

“The things we don’t talk about”: A Cross Interview with [CripChat UK!](#)

November 30, 2020

Pete: Hello!

Shabaaz: We’re back again. Welcome to Cripchat UK.

Pete: He’s Shabaaz.

Shabaaz: He’s Pete Marshall and like I said, this is Cripchat UK and yet again we have another guest. And, we’ll let that guest introduce themselves.

Anne: I’m Anne Borden King and I’m the host of the Noncompliant podcast and this is gonna be on both of our podcasts. I’m Canadian and I’m an autistic activist, advocate person doing work in Canada, and yeah, that’s pretty much it.

Shabaaz: So, how did you get involved in activism, Anne?

Anne: Well I’ve been involved in activism since I was pretty wee, cause I grew up in an activist community, and then just about four years ago is when I started getting involved in autistic activism and we have a lot of issues to deal with here in Ontario. So, we had been in sort of a group chat, me and some other people and we decided to launch an organization called **Autistics4Autistics** which is one of Canada’s first and Ontario’s very first autistic-led advocacy organization.

About three years ago we started that up and ever since then we’ve been doing like a lot of work in the community in terms of community education, political advocacy, social activism. A year ago, I decided to do a podcast as well called *Noncompliant* where I interview people about various things affecting our communities ...and then the third project I’m involved with is the **Campaign Against Phony Autism Cures** which is an advocacy and activist campaign for better regulation – like, a lot like what **Emma Dalmayne** and **AIM** are doing over in the UK to try to stop and make it illegal to do these phony treatments. So, those are my three projects.

Shabaaz: Could you tell me a bit more about that third element please, because it’s interesting to me at least, the phony treatments?

Anne: Yeah, so there are a lot of phony treatments that exist for autism. I mean, the whole history of autism is steeped in phony treatments even ones that were approved obviously by residential institutions and things like that, amounting to abuse of autistic and intellectually disabled people. There’s a long, long history of it even institutionally.

There are also fringe elements of phony cures which are more prevalent in popular culture, such as parents feeding their children bleach to try to cure their autism (believing their autism is caused by parasites); [providers] giving people these heavy medications to try to remove metal from the body because they think vaccines caused the autism and they think there was metal in the vaccines; people putting their children on highly restrictive diets and giving them very high levels of nutritional supplements to the point where they become physically ill, or other food-based or eating disorder-based treatments. There are just so many out there...phony treatments that are not regulated – that’s

the first part of the puzzle right? that they're allowed to do these things to their children without really anyone taking action to stop them.

Often these treatments are not illegal... although in the UK, chelation (that metal treatment) *that* is illegal now. But many times even when you try to report that this is being done to a child, authorities don't do anything to stop it-

Pete: I mean.

Anne: -cause they think it's okay to do this to an autistic child, or they don't understand. And then of course there are also *institutional* phony treatments, such as ABA which is completely fake but institutionally recognized as somehow an "evidence-based" autism therapy. All of these therapies and treatments are really harmful to children and nothing is really being done [about it], which is why there's this activist movement around it now.

Pete: I mean, I would say it- it in many ways when we talk about phony cures, in many ways phony cures were around before there was a definition of *autism*.

[5:00]

Anne: Mm-hmm.

Pete: Because I would say that a phony cure is just any cure that doesn't actually have a good basis of evidence and ideas around it.

You could go back to the medieval period and they had various ideas around autistic people being *possessed* by the fae. And there were a whole bunch of spiritual cures around that. You can talk about faith, you can talk about things around exorcism...

Anne: Yes.

Pete: So, in that sense, ...wherever there's been a parent who wanted their child to act differently, you would find people who could convince them – desperate people. And I would also say that there's [vagueness] in terms of saying that something's legal or not, especially when you're talking about a nationalized health care system which I think both Britain and Canada has to a significant extent, there's two definitions. The first one is whether doctors will diagnose it or whether the state will pay for it; and the second one is whether it's literally technically child abuse. I suppose you could say there's a third which is how much that's actually policed-

Anne: Yes.

Pete: Because one of the big problems is that generally phony autism cures are given predominantly by parents or by people in what would now be regarded as home settings, some schools occasionally, care homes sometimes. Something may not be paid for by the state but also it may not be child abuse to give it to your child since it's regarded as a herbal remedy for example.

Anne: Yeah. I'm glad you brought up the exorcism thing because for every one of these treatments if you really look at them from a sociological perspective, it goes back to the idea of **exorcising the autism** out of the child – whether they think they are removing heavy metals or they think they are removing parasites, or they think they're--now they're taking stem cells and putting stem cells from "healthy

people” into autistic children to try to literally to change the child – to change the self, which is on the face of it a complete violation of their human rights, and it’s just so abusive because it’s saying you know you need to be replaced by someone else. That the autistic parts of you are the devil that needs to be exorcised out of you, but now instead of *the devil* they call it *the toxins* that need to be taken out of you.

So it does go way back to this idea of exorcism, having to fix someone, that if someone is disabled it’s not a good enough version of themselves it has to be replaced by a better self. So, the **physical** impact of the abuse (which is extreme) is also connected to a **psychological** impact of [the victims] always being told that they’re not good enough and that they need to be replaced by a better child and that these parts of themselves which are so important to them (like stimming or other types of identity) are supposed to be purged.

This idea of a purge is why it’s so hard to fight [autism pseudoscience] legally because much of society still believes that autism *should* be purged. So, it’s very, very difficult to explain to people why this is wrong.

Shabaaz: Yeah, but it’s creating a future problem of psychological damage because in future a lot of these people will need other forms of therapy because they’ve always been told right from a young age that they’re broken-

Anne: Mm-hmm.

Shabaaz: -psychologically or physically, you know.

Pete: I would also take that in the perspective that the entire thing is in a sense corruption. I mean, basically you’re wasting like the taxpayers’ money. You’re wasting the potential of those individuals obviously --and honestly there are various systems having to be subverted to go with lower bars of evidence than they should really be accepting. In the end if taxpayers’ money is going to pay for x, y and pay for medication and you are paying for you know, chelation to happen to an autistic child or adult then basically A. all that money is being wasted; and B. what is the medical regulatory body doing?

[10:00]

Pete: Like why does it regard these two forms of medication as something equally- for example aspirin and chelation as equally good when one is actually way better? Aspirin we know works. Chelation we know doesn’t work. So I would put that into the conversation around corruption, honestly.

Anne: Yeah. It’s very important- it’s such an important point. I know a therapist who had a client and it was psychotherapy - talk therapy, and she does good work with clients, including autistic clients. And she had a client who was coming in, a 20-year-old guy or I don’t know exactly how old he was, a young man and his parents suddenly decided he needed to be chelated...that the reason he was having meltdowns, they thought, some scammer had told them it’s because he has “metals” in his body. And so, whenever he started to have a bad period, like a meltdown or a shutdown which can happen to everyone *especially if you’re stressed out cause your parents are acting like freaks and giving you chelation....*So, he would start like going for these chelations [each time] and eventually the psychotherapist had to stop seeing him because he had internalized this idea that the only reason he was having meltdowns and shutdowns was because he needed to be chelated. So then, the

psychotherapy didn't work anymore because the family had bought into this belief system.

So, it's actually **replacing useful therapies** with these other therapies which is also a problem ...and at the heart of it, it's just a scam! It's just a scam to make money, like you said, off of people who are desperate and we shouldn't tolerate scams in our society.

The big question is: why are these scams being tolerated? And I think the answer we're all coming to is because of **ableism**. Because, to some extent in the broader culture, people still believe it's okay to do these things.

Shabaaz: Yeah. Are they- do you think they're making a lot of money from these things?

Pete: Yeah. Some people are making enormous amounts of money.

Anne: Chelation is \$700 to \$900 per session. And, it's never just one session, they tell the families they have to keep coming back. So, people will come back for 6 or 8 or 10 sessions. They make that amount of money from each of their patients, so it's a chronic thing. It's a revenue stream for these people, a significant one.

Pete: And it's worth pointing out that chelation, yes it's actually a real medical thing you can get done, but normally- like it was invented in the First World War for people who got poisoned with mustard gas. So, yes, indeed you're taught about it in medical school and yes indeed doctors should be doing it, but unless you've gotten poisoned by mustard gas, or something like that, then honestly, there's no evidence that it A. works or B. autistic people have some sort of the pre-requisites to require it anyway.

Anne: And it's a trauma. Exactly, and in addition to being useless, it creates an incredible amount of trauma when you bring kids into a lab for chelation or for stem cell "treatment" --or now they're doing fecal transplants where the kid has to be starved for a day or whatever, then they have to get a bowel cleanse and they have to take antibiotics, then they have to all these medicines. Then they bring them into a lab and they inject them with fecal matter because they are under this idea that somehow if they change the microbiota in their large intestine they'll stop being autistic. I mean these are like such **experiments** that they're doing on these kids that cause such trauma and *it's all for nothing, except the profit* which is- just enrages me.

Pete: And I think one of the interesting points about many of these things and this is especially with chelation, with fecal transplants, with ABA, is honestly like they've worked out that if they use big scientific words like- and in you know, there's biomedical versions which chelation, fecal transplants things like that effortlessly fit in to.

Anne: Mm-hmm!

Pete: And if you go ABA, that's more of a behavioural thing, so they try and like go, "we're not making this person not autistic, we're making them like more..." --and again this is the British variant which tends to be more lovey-dovey than American variants- they're basically better at PR, but basically they- they say "yeah, we're trying to make this person not act autistic trying to like make their behaviour more functional, more like *adaptive*," and things like that. And honestly, I would argue if that's their goal then they're going about it in the wrong way.

[15:20]

Anne: Mm-hmm.

Pete: But, it's-

Anne: They're not focussed on quality of life.

Pete: Like with fecal transplants one of the things around this is actually in Manchester we have one of the leading experts in the brain-gut, nervous system [connection]. There is actual science- respectable scientists doing actual work on brain-gut connections and there's arguments around whether gut connections can change behaviour and things like that. I think the least that can be said is that *the jury is out*. I think you could effortlessly go further than that and say that some autistic people will actually definitely not be affected by this. If you have a problem with your gut flora and fauna- basically the bacteria in your gut, it may help, I mean, I've yet to see any cast iron and generalized evidence that it helps even most or all or any symptomatic group.

Anne: Crohn's-- there is some use for Crohn's and so they're testing it on people with Crohn's possibly, but there's also *risk* you know, so even a person with Crohn's who's really suffering would have to weigh the physical risks of doing it against that. But what we have with the [autism] experiments is that we have it being done *on children for a condition that's not indicated for*, where there is risk and that's where it's really problematic.

But there's a schism I think between people who want a cure or in the way they couch it, they couch it as 'treat the core symptoms of autism' right? They give it those fake words like you're talking about. So, there is a divide between people who want to cure autism and people who want autistic people to have a better quality of life, and **having a better quality of life doesn't mean curing**. They are two *completely* different concepts because when people try to cure, they create trauma and cause problems- and lifelong problems for autistic people when their parents try to cure them. That's not a quality of life decision, to try to cure.

The quality of life decisions are about making the world a more **accepting** and **welcoming** place for autistic people. Those are the two- that's the binary I think.

Shabaaz: Yeah. These treatments sound to me like an old-fashioned like shock therapy thing, you know. And shock therapy was outlawed years ago.

Pete: Well, it's still used on some people for specific circumstances but the way it was used, yes it was, yeah.

Shabaaz: And, you know, I can't believe people still allow these things to go on in developed countries as well. For me, speaking from the outside, it just seems utterly ridiculous and that said, when you talk about how you do your activism, it's a daily struggle that you're fighting through your activism, then.

Anne: Yeah. It is for so many people and it crosses into broader ideas about disability in general when you look at the idea (and this is true of many, many disabilities) that there's somehow this idea that the child *has to suffer to be rehabilitated* and that suffering is a part of rehabilitation. You know there's that moment of relief that people feel in lucky circumstances when they become an adult of "hey, you know

what, I can actually take care of myself and do rehab and get therapy and it doesn't have to be painful and I don't have to suffer!" But this is something that children grow up with believing about not just autism but about a whole host of disabilities ...and our society shouldn't be buying into that.

Quality of life begins now. It begins the minute someone is a child, that focus on quality of life, and I don't think we have that very broadly.

[20:06]

Pete: I mean, one of the more fascinating things for me about these cures is- and again this is a very dark conversation and I'm trying to come up with the least like nasty way of saying this, but you would have thought that [since] many of these things are physically painful, children end up screaming and crying and it is completely obvious that the child doesn't enjoy any of these situations, this is not fun for anybody. And you would have thought that at some point [the parent] would just go "why am I still doing this?"

Anne: Mm-hmm.

Pete: And it's one of those fascinating things, that especially if you look at [MMS], which is the bleach you were mentioning earlier, it's not that people try it for a little while, like 2 weeks and then go "oh well, this hasn't helped my child, so I'll just not do it." They seem to be like talked into it by the "experts" that it is going well, "this didn't work for 2 weeks but that just means that your child's autism needs to- you know we need to go at this even harder".

Anne: Yeah.

Pete: And I think honestly, that's one of the strange psychological elements of this and really where the *con* comes in as far as I am concerned because many these chemicals probably would be horrendous if you took them *once*, but the fact they take them for years and years and years can have massive impact. And I think that's an element of this which I don't think gets discussed enough. There's a deeper argument here but I don't want to do it and say a tremendous amount of gory stuff.

Anne: Well, the image in the media when you see this topic covered...people tend to think that parents are so desperate that they try this one thing one time, and that's the profile of the parent – the *desperate parent*...we never hear about the desperate children, they're invisible...The narrative is the desperate parent is trying this one thing because they got so desperate but I've been in really infiltrating social media with **Melissa Eaton** and **Amanda Seigler** and Emma Dalmayne. We go into the groups, the social media groups that are run by these scammers, especially the MMS groups and other groups selling these scam products. They're all on social media- they have groups on Facebook and they create an echo chamber on Facebook for parents where the parents go and they say "oh my child is vomiting blood after this treatment" or whatever- some terrible, terrible thing is happening and then the provider gets on and they say "oh well that's *herxxing*, that's a natural reaction, that means it's working," and they convince the parents into this whole mindset that's somehow suffering and pain are part of the process and then they can sell more product.

I mean there's a very- especially with MMS, very evil, sadistic people at work with that particular treatment and on a smaller level with some other treatments that somehow say you know, it's all

justified. They *always* find a justification for it.

And what you see in these [social media] groups is parents are not just desperately trying *one* thing, you see the same parents in five different groups for five different kinds of treatments. They are doing 4 or 5 different things to their kids at once – B vitamin injections, chelation, stem cells, they've tried MMS, so those parents that are multiply going in and trying multiple things of these **quack cures** *they have a disorder*. They need to be treated, they are child abusers! They need help.

That is never talked about, because you're never supposed to say anything "bad" about parents. But I [interviewed a guy](#) on my show a couple weeks ago who specializes in Munchausen-by-proxy and how people pretend their children are ill and subject them to painful treatments to get attention for themselves...we talked about how parents who do these multiple treatments and these multiple very abusive things to their children to cure their autism. At some point that's a disorder – the parent has a disorder and the parent needs help. But we never talk about that.

Shabaaz: So, is that one of the reasons you started your podcast was to do activism?

[24:58]

Anne: Yeah, I started *Noncompliant* to raise awareness and get people to talk about things that they don't normally talk about, right? Such as these topics. And compliance – I called it *Noncompliant* because I think we have to be noncompliant, you know? And most of us have been noncompliant because compliance is always the ultimate end for all of these treatments including ABA. The goal isn't quality of life and happiness and joy for the person, the goal is that they're compliant and quiet at school and with their parents and that they please the authority figures in their life. And the whole autism thing has been focussed around that until just a few years ago when **autistic researchers** finally started taking the scene and the **Neurodiversity Movement** started up. We're at a very early stage in terms of even being able to argue that we shouldn't have to be constantly compliant in childhood or adulthood. That's really the sticking point. That's the goal for most of these treatments.

Shabaaz: What about local law makers? Are they receptive to your arguments and is anybody trying to outlaw any of this or put forward any legislation to stop any of this thing?

Anne: There's been more in the UK. They have actually had a Parliamentary committee which had a meeting about phony autism cures. I think this was brought about by autistic advocates and activists approached **Barry Sheerman** who's an MP there and they had a hearing about it, and they talked about all of the problematic cures. And coming out of that hearing--or contingent with that--the **NICE Guidelines** of the British health system came out with guidelines and they said do not use x, y, z treatment, so for example chelation now is on the government's 'Do Not Use' list. "Do not use chelation for autism" officially under the mandate. It isn't funded, isn't endorsed by the health system so there's been some progress in the UK on that.

Less so in the US, sometimes, I mean the MMS people who obviously are the biggest target because what they are doing is so horrific...they actually were arrested by federal marshals in the United States, two were in hiding in Colombia. It was the Grenon brothers who run this sort of church, this cult around bleach cures, they were arrested and they're facing charges from the US federal government. So, on some of the more egregious ones the ball is starting to roll I think.

Shabaaz: Yeah.

Pete: I think that when it comes to white Protestant cures especially in the UK, like MMS is I think a very white Protestant thing. Like there's entire interesting discussions that are barely being had, for example there was a report out in the **National Autistic Society** on BAME issues and one of the instances they highlighted- they had a BAME researcher do this, and one instance he highlighted was that one family sent their child back to Africa to have this horrendous exorcism done and this involved him being staked outside like in the burning sun for days on end with barely any food and water and that was seen as a form of exorcism. There's been a couple of things last year, this year where they were talking pre-COVID about Eastern Europeans who were offering these like weird behavioural cures- not cures obviously, and I think Emma Dalmayne had something to do with exposing that.

So, I think there is an element in this where what gets noticed and picked up first ends up being very white Protestant, and so I think that's worth pointing out. On two, I think laws in some ways are overrated in this, because I think the people who know about this thing there's two groups really, there's medical professionals and there is the police. And functionally speaking those are the two--it's things that they respond to, so NICE is just the most important group around this. I don't know what the Canadian equivalent is.

[30:08]

Anne: Health Canada.

Pete: I would advise, you know, getting them moving on this is the most important thing and one area that honestly the British community is barely even started. Like how do you talk to the police about this? Because technically speaking doing some of these is child abuse, but in terms of getting it through court, making sure when it happens it actually gets directed towards the police and then blah blah blah blah. I'll add a group to that – social workers. So...

Shabaaz: Anne I just wanted to say to you before we move on to our next topic is there an thing, any message you'd like to give to Health Canada for example something they should be doing in order to make things a lot better? I'd like you to give some lawmakers a message so if they do hear this they can take note.

Anne: Yeah, I think that's right that there does need to be a message out! Health Canada regulates what people can say about a product and what products people can sell, right? So that's what Health Canada does. Health Canada needs to be more aggressive going after the sellers for their claims and for their sales.

Provincially, if a doctor is doing something, for example like chelation as you mentioned, that's off-label, since that's a product they'll always be able to sell and the company isn't marketing it as an autism treatment, Health Canada can't go after them because [off-label users are] not the seller. It's the health provider – that is on the province. That is on the provincial regulatory colleges, But they've been largely, very remiss and really, really haven't done their job in terms of stopping people from doing chelation. And then the third piece of the puzzle like we just talked about is "okay we get the regulators, we get the enforcement" – this is very, very crucial. But the other part of it is **changing people's attitudes** about

autism to begin with. So that people aren't even seeking this out to begin with and we can starve out that market, You know if nobody was buying it, you could try to peddle it all you wanted, right? And solve that big problem.

And that's the problem that people don't want to talk about, that sometimes we've got to get to work with parents and educate them and deal with them as well as part of how this happens. They're not just... they have agency. They can say *no* too.

Pete: To be slightly nicer to parents, I think there is a discussion- there is a discussion about what exactly- what do they want? Like, what would their ideal life with their child be? Can we set up better services for around schools and around social care and around social workers and make their lives easier? I think if we could do that if that would help I would be perfectly happy to support that. I would be more convinced by their attitudes honestly if they were going first to lawmakers and were like working through groups to improve the services as a part from going like "hmm, what do I want to do to make my life better? I know I'll put my child through expensive and painful medical treatments," you know?

Anne: I was just going to say one last point – we need buy-in as well. We don't *need* it, but it would be nice to have, buy-in from the autism organizations themselves, and care-based groups such as charities and other service providers need to be really pro-active in stopping it, rather than taking the approach of just turning the other way. So, one thing my organization has done is we put out a guide. We only did it for physicians, we should try to have some confidence in autism service providers and do one for them too...

[35:05]

Anne: ...But we did it at first for physicians and said "Here's what you can do if your patient comes in and their parents are talking about doing these things to them, here's how you can intervene." like looking at the people on the *outside* who could intervene when they hear about these things happening, as well and educate families and parents. You know when parents get an autism diagnosis for their child they get told a lot of things that are very wrong and it gets treated like the most horrific tragedy that could ever happen to them, and they get told that they have to take action right away- early intervention or *nothing* will happen and that's what causes them to **panic** and start throwing all these cures at their kids.

So, from the moment the child is diagnosed, we need medical professionals, we need social workers like you were saying, schools and autism organizations and service organizations to counter that message. Countering that negative message about autism – is really, really key.

Shabaaz: Now, should we move on to our next topic, even though we haven't got a lot of time?

Anne: Yes.

Shabaaz: So, we can alternate and maybe you can come back in the future if you want to.

Anne: Yeah.

Pete: All right, **Sia and her film**, do you want to talk about it?

Anne: Me?

Shabaaz: Yeah.

Pete: I mean, I could start, but yeah.

Anne: I never heard of her before, so it came out of the blue for me. I guess she's very popular. Would you describe maybe what's happening and then...

Pete: Okay. I don't mind --actually working on an article right now anyway.

Anne: Oh, great!

Pete: Sia is basically, she's an Australian pop singer. She's always been fairly indie, but one of the most popular of the indie pop singers. Honestly, I've never been a terrific fan of her work, but...

Anne: Mm-hmm.

Pete: She's popular and basically, I think it's a music video..

Shabaaz: No, it's a film....It's her directorial debut feature film.

Pete: And it's called *Music*, and essentially there are two-ish main characters, one of whom is a recovering drug addict, the other is her sister who is autistic and requires care and has had [high support needs]. One of Sia's favourite back up dancers has done a few acting gigs and I think Sia wanted to give her a big debut. And so basically this dancer/actor has ended up playing the autistic character in it. And I think that's probably the shortest synopsis I can give.

Anne: And the actress studied for the role *not* by talking to non-speaking autistic people. Because, this character is non-speaking – so normally if you were playing a non-speaking autistic person you would go and get to know non-speaking autistic people to understand their reality, but she didn't do that. She never- in fact I don't think the producers spoke to *any* autistic people in researching the film. They watched videos and they talked to Autism Speaks about autism.

Pete: I've heard mixed- Sia originally said she had spoken to Autism Speaks and then when someone said, "they are horrible," I think she went, "Oh, I- I knew that. I knew that. I didn't speak to them, I didn't speak to them."

Shabaaz: And I- I don't know if you know, I've got a film background so I've lived in this world and I know how tricky it can be for casting and but in terms of research, you've got no excuse. In fact, if they haven't spoken to a diverse range of autistic groups, then there's no excuse for that. You can say it's hard to find an autistic actor who can do the role or there's not many out there, or you can make any sort of argument. But in terms of research—if you're not doing your research, I don't think that's very forgivable.

[40:25]

Anne: Mm-hmm

Shabaaz: That's my opinion, anyway.

Pete: My favourite take away from this is that the autistic community should be, and others should be helping us to create something of an indie scene. If we want to create stories about each other that are actually good and make sure we can find actors that represent us in the way we like. Like, that would be the obvious way that we would do it.

Two of the major themes I find fairly problematic. The first is this notion that the autistic girl is the family and she represents the family and this like recovering drug addict is supposed to be her guardian and her carer and blah blah blah. I suppose it's not terrible in terms of we're actually being normalized in that sense, although having said that like many autistic people have lives outside of the home and all autistic people should have lives outside of the home. And, you know it is very problematic that this girl is having to rely on her sister basically getting her shit together in order to actually run her life...

I think it was always fairly problematic because one of the things that again I've heard- depending on the source is a theme or isn't a theme – but the notion of like “Which one's reality is better – the autistic girl or the other girl?” I find one of the major issues with that is basically film heavily rewards being in control and powerful. Like all film does. Just the shots just the way people look...if you are in control, your viewpoint will always seem more defensible. You will seem more defensible.

My favourite film about autistic people is called *Chocolate*, not *Chocolat*, - *Chocolate*. And, it's an incredibly random title. And, basically it's got a non-verbal autistic girl. It's created in Thailand and basically it has a similar theme, but the way it gets around that entire thing is her obsession is martial arts. And so, she is incredibly significant and so her perspective is intrinsically relevant. And I think honestly, if you don't do something fairly massive to weigh in, then the one in control will always be more significant storytelling-teller.

Anne: Shabaaz, I was going to ask - or were you going to say something first. I'll wait- I'll hold my question.

Shabaaz: No, no. You go first.

Anne: Yeah, I was going to ask Shabaaz: from your experience in film is this a chronic problem, where people aren't doing the right research, especially for underrepresented people?

Shabaaz: Yes. I'd say it's a chronic problem. The other problem is that Hollywood actors and well-known actors *want* to play disabled parts, because they are more likely to get awards for it.

Anne: Yeah.

Shabaaz: Do you get what I mean? So, it's good for your career. Like Daniel Day-Lewis is still known for *My Left Foot*, you know. And that was done when I was a kid.

[45:00]

Shabaaz: And Bryan Cranston recently played a disabled person. Eddie Redmayne for fuck's sake won an Oscar for being Stephen Hawking, for example, and that was only a few years ago.

Anne: Has there ever been an abled actor who's done a good job playing a disabled character?

Pete: I mean, just to quickly chime in- I think one of the problems here is not necessarily- the fact that range is always something that non-disabled actors have...

Anne: Mm-hmm.

Pete: - And so if you're a disabled actor and you want to play an able-bodied role, could you hypothetically...could Shabaaz hypothetically be playing like a walking role and then have CGI'd like- and have CGI? Does that ever actually happen?

Shabaaz: I'll let the world into a little secret. When I was a child, I wanted to become an actor. I didn't because I finally realized that there would only be a very small window of characters I could play, so that's why I didn't go into it. But the other way around, able-bodied playing people can play disabled characters so it even takes us out of the equation in that case as well.

Anne: Mm-hmm.

Pete: I think there is a distinct thing around hypothetically they *can*, although I think there becomes a discussion about what is a good disabled...what is a high quality role or what does a actor who's playing a good disabled role look like? Because I think very often they incentivize what able-bodied people think disabled people look like as a part from what disabled people think disability looks like.

And I think the same thing probably applies here with autism. To be fair, none of us have actually *watched* the thing. So, who knows? And in *Chocolate* though an able-bodied character- a non-autistic character acts- does an amazing job as the autistic...

[at this point, Anne's mic loses volume and the show wraps]

Shabaaz: I'd just like to say thank you Anne from the *Noncompliant* podcast.

Pete: It was a really good conversation. It was really interesting.

Shabaaz: Yeah, we hope to have you on again and we hope to get invited onto your podcast for you to interview us.

Pete: See you Anne. Bye!

Shabaaz: See you. Bye!

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*BAME – Black, Asian and Minority Ethnic