndrome. Others live in homes so mired in addiction that they don't attend school at all. But these social ills do not tell the whole story. The reserve school system, which Ottawa funds, is also partly to blame. The isolation of many native communities in Northern Ontario, where all supplies and people must be flown in, means per-student operating grants from Ottawa - roughly equal to grants Queen's Park gives schools in the rest of Ontario - don't go as far as they should. So there is less money to buy books and hire psychologists and speech pathologists. Lax standards and high teacher turnover only intensify the problem. This mix of social issues and scarce resources has had devastating results. A recent study of 1,800 elementary students in Sioux Lookout District First Nations, a group of 24 fly-in communities stretching from Lake Superior to Hudson Bay, found 86 per cent were at least two grade levels behind in both literacy and numeracy. Such results would qualify them as special-needs students in provincial schools. But on remote reserves they get little help, meaning they are headed for almost certain failure. Alarmed by these results, leaders in Sioux Lookout District have proposed a \$5 million, three-year pilot project that would bring in educational experts, beef up special education, start pre-school programs and encourage literacy. So far, the federal government has said no. Ottawa's response is short-sighted. Canada is doing native children a grave disservice by denying them the same educational

opportunities in the early grades that students and parents in the rest of the country take for granted. Such opportunities could allow more natives to finish high school, attend college or university and ultimately succeed. Without that chance, natives are destined to continue this devastating cycle of poverty, substance abuse and despair. Many natives who want their children to become productive and self-sufficient know that. Now it is time for the federal government to do its job. (p. A16)

In an attempt to redress the problems within public schools, some endeavor to offer alternatives. The Toronto District School Board has what has been characterized as a small race-based program for Native students (Brown, 2005a). The Native Learning Centre program is run out of the basement of Native Family and Child Services. Brown writes that

the alternative program starts each day with a traditional native circle. Teachers focus wherever possible on native art, literature and history. Students can study Ojibwa as well as a range of high school credits, and community elders help lead field trips to learn trapping and snowshoeing.

Andrew Gold, principal of nearby Jarvis Collegiate, which provides the staff and classroom supplies, adds, “They resolve conflicts using a traditional native peace circle. And students can take a senior social science credit called First Nations identity, an interdisciplinary course that mixes history and art” (cited in Brown).

Despite these efforts, Gold says that within the past 2 years three students have committed suicide. The program currently serves 35 students. He goes on to say that many have tried traditional schooling and that many would never walk into a traditional

school building. Again these examples have shown that it is critical to note that Aboriginal students are still the victims of abuse within schools. Whether they are in schools on a reserve or in off-reserve schools, to our shame, they are still being victimized.

Black Students

As discussed earlier in the book, the zero tolerance Safe Schools Act in Ontario disproportionately punishes Black students. Consequently, the Ontario Human Rights Commission conducted a 4-month investigation of the Toronto District School Board (TDSB) and concluded that before students are expelled or suspended and before police are called, the schools needs to fully investigate the incident; be more sensitive to mitigating circumstances; encourage principals to look at other forms of discipline, such as detention, peer mediation, or transfers; and contact the student's parents. More specifically, in an attempt to end the discrimination, the deal includes the following:

- Principals will avoid suspending or expelling a student until they first try less severe penalties such as detentions, peer mediation or transfer to another school.
- Principals will be reminded to consider mitigating factors when meting out discipline — and for the first time, they will be told to examine whether racial harassment helped provoke the misdeed.
- In a bid to quash any hint of a crude zero-tolerance approach to discipline, the settlement stresses “nowhere in Ontario's Safe Schools Act do the words zero tolerance occur.”
- The board must begin to collect data starting next fall on the racial background of students who are suspended or expelled.

- When police are called due to a student's misconduct, the school board will ensure parents are called, rather than have them learn later their child has been taken to the police station.
- The board will ensure expelled high school students have the chance to continue to earn credits toward their diploma from home or elsewhere.
- Principals will be urged to ensure students suspended for more than five days have the chance to maintain their school work from home or elsewhere.
- The board will meet with the Ontario Human Rights Commission before Jan. 31 to discuss how it plans to recruit more teachers from visible minorities “in order that there be equitable representation reflective of the Toronto community.” (Brown, 2005d)

Not even a month later, Stephnie Payne, a school trustee, accused the TDSB of discrimination and breaching the agreement that they signed (Kalinowski, 2005a). The incident happened after an alleged fight and robbery took place on December 1, 2005. Two of the students were suspended for 5 days and the other two for 16; in addition, they were criminally charged with assault. One 14-year-old boy spent the night in jail. In an interview, Payne added: “It's the way it was handled. In my view, it was totally profiling again. There is an insinuation of gang involvement” (cited in Kalinowski). One lawyer who is representing one of the students said, “Teenaged boys have fights. This is not something that just happens in 2005. It happened when I was a teenager, when my father was a teenager and when my grandfather was a teenager.” In part, the issue is what do we do with students who fight? Do we allow schools to deal with them, or do we criminalize them? If the fight had happened between White students, would the school have taken the

same drastic action? Furthermore, as Payne pointed out, was the insinuation that the incident was gang related simply because the students were Black?

In another case, a Black teen was suspended for 20 days after being accused of stealing chips and pop (Kalinowski, 2005c). The case was later stayed by the Dufferin-Peel Catholic School Board. Fortunately, the parents had the means to challenge the board, but many parents cannot and the potential injustice goes unchallenged. In this case, many would argue that a 20 day-suspension for allegedly stealing chips and pop is harsh. Would a non-Black student have received the same punishment? Selwyn Pieters, the teen's lawyer, describes him as a student who loves playing volleyball on the school team and is active in his church (cited in Kalinowski). As well, the parents have not seen the video surveillance that allegedly shows the teen stealing the chips and pop, and the board did not fully investigate the incident. Students who miss more than 30 days of school due to suspension are forced to repeat the year.

New Democrat Leader Howard Hampton says the zero tolerance Safe Schools Act is “really a Gang Recruitment Act. It has driven youth at risk out of our schools, on to the streets and into trouble” (cited in Canadian Press, 2005e). He goes on to say that children cannot just be thrown onto the street but that we have to work with them. He says that the majority of students suspended were disabled or visible minorities, with a 24 to 46% suspension rate in Toronto’s troubled Jane-Finch neighbourhood. Clearly, putting students on the street for 20 days for allegedly stealing chips and pop is not helping the student, family, or the community. And in the same article, Martha McKinnon, executive director of the community-based group Justice for Children and Youth, adds that many of the suspensions are for things like swearing. This comes in the wake of an increasing

number of shootings and gun violence in the Toronto area that have seen 16 people shot to death in Toronto this summer. Alok Mukherjee, vice-chair of the Toronto Police Services Board, said that he believes that Ontario's policy of mandatory suspensions and expulsions “is a major contributing factor to the recent rise in youth violence” (cited in Brown, 2005b).

Similarly, Dell’Angela (2005) reports that more than 8,800 students, disproportionately Black, were arrested in Chicago schools for typical teen behaviour that includes fights and talking back to staff. Advocacy groups in Chicago schools are also asking the schools to collect race-based statistics so that they can track and act on the problem. The “Schoolhouse to Jailhouse” report, released by the Advancement Project, analyzed arrest numbers from 1999 to 2003, which showed that 75 percent of all children arrested over the five-year period were African-American though they make up 50 percent of the district's enrollment. The district is 38 percent Latinos, who account for 20 percent of arrests. (Dell’Angela)

One 16-year-old student, David, who was thrown into a locker by a school security official and subsequently hauled out of school in handcuffs because he was quarreling and pushing with another student, said, “I felt kind of bad because my mom had to go to the police station. I guess they just don't want us in the school” (cited in Dell’Angela). David echoes the feelings of many students who simply do not feel welcomed in schools because of the way they are treated.

Increasingly, parents who are recognizing the problems with the schooling system are choosing to home school their children. Sampson (2005) reports that in the U.S.

nationwide, about 1.1 million children were home schooled in 2003, or 2.2 percent of the school-age population. That was up from about 850,000, or 1.7 percent, in 1999, according to the U.S. Department of Education's National Center for Education Statistics.

The number of Black students who are home schooled is not available, but there is evidence that their numbers are increasing, according to the Home School Legal Defense Association (Sampson). Black parents are home schooling their children because, like a wider desire among families of all races, they want to guide their children's moral upbringing, they are concerned about schools subpar conditions, they are concerned about racial tensions, they feel alienated, they feel marginalized, they want to protect their children from school violence, they want to avoid the incorrect labeling of their children as learning disabled, and they want to preserve their cultural heritage. One teacher shared with me the following story about racism in his school:

At my school a student from a small Indian village was shown pictures of fruits that she did not recognize because her lived experience did not expose her to them. She was assumed to be a poor student because of this. I was shocked by the absurdity and insensitivity of the whole situation. Our school is so bad that I have arranged for George Dei, an expert on ant-racist issues, to come and talk to our staff. (Personal communication, December 17, 2005)

Another teacher shared with me his experience with racism when he was a child in the elementary grades:

When I was a student in the elementary grades, I can remember being placed in an ESL program. I firmly believe that I was placed in the program because of the

colour of my skin. Being a visible minority student, I felt that I was being marginalized by the system by being segregated to the ESL program. My sister, who was also in the same school did not however go through the same experiences. She is of fairer skin, and as a result was able to fit in with the "white" students. She was even able to go to a secondary catholic school, and many teachers and her fellow students just assumed she was European. I however was labeled as being ESL. I spoke English, but I was just shy, and wasn't ready to come "out of my shell". Talking to my friends of colour, I see my story echoed in their voices. My fiancé, and her siblings had to go through the same torment as I. It wasn't until her parents voiced their concern over and over about the ESL label that the school finally unwillingly took her and her brother and sister out of the ESL program. My friends growing up were not just visible minorities. I had friends that were "white" as well. These friends also spoke languages other than English at home (Italian, Spanish, etc), but they were not put into the ESL program. I felt like a social outcast by being labeled with this stigma. (Personal communication, December 22, 2005)

This section will not be complete without my mentioning Kozol's (2005) book that recounts, as his title suggests, *The Shame of the Nation: The Restoration of Apartheid Schooling in America*. He writes,

Virtually all the children of black and Hispanic people in the cities that I visited, both large and small, were now attending schools in which their isolation was as absolute as it has been for children in the school in which I'd started out so many years before. (p.8)

Throughout the book he describes how the conditions have grown worse for Black and Hispanic inner-city children. He describes how few of the children in the schools know any White children, how there is a protomilitary form of discipline within the schools, and how the robotic methods of instruction used in these schools would be rejected by schools that serve the mainstream of society. Kozol's firsthand account is a frightening description of how Black children within many of the innercity schools are being abused.

Homophobia

According to the Gay, Lesbian, Straight Education Network, 97% of students in public high school in Massachusetts reported regularly hearing homophobic remarks from their peers in 1993, and 53% reported hearing antigay remarks by school staff (Youth Risk Behavior Surveys, Massachusetts and Vermont, cited in Bronski, 1999).

In this section I will share a powerful account that a teacher shared with me about his experiences with racism and homophobia:

My experiences with racism and homophobia began early on in my childhood: to the time when I immigrated with my family to Canada. I was eight years old in 1973. I was so determined to be accepted by my peers and to cultivate a sense of belonging that I often allowed other kids, to bully me into submission, inadvertently taking advantage of me.

My first such encounter occurred in the school playground a few weeks after school started. Being shy, I had not yet made friends and so resorted to following my older sister around like a lost pup much to her chagrin. A blonde boy, who turned out be my classmate, approached and called me a 'chink.' Not

knowing what this meant, I didn't even know that he was being offensive, although the vitriol in his voice and his overall demeanor were obvious enough to indicate this. "Why don't you go back to China?" he yelled. I was flabbergasted. I knew what China was, so was puzzled as to why he would want me to go back there. Wasn't it evident that I came from the Philippines?

Another incident that involved this same boy and other male classmates had them threatening to beat me up because they had ascertained me to be gay. Again, not knowing what the word faggot meant at the time, I had only their tones of voice, hard, cold stares, and brusqueness to tell me I was in trouble. Being small and awkward, I knew I couldn't outrun them—intuitively, I knew there would be no point as there were too many of them so I'd eventually be caught. As time passed, I learned to appease such bullies, either through favours or humour. Quickly I became their minion, someone whose generosity and kindness they could take advantage of. New pencil crayons? Soon, the only one who wasn't using them was me. What delicious-looking homemade cookies! I think I'll have some, how about you, Michael? Sure, hand them over! And so Tom would, depriving himself altogether. It didn't help that the one area I had as an advantage over these boys was in academics. Indeed, the fact that our teacher heaped praises on my work and overall good behaviour served only to heighten their disdain for and plotting against me. Daily school life became fearful, not so much because I was constantly beaten up or teased but merely because of the ever-looming Potential of being so. This constant fear of imminent violence—verbal or physical—led me to take comfort in Friday afternoons, relieved at the end of

another week when I escaped unscathed. Subsequently, I loathed Sunday nights when the thought of a new week starting, sufficiently long to increase my chances of being harassed, became so repulsive as to compel me to make up any excuse not to go to school.

That first year in grade two was particularly difficult because in addition to coping with the fear of being violated, I was also contending with the transition into a new culture: the adjustment to a new diet, language, climate, lifestyle, and a different way to interact with people. It was a transition that was to continue unfolding for the next five years, bringing with it an array of growth-inducing experiences. I found the adjustment from a strict private school environment where respect, discipline, and rule abidance were rigorously upheld to one where students were far freer to do and say as they wished regardless of consequences particularly challenging. My perceptions, expectations, and standards were constantly being tested, realigned, and redefined. Perhaps it would have been easier were I raised with an appreciation for new perspectives, an openness to new ways of seeing the world; however, as I was brought up in a traditional Catholic household, the incongruity of a faith based on absolutes and self-discipline and a culture where self expression and honesty were valued made maintaining equilibrium doubly difficult. This dichotomy and the affect it had on my youth were to stay with me for a very long time.

Junior high and high schools were perhaps the most difficult times because of the extent of the harassment I suffered. Also, whereas academics played a crucial role in elementary school because I excelled in it and could,

therefore, take comfort in the way it distinguished me from my tormentors, the junior high and high school environments were ones where many of my tormentors equaled, if not bettered me in achievement as well. My school life in general, therefore, seemed to go from bad to worse.

Attending an inner city junior high school exposed me to more danger. Throughout most of grade seven and eight, for instance, I was consistently harassed by a boy named Rodney who, one day, asked me to safely keep for him a wood working project he'd just completed in shops class. Given that he hadn't a locker of his own, he had no way of doing this himself. Feeling ill and, therefore, not thinking straight, I agreed to, but not before realising that his project—a rather imposing plant stand—wouldn't fit in my locker. Because Rodney, by that time, had already gone, and with no one to help me store it, in addition to already running late, I left the plant stand by my homeroom class door, which was locked, hopeful that my homeroom teacher would discover it upon his return, and kindly take it into the class. Well, the plant stand disappeared. Rodney, who was fairly transient, and who, therefore, rarely came to class, used this opportunity to hold me accountable for losing his plant stand. Remorseful, I agreed to reimburse him the cost of replacing it—50 cents—and duly paid him. Rodney's short-term memory, however, was apparently dysfunctional because for the next two years, he would demand 50 cents from me every time our paths occasionally crossed, accusing me of not having paid him for losing his plant stand in the first place, and dispute any argument contrary to his claims. He would threaten to have his friends gang up and beat me, adding that all Filipinos were deserving to be so

treated because we were ‘a no good race’. In addition, he would make disparaging comments about my sexuality, accusing me of being gay, thereby justifying his persecution. I took such threats very seriously, using my faith to take comfort in, praying on any given day that God ensure that my path doesn’t cross with Rodney’s. This appeal worked to a certain degree, though when it didn’t, I would, in terror, be forced to hand over another payment, which I was accused of having delayed. It was a humiliatingly desperate situation, one that I was too afraid to disclose to my teacher for fear of reprisals from Rodney. It, therefore, led me to appeal to my parents to send me to another school—with higher standards so I would be better challenged?, I argued—to hopefully lessen the chances of meeting boys the likes of Rodney. They didn’t question my ostensible rationale as it corroborated theirs, so I found myself applying to and being accepted in a private Catholic high school for boys where I lived out the rest of my high school days, for better or for worse.

Attending this private high school was a blessing in a way. Indeed, it did have higher academic standards. Accomplished and talented boys from across the city made up its population. Further, with a variety of extracurricular activities such as a highly successful and supported dramatic society that I was thrilled to join, I finally felt like I fit in, after many years of feeling so uncomfortable in the other schools. With such high standards, however, came pressures and expectations that led me to question the school’s advantages. One was the highly competitive ethos, predicated on the school’s legacy for high achievement. For the multi-talented, this school was a godsend because it cultivated ambition in all

fields. For those of modest talent, however, the pressure to succeed, indeed, to be like the truly great, was palpable and created a gulf between the highly intelligent and those who were moderately so.

For me, such pressure was felt acutely in the field of sport, an area I neither excelled at nor had an interest in. As athletics was highly regarded at this school, however, to be inept and disinterested in all sport was anathema, and led one to be scorned. As a result of my physical awkwardness, I was consistently chosen last when teams were formed. I was regularly sent far outfield where my weaknesses would pose the least threat to my team, but to which, highly strategizing opponent team members would hit the baseball knowing I'd either fail to catch it, or be afraid to even attempt to. Worst was the derision I was subjected to by team mates who blamed me—and others like me—for losing the game. Often this was accompanied by threats of physical harm or forewarning of impending doom. What made such attacks particularly effective was their insidious presumption that one was worthy of them because of one's inherent lack of skill, not because one was unwilling to try or to improve. One was essentially being threatened for being who they were, not because they weren't living up to their potential.

Such stultifying experiences were not exclusive to school life, though this was where the majority took place. I remember once walking along a downtown street and having a moving truck slow down as it drove by, and its driver yell out "Hey! You're a fucking Flip, aren't you?" with such venom that it made me swoon with rage. Another incident involved an expressive teen waiting with me

at a bus stop accuse me of being a faggot because I was wearing sandals that she deemed were for women and demanding that I remove them at once.

What all these experiences have in common was the way the threat of being violated was inescapable because it was predicated on who I was. My response, in turn, was to try and change myself in order to mollify or appeal to my tormentors. As my true self was robust and healthy enough to resist such an attempt, I would regularly end up being tormented anyway. Such conflict between my logical and intuitive selves would result in such despair as to leave me incapacitated. I would miss school, skip classes, turn in mediocre work in order not to show up the work of others, and take an alternate route home in order to avoid individuals. I was fortunate to have had a loving, wonderfully supportive family, so in this way, I was somewhat reassured; however, they weren't privy to my deepest fears. Indeed, I would consistently obscure these behind a façade of plausible excuses or rationales because I didn't want to be a disappointment to them. In the end, though, it took me a long time to accept myself and am currently vigilant about not allowing myself to be subjugated for the sake of others. Like much of life, it is a constant struggle. (Personal communication, December 22, 2005)

Chapter 12—Conclusion

I hope that this book inspires a dialogue that will lead to change. I welcome each and every one of you with a story to tell or who would like to add to the conversation to email me your stories so that together we can continue to advocate for change. My email address is carlor@nipissingu.ca. Please include the words Schools Kill in the subject.

I believe that each chapter, and even each section within a chapter, is enough of a reason to get us to rethink schooling. Therefore, when taken as a whole, what has been exposed through this book should be enough of a wakeup call to start an educational revolution. I did not intend for this book to be the end of an argument but the beginning of a conversation that we need to have.

The question remains, what are our options? Given the gravity of the situation, I suggest that we have little choice but to take radical steps. As mentioned earlier in the book, more and more people are choosing home schooling, or what I subscribe to, unschooling. Among the advocates of this alternative are John Holt, John Taylor Gatto, Grace Llewellyn, and Wendy Priesnitz. For example, Holt wrote books with titles like *How Children Learn* (1983); *Learning All the Time: How Small Children Begin to Read, Write, Count, and Investigate the World, Without Being Taught* (1989); *Instead of Education: Ways to Help People do Things Better* (2004); and with Farenga *Teach Your Own: The John Holt Book of Home Schooling* (2003). Gatto wrote books with titles like *Dumbing us Down* (2005); and *The Underground History of American Education: An Intimate Investigation into the Prison of Modern Schooling* (2003). A few of the titles from Llewellyn's books are *The Teenage Liberation Handbook: How to Quit School and Get a Real Life and Education* (1998); and *Guerrilla Learning: How to Give Your Kids a*

Real Education With or Without School (2001); and one of Priesnitz's book titles is *School Free: The Home Schooling Handbook* (1995). Of course, these are just a few suggestions and a good place to start if you are interested in taking this path.

Within schooling, it is important to remember that not all schools are the same. The challenges of the safety of school buildings and the spreading of illnesses may be common to all schools, but there are schools that fare better when it comes to respecting children's well-being and spiritual growth. I am thinking of learner-centered, democratic schools like Sudbury Valley, Fairhaven, The Albany Free School, and the Beach School in Toronto. These schools offer children the dignity of learner-centered, democratic alternatives to the mind-numbing, deadening abuse of mainstream schools.

These schools are more holistic, democratic, and learner centered and less compulsory and have less externally imposed commands. Again, I am using the terms learner-centered and democratic in a way that Jerry Mintz (2004) defines them. He defines learner centered education as "an approach that is based on the interest of the student rather than curriculum driven, where someone else has the idea of what you ought to be learning," and he defines democratic education as "education where students are actually empowered to make decisions about their own education and if they are in a school their own school."

Education needs to be respected and valued for what it should be (learner centered) as opposed to what it is (externally imposed). With a high number of students choosing to leave school, we need to heed their voices and their feet for the clear message they are sending. Many students simply do not feel welcomed in schools because of the

way they are treated, poor architectural conditions, lack of human empathy, lack of student agency, and so on.

Mainstream schooling controls students and discourages them from exercising their agency and even from helping other children. How pathetic is this? Related to this, and of her daughter's lack of freedom and her concern about how her younger daughter is being treated at the school in comparison to her older child, one parent shared with me the following:

My daughter isn't the same as my son. I am used to getting glowing letters and praise from the school and the teachers about how well behaved and pleased that they are to have him in their class. With my daughter, I clearly notice the difference. They send me notes home and talk to me about how she gets up out of her seat and helps other children. I try to explain to them that she was in Montessori and they allowed them to roam free, get out of their seats and talk to other children. She just needs a transition period and she will be fine. She needs to get use to the new rules. She even got in trouble for forgetting to bring her book. She is in grade one. It's not her fault that she forgot her book, it's ours; but, she got in trouble. I am so not use to this and I am finding it very hard. I feel so sorry for her. She is such a good kid. She is so smart and everything, she just likes to move around.

This parent's story reminds me of a sad incident that I witnessed when I was in a small village in Cameroon. As I walked near the school, I saw images of the teacher caning children and children walking out of the classroom visibly hurt and crying. He was beating them with a fairly long stick. At first he did not see me. When I saw this, I

quickly walked toward his classroom with the hope that he would stop, when he saw me. We had been to the school a number of times over the years, and they know how we feel about corporal punishment. Fortunately, when he did see me he stopped hitting them and continued to yell at some of the children for not having their pencils. He ordered some to leave, and they did, crying. The teacher is a pleasant fellow with whom we socialized on a number of occasions outside of the school setting, but in his role as teacher he physically abuses the children. It's the way her perceives his job as teacher.

Like the parent of the little girl who was in a progressive Montessori alternative school expressed, she is a little girl, and if she forgets her book it's our fault. The child is being punished for something that is unreasonable to expect of her given her young age. Likewise, the children in Cameroon were being punished for not having their pencils. In some cases they had them and forgot them, but in other case they are simply so poor that their parents do not purchase any for them. It is not a priority. The result is that the children are being physically beaten because they are poor, or because their parents do not think that buying them school supplies is a priority, or for simply not remembering to bring their supplies, which is something that is unreasonable to expect of them given their young age.

Finally, I would like to thank both those who share my vision and those who continue to challenge it.

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