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The Child Is the Future of Society

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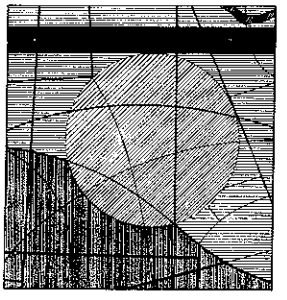

Vatican City
Synod Hall

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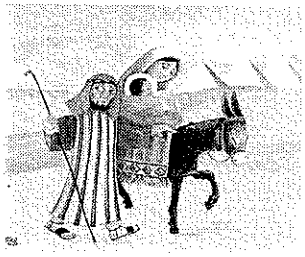

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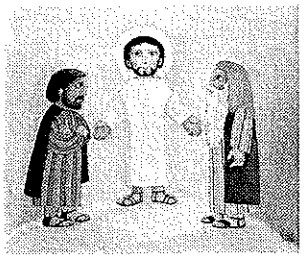

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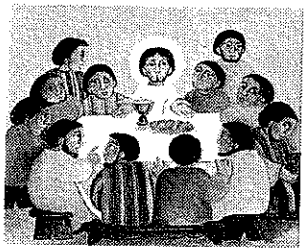

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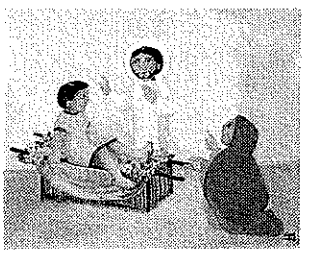

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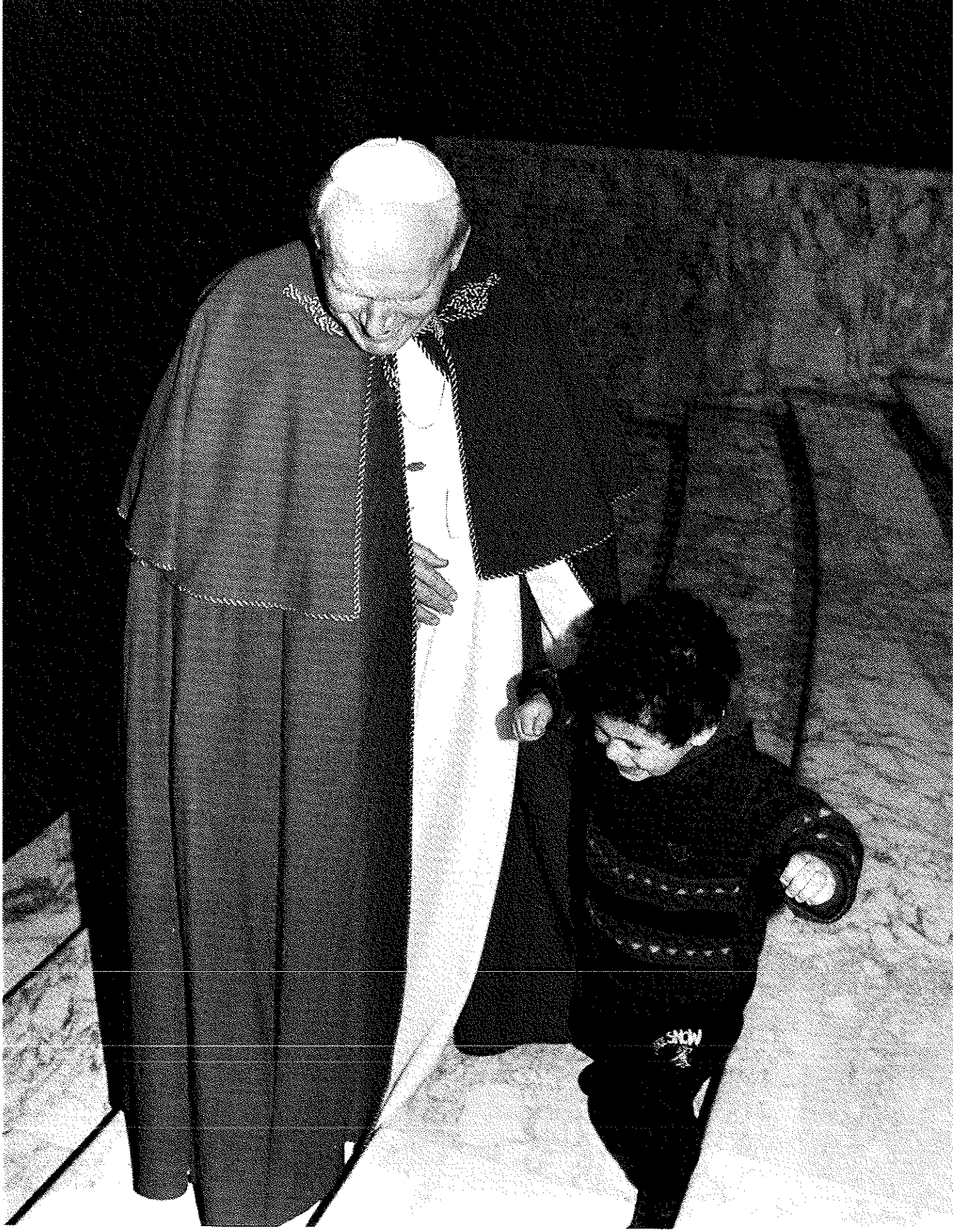


" Let the children come to me..... "
*(*Mk *10:14)*

WORDS ADDRESSED TO POPE JOHN PAUL II BY CARDINAL ANGELINI

Thank You, Holy Father

The applause that greeted your entrance, Holy Father, is a way of showing you the very great gratitude that we feel for your presence here among us for this Eighth International Conference. This conference has been organized by the Pontifical Council for Pastoral Assistance to Health Care Workers and is devoted to a subject which is at the very heart of your magisterium and ministry.

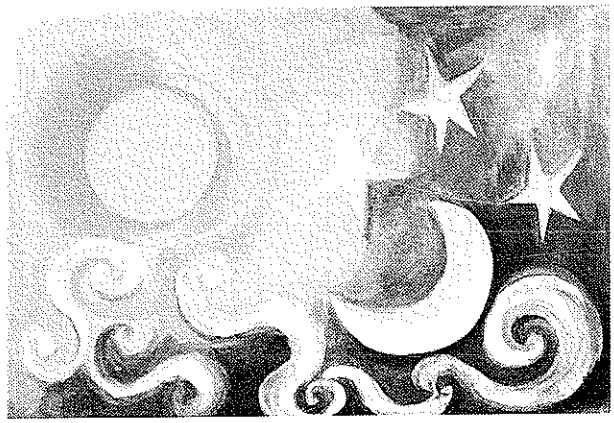
Thank you, Holy Father, in the name of all those who have taken part in this work of study and reflection. Thank you, in the name of those scientists who are involved in all the various disciplines dedicated to childhood, in the name of all those researchers and scholars in the field of human sciences, and in the name of all those representatives and heads of nongovernmental, governmental, and humanitarian organizations which work in the field of child care. In short, all those groups who have contributed their learning and the lessons of their experience to these days of study.

Thank you, too, in the name of all those who have followed our labors and endeavors in these last few days.

A further thanks for your paternal attention to the action and activity of the Pontifical Council for Pastoral Assistance to Health Care Workers, a body you instituted as an instrument by which to intensify and increase, in our time, that solicitude which the Church has always shown towards the sick and the suffering, and towards those who take care of them in both body and spirit.

The spirit of this interdisciplinary meeting of hearts and minds has been that of the approach of the Lord Jesus to children and young people. It is the spirit that Your Holiness demonstrates and has always demonstrated towards children and young people all over the world: the spirit of asking, or rather beseeching, that they be protected, cared for, and helped. The central idea of this conference, however, has once again been that of the duty of respecting life and the dignity of the human person to the very utmost, elements, indeed, which emerge and reveal themselves in their fullness and richness when present in the human child.

As has been the case with the previous international conferences, this conference, too, awaits your message, Holy Father. We consider your words the high point, and the most binding conclusion, of the work which has been carried out over the last few days. Our reply and response will consist of a rigorous and deeply-felt loyalty to the teaching of the Church, a loyalty rooted in the certainty that obedience to faith is obedience to the truest, most constructive, and noblest science placed at the service of man.



ADDRESS BY THE HOLY FATHER TO PARTICIPANTS IN THE EIGHTH INTERNATIONAL CONFERENCE ORGANIZED BY THE PONTIFICAL COUNCIL FOR PASTORAL ASSISTANCE TO HEALTH CARE WORKERS

We Urgently Need a New Awareness of Our Duty to Love Children

1. *I joyfully greet all of you taking part in this annual International Conference, organized by the Pontifical Council for Pastoral Assistance to Health Care Workers, on a topic of maximum relevance and current interest, because of both the complexity of its aspects and the scope of the human sphere which is involved:* The Child is the Future of Society.

With esteem and affection I greet Cardinal Fiorenzo Angelini, President of the Pontifical Council, and I thank him for the kind words addressed to me on behalf of all present. I convey my deep satisfaction to the organizers of this meeting, as well as to the distinguished scholars, scientists, researchers, and experts who have made their contribution to an examination of the complex and multiple problems connected with the life and person of the child. I also greet the representatives of governments, of national and regional organizations, of international non-governmental organizations–especially the Director General of the United Nations' International Children's Emergency Fund (UNICEF), the Director General of the World Health Organization (WHO), and the representatives of agencies and institutions which are meritorious in the field of assistance to children.

2. *The years we are living through, in spite of the persistence of most serious and urgent problems, present new opportunities to improve the living conditions of children: let it suffice to recall the increased importance attached to international cooperation, the agreements on nuclear disarmament, the reduction of military spending, and environmental protection policy. In this context there are situated the International Convention on the Rights of Children, approved by the United Nations General Assembly on November 20, 1989, and the World Summit on Children, which, with a Declaration signed by the maximum representatives of 135 countries, has initiated a plan for action which aims to reduce by a third the current mortality rate among children under five years of age and to halve the maternal mortality rate by the year 2000, to ensure necessary nourishment, to reduce illiteracy, and to give priority to assisting children who are the victims of local conflicts and painful migrations.*

The Church readily accepted the invitation to involve her institutions in this vast program and hopes that the aforementioned International Convention may soon become the first "universal treaty" *on human rights. To this end I reiterate the urgent invitation to the leaders of nations to hasten ratification of this Convention, whose implementation constitutes a major response to the problem of the imbalance between the world's north and south, a cause of so many sufferings and of continued international instability.*

3. *The adults of tomorrow are the children of today. To overlook this elementary truth compromises not only the future of the child, but that of society as such.*

An effective commitment is, therefore, necessary for the defense and advancement of children. This requires the contribution of research and science, the use of adequate resources, and, above all, on an individual and social level, the recovery of the fundamental values which are at the root of upright, orderly social life, beginning –as forcefully stressed by the aforementioned International Convention–with the value of the family, the original cell of society, so as to arrive at the many other guarantees of the child's integral maturation.

4. *The numerous and meritorious national and international organisms engaged in assisting the weakest and most neglected children certainly cannot deal alone with the growing needs afflicting immense multitudes of children.*

Solidarity *is the only truly adequate response to this demand for help. All men are called to this*

response, but especially those who have a vision of life leading them to recognize in every human person the image of God and almost the reflection of the Face of Christ, a reflection which is particularly vivid and visible precisely in the innocent features of children. Significantly, in Christ's preaching children appear as a paradigm of behavior for adults as well.

One day, wanting to explain the nature and demands of his Kingdom, Jesus called to himself a child, set him in the midst of his disciples, and said, " In truth, I tell you, if you do not change and become like children, you will not enter the kingdom of heaven. Therefore, whoever becomes small like this child will be the greatest in the kingdom of heaven. And whoever receives even one of these children in my name receives me " (Mt *18 35*).

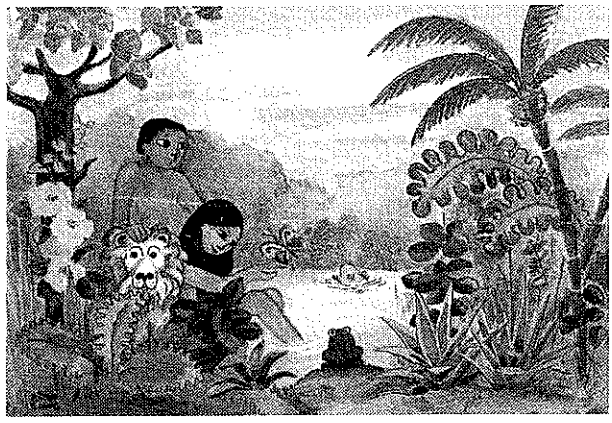
For this reason the Church, particularly sensitive to the rights of the weakest, has, from her origins to the present, always been close to children through charitable institutions created by persons whom the Spirit has moved with the specific charism of the protection, education, development, and formation of children–the first among them is the Pontifical Institute of the Holy Child, which is celebrating its 150th anniversary this year.

5. *The International Conference concluding today has gathered together in a constructive synthesis multiple proposals which indicate as many paths to be followed in assistance to children. There is, however, one element which renders these proposals convergent and unites them: the recognition that, as life is a gift of love, so, particularly in the child, the advancement, defense, and harmonious maturation of life can be nourished by love alone.*

The rights of the child are summarized in the right to be loved, *and the community cannot say it is defending, protecting, and accompanying children in their development unless it establishes a renewed awareness of the* duty *to love the child at the root of its initiatives.*

Science itself, which is the love of knowledge, has the task of transforming itself into loving service *to the young, and, along with science, all the institutions, public and private, must proceed according to criteria of authentic love, in such a manner as to program and coordinate action ensuring protection and development for children.*

6. *With deep appreciation I recall* the numberless associations *organized and supported by Pastors, men's and women's religious Institutes, lay groups and institutions, and volunteer organizations that take care of children, in the noblest–and, frequently, also the most hidden –forms.*



May the Most Blessed Virgin–who had the joy of giving birth to and clasping in her arms the Son of God made a " child " and then saw him grow in wisdom, age, and grace before God and men (cf. Lk 2.52)–help each of us to endow our work on behalf of children with the qualities of active goodness, compelling example, and self-giving love.

With these wishes, upon all of you I invoke God's blessing bringing every longed-for help and comfort

INTRODUCTORY ADDRESS BY FIORENZO CARDINAL ANGELINI

The Serious Problems of Children

This Eighth International Conference is dedicated to the interdisciplinary study of children. It sees the child as the very future of society and considers its subject in the light of two very distant, but highly illuminating, separate events which are worthy of special attention.

In November 1989 the United Nations promulgated the International Convention on the Rights of Children, and this charter is in the process of being signed by all the Member States of the UN. 1994 will be the International Year of the Family, and this also involves a subject which is very near to ours: let us not forget that the International Convention on the Rights of Children defines a " child " as being every human being who has not yet reached adulthood.

In extending to you my heartfelt welcome, and in thanking all those who are present for their participation, I would like to greet especially those scientists, scholars, researchers, experts, and directors of a whole variety of national and international bodies who will contribute their discoveries and their reflections to the deliberations of this international conference.

Certain statistics are very well known. Two hundred and fifty thousand children die every week because of hunger, disease, malnutrition, lack of care, and the consequences of wars and natural calamities whose disastrous effects could well be mitigated. In addition, it is said that there are a hundred million children left to roam the streets.

Furthermore, in developing countries the mortality rates for expectant mothers are still extremely high.

Nevertheless, the political responses to these dramatic and urgent problems which concern children are slow, hesitant, and at times thoroughly wrong. Rather than defending the child, there is an attempt to defend the individual against the child, as is the case when barbaric forms of civilization render the adult immune and innocent if he attempts to defend himself from the arriving infant.

The child is the future of society because he is the parent of the children of tomorrow. After a number of generations without children, we will have generations without parents. Certain countries–indeed, certain very poor countries, where life expectancy is still thirty years behind the industrialized countries–find that because of an erroneous policy of birth control they have rows and rows of empty cots. As a result, they are now compelled to pursue a policy of encouraging a higher birth rate.

The whole question of how we should create and marshall the necessary resources to deal with the very serious and enormous difficulties that afflict children will remain unanswered and unsolved if all men of good will do not act together to achieve an obvious goal: the placing of the defense of the right to life and its quality at the very center and heart of the fundamental rights of man.

Vast sums are spent on promoting and spreading the use of contraceptives. Abortion is not hindered and countered but actually legalized. There is a failure to help and support expectant mothers. Attempts to defend and protect the family, the very building block of society, are not matters of primary concern. This false defensive battle against the much heralded demographic danger makes the problems relating to the world of children even worse and has the end result of much higher costs than those which would be necessary for an overall defense of life.

As on previous occasions, this international conference has a dual aim. On the one hand, it seeks to analyze all the very many aspects of the world of children, and to do this by taking full advantage of the various disciplines which can contribute to that analysis. On the other, these days of study and reflection, which will be crowned by a speech and a message by the Holy Father, are an attempt to increase people's concern and awareness of the whole subject; their purpose is the awakening of the conscience in relation to children. But at the same time this conference wants to offer a ray of hope. The Church has always been a force which is in the vanguard with regard to coming to the aid of, and supporting, the weak when they cry out for such help. And now the Church wants to be in the front line in the fight to defend the rights of the child and to make sure that the adult world, humanitarian organizations, governments, and nations do their duty in defending and upholding such rights.

The future of children is their here and now, and in that future is also to be found the future of society. Every building finds that its foundations constitute the key forces of its strength and its resistance to blows and stresses.

Unborn children and children all over the world are perhaps today's most tragic testimony to the differences and inequalities which divide humanity. They have this role through no fault of their own, and in spite of what they are and do.

Let me conclude by observing that Christ's injunction that we should be like children is a sign to all of us of how the human person can fulfill his transcendental destiny.

ANGELO CARDINAL SODANO, SECRETARY OF STATE

We Are Called to Discover Christ's Face in Children

Ladies and Gentlemen,

At the end of September 1990 I had the honor to take part in the World Conference on Children organized by the United Nations. It was very heartening to see that the heads of state and the leaders of all the different nations of this globe had joined together to consider so important a subject.

Indeed, one can hardly deny that concern and care for children of the very greatest importance to the international community.

Three years later I am very happy to take part in another such event of worldwide importance which is also dedicated to the welfare of children, wherever they may be.

The moving spirit on this occasion is not the United Nations, but the Holy See, through the offices of the Pontifical Council for Pastoral Assistance to Health Care Workers. This International Conference is a meeting of eminent people who have come from the five continents to compare programs, exchange information and the conclusions of their experience, and find new ways in which to serve and help children.

Before me I see gathered members of scientific academies and university professors, ministers of health and eminent politicians, Nobel Prize winners and other prize-winning researchers, the Directors General of UNICEF, the World Health Organization, and international nongovernmental organizations, ambassadors from various countries, teachers from Catholic universities, priests and lay activists. All of these illustrious participants are devoted to the study of the problems of today's children and of the paths to be followed to ensure a better future for tomorrow's.

Our conference has as its starting point a sentence uttered by Isaiah seven hundred years before the birth of Christ, when the Prophet predicted the coming of a child who would free Israel. The Chosen People were to know that God would soon reveal himself to the world in the form of a child: " A Child Is Born to Us ": " *Puer natus est nobis* " (*Is* 9:5).

And, indeed, in the Bethlehem manger, Christ appeared to the world in the humble form of a child, an infant who was poor and defenseless. But the shepherds of that place knew how to recognize the presence of God in that humble form and went to worship Him.

Today, as well, we are called upon to discover in each child the face of a being created by God in his image and likeness. For us today those words long ago spoken by Jesus of Nazareth remain eminently valid: " When you did it to one of the least of my brethren here, you did it to me " (*Mt* 25:40).

With this vision of faith Christians over the last twenty centuries have always seen the face of Christ in the faces of the youngest of us and of the suffering. Indeed, following the Sacred Scriptures, Christians have learnt that their behavior towards children is a measure of their belief and faith in Christ: " He who gives welcome to such a child as this in my name, gives welcome to me " (*Mt* 18:56).

This conference, therefore, will be of great value if it manages to encourage and stimulate people to serve children and childhood!

To all those present here today I communicate the greeting of the Holy Father. His Holiness has followed the preparatory stages of this conference with great attention and will follow its proceedings with equal interest, so ably guided, as it is, by His Eminence Cardinal Fiorenzo Angelini.

In addition to the greetings of the Supreme Pontiff, I also convey to you those of everyone working with him in the Roman Curia. We will be close to you during these days of study and reflection, and we are filled with the hope that your deliberations will lead the international community to be ever more dedicated to serving children.

We live in times which are by no means happy. Today, unfortunately, there are those who deny children the right to be born. In so doing, they neglect the right to life, which is, after all, one of the most fundamental of human rights.

There are also those who shoot at children, as has happened in recent times in what was once Yugoslavia. In that country, indeed, bombs

were dropped on the children of an elementary school, causing death and destruction.

There are also those who are insensitive to the plight of many sick and malnourished children in the underdeveloped countries of this planet: young creatures who cry out to us for help and sustenance.

There are also those who exploit innocent and defenseless young creatures for their own selfish interests and ends.

Indeed, it is more than clear that we are living in most difficult times. But this is a challenge which men of good will, and Christians in particular, wish to meet head on; their aim is to find a solution to all these many difficulties which beset young people.

Many of those present here today are doctors, and they have taught us not to lose heart in the face of illness and disease but to attempt a cure, and to do so with great and real love for the sick person.

This should also be our attitude to the ills of the present-day world. In curing these deformations we will be able to reveal to contemporary man those values which are part of the common heritage of the human family. Taking care of, and healing, children is one of these values!

In 1979, during the International Year of the Child, Pope John Paul II spoke the following words to the Thirty-Fourth General Assembly of the United Nations: " Care and concern for the child, from the moment of conception, before birth, and during childhood and adolescence, is the first and foremost means by which man demonstrates his relationship with his fellow man. What else could we want for every people, for the whole of humanity, and for all the children of this planet, than a better future in which respect for the rights of man becomes an authentic reality? " (*Speech to the United Nations*, October 2, 1979, no. 21). With these words I repeat my most heartfelt greetings to those who are present and I ask the Almighty to bless to the full the work of this Conference.

ANGELO Cardinal SODANO
Secretary of State of His Holiness

MOTHER THERESA OF CALCUTTA

The Child Is the Gift of God

I believe that love begins with the child in the family.

When God became one of us, he came to Mary as a child. When Jesus came into Mary's life, immediately she went in haste to visit Elizabeth. As soon as Mary came into the house of her cousin, the unborn child–the child in the womb of Elizabeth–leapt for joy. He was–that little unborn child–the first messenger of peace.

The child is the messenger of God to the parents, and love must begin with the child. I see so many young boys and girls given to drugs. Why is it like that? Because there is no one in the family to receive them. If the child does not receive love at home, he will go to the streets and get involved in something. We are talking of love of the child which brings peace. These are the things that bring peace.

Let us bring the child back. What have we done to the child? Millions of unborn children have been killed by their mothers. This is the greatest destroyer of peace, because if a mother can kill her own child, what is left for you to kill me or me to kill you? There is nothing. But God has said, " Even if a mother could forget her child "–something impossible, but even if she could forget–" I will not forget you; I have carried you in the palm of my hand; you are precious to me; I love you. "

Bring the love and peace of God into the family, for the family that prays together stays together. Love begins at home, and that is where we must begin to love, because the child is the fruit of the unity and love of the parents. If the parents love each other, their love of the child is great. For some it is so great that they even come to adopt our children who have no parents. These adopted children have brought so much peace and joy to those families. If the child is loved, he will bring love to the parents and to the whole world.

Let us ask Our Lady to teach us to love the child as she loved the Child Jesus. Let us pray.

God bless you.

Mother THERESA
Foundress of the Missionaries of Charity

LETTER OF CAROLINE OF MONACO TO HIS EMINENCE FIORENZO CARDINAL ANGELINI

A Son Eminence
le Cardinal Fiorenzo Angelini
Président du Conseil Pontifical pour
la Pastorale des Services de la Santé
Cité du Vatican

Eminence Révérendissime,

C'est avec un immense intérêt que j'ai pris connaissance du théme de réflexion que le « Conseil Pontifical pour la Pastorale des Services de la Santé » a proposé aux participants à la conférence sur « L'Enfant est le Futur de la Société » qui vient de se tenir au Vatican.

Cette heureuse initiative, prise sur les hautes instances de Sa Sainteté le Souverain Pontife, ne manquera pas de contribuer grandement à la prise de conscience de la place essentielle que nous devons réserver à l'Enfant pour que l'Humanité puisse espérer progresser sur la voie de l'Amour et de la Vérité.

En ma qualité de Présidente de l'Association Mondiale des Amis de l'Enfance et par l'intermédiaire du Représentant de l'A.M.A.D.E. Italie, je tiens à vous exprimer, ainsi qu'à tous les participants à cette rencontre, mes compliments sincères et mes vœux fervents pour que ce message d'une si haute signification morale soit largement répandu à travers le monde.

Assurant Votre Eminence de mon profond respect, je La prie de bien vouloir transmettre à Sa Sainteté le Pape le gage renouvelé de mon filial et plus fidèle attachement.

CAROLINE DE MONACO

20 Novembre, 1993

ROBERT G. MUGABE

Commitment to Children

My delegation and I feel greatly honored to have been invited to participate in this very important and timely Conference, which has reaffirmed the commitment that we made to the World's children at the World Summit on Children held at the United Nations in New York in 1990.

I wish to express our appreciation to His Holiness, Pope John Paul II, His Eminence Cardinal Angelini and the organizers of this Conference for the excellent facilities placed before us. We are also grateful to Mr. James Grant and UNICEF, without whose contribution and perseverence the Conference would not have been such a success.

Your Eminence, the world which we will bequeath to our children is one which is full of contradictions and a future that at this point in time looks bleak. The gap between the rich North and the poor South continues to widen, ethnic and religious fanaticism, xenophobia and racism are on the rise as a spill-over from the momentous changes that have taken place in the post-Cold War world. Instead of heralding a period of democracy and human rights, including children's rights, ours remains an inhospitable world, three-quarters of whose children live in abject poverty in spite of its economic and technological capacity to eliminate hunger, malnutrition and disease.

There have been numerous warnings about the deteriorating economic conditions in the countries of Africa and the developing world. It had been hoped that the end of the Cold War era would bring respite to all of us, but, instead, Africa and the developing world have witnessed unfavorable and deteriorating terms of trade and shrinking official development aid (ODA). The early 1990s have also witnessed political unrest and civil conflicts. These disturbing developments have taken place at a time when many African countries are going through painful structural adjustment programs. The adverse effects these events have on our African nations are naturally felt more among the younger people, who constitute the majority of these nations.

African leaders know and are greatly concerned that African children are facing increasingly severe crises, especially in the light of the information that one-third of the almost 13 million children who die worldwide every year are African; yet they also constitute more than 10 percent of the world's child population.

I am sure it is the realization of the urgent need to improve the lives of the world's future generations that drove our nations to undertake and support global initiatives on the protection and survival of children. Africa played a significant role in this campaign. Thus, preceding the World Summit for Children held in New York on September 30, 1990, the OAU Summit of July that year endorsed the envisaged goals and the action programs of the World Summit for Children by adopting Resolution CM/1360 (LIV) on the " Implementation of the African Decade for Child Survival, Protection, and Development, " which called for the preparation of National Programs of Action for Children.

The subsequent 1991 OAU Summit held in Abuja, Nigeria, also urged member states that had not already done so to ratify the Convention on the Rights of the Child, which seeks to establish universal protection and development of children. So far 150 countries worldwide have ratified this convention, which became international law on the September 2, 1990. A majority of African countries, including Zimbabwe, were the first to ratify that Convention.

The quick passage of the draft Convention into international law is, I believe, a measure of the universal concern and recognition that children occupy a special place in all societies and reaffirms the world's new ethical commitment

to the most helpless and vulnerable group of our population.

At the OAU and UNICEF-sponsored International Meeting on Assistance to African Children held in Dakar, Senegal November 25-27, 1992, a sizeable number of African countries presented to the meeting National Programs of Action for Children, ready for implementation.

In practice, however, the African programs aimed at child survival and development are greatly hampered by Africa's inadequacy in resources, compounded by the ever-growing debt burden. According to a UNICEF report, " Debt Relief for Africa, " July 1993, the picture is quite a gloomy one. I quote:

" The debt burden of Africa continues to increase; the total debt stock grew from US $110 billion in 1980 to US $289 billion at the end of 1992. The debt service obligation for the continent is now nearly US $33 billion per year, equivalent to more than 10% of gross national product (GNP) or some 33% of the value of exports, with an actual outflow of foreign exchange service payments of US $26.3 billion at the end of 1992. "

The ability of African Governments to implement programs for the survival and development of children is further hampered by the fact that many countries are going through economic reform programs which call for a reduction in social-sector spending. For many countries this calls for greater innovativeness in the area of social planning to ensure that the inherited inequalities are not further widened during the process of economic reform.

The prospect of poverty alleviation, given the current woes of African economies, appears very bleak, as, according to a World Bank Report of 1993, poverty is expected to increase, with a projected 50% rise in the number of the poor who form the largest group among the populations of developing regions. Given the very clear political commitment of African nations to the World Summit Goals, on the one hand, and the enormous political and economic difficulties facing African countries, on the other, one may ask what the prospects are for Africa's achieving the set targets in the National Programs of Action for Children.

Your Excellencies, Ladies and Gentlemen, I believe that some of the solutions to the funding crisis were mentioned at the World Summit, where it was suggested that the " peace dividend " arising from savings on expenditures by developed countries, following the end of the Cold War, be directed towards child survival and development programs. Unfortunately, this has not happened.

In fact, there is evidence of either a lack of interest or exhaustion on the part of the rich nations as regards aid to the developing world. Indeed, what we are witnessing is the continuing trend by industrialized countries to export weapons of mass destruction to the poor nations in order to keep the arms industries viable.

Turning to my own country, since Independence in April 1980, may I say Zimbabwe has been pursuing well-designed, in our opinion, socioeconomic programs aimed at redressing the inherited social inequalities and imbalances, deliberately created by previous colonial and racist governments between blacks and whites, by committing a large proportion of the national budget to the social sectors. Throughout the 13 years of our Independence we have committed, through our annual budget and other organized resources, relatively vast sums of money to human-centered development, particularly in improving the welfare of women and children in the education and health fields. Zimbabwe's population, according to the 1992 census, is 10.4 million, 55% to 60% of whom are under the age of twenty.

By the end 1990, phenomenal strides had already been made in providing access of the majority of children to education. As a consequence of these policies, every child now has access to primary and secondary education.

The education sector recorded phenomenal growth during the first ten years of our Independence and commanded the highest share of budgetary allocation with an average of 23.4% of Central Goverment expenditures.

As a result of this commitment to the education of our children, the number of primary schools expanded from 2,400 in 1979, with a total enrolment of 820,000 and some 18,500 teachers, that is, before Independence, to 4,550 primary schools with a total pupil enrolment of 2,300,000 and 58,400 teachers by 1991. The increases in the number of schools, pupils, and teachers were, therefore, 89%, 180%, and 216%, respectively, thus attaining the goal of universal primary education and significantly reducing the gap between female and male enrollments at the primary level. Similarly, at the secondary school level, the expansion was even more spectacular, with the number of schools increasing from 177 in 1979 to 1,516 in 1991 and enrollment of students increasing from 65,000 to 639,000. University enrollment has also increased substantially from 1,941 in 1979 to just over 10,000 this year.

In the field of health care, an innovative community-based program in early child-health

and maternal health care and immunization has resulted in a reduction of the infant mortality rate from 88/1,000 in 1982 to 53/1,000 by the early 1990s. Further, the maternal mortality rate was reduced from 150/100,000 in 1980 to about 90/100,000. Moreover, eighty percent of children under one year are now fully immunized.

Antenatal care has reached 90%, with 92% of babies being born in urban areas in health facilities, and the figure standing at 64% for rural areas.

The implementation of the economic reform program intended to stimulate economic growth by liberalizing the economy, reducing the fiscal deficit, and transforming the role of government sectors, has had transitional negative effects on the social sectors, with the real allocations to the social sector, in the 1993-1994 period, falling by a quarter when compared to the 1992-1993 figure.

Within the framework of the Zimbabwe Naional Program of Action for Children, attempts have been made to adapt to the difficult financial situation resulting from the initial implementation of the Economic Reform Program. Accordingly, some of the following rationalization measures have been adopted.

1. Line ministries are to make attempts to adapt their financing and management systems to enable them to continue to maintain access to high quality services, but within a smaller budget

2. Implementation of cost recovery programs covers all Ministries, including health and education, but because of their adverse impact on poorer families and, therefore, on children, those poorer and most vulnerable families are being targeted for assistance through the Social Dimension Fund which ensures the payment of medical and school fees for their members.

3. Resorting to community management of social services, such as health, education, water and sanitation, in order to ensure sustainability of programs at reduced costs.

4. Mobilizing the private sector, nongovernmental organizations (NGOs), and Church groups, to participate in the social programs and to ensure that employers in the private sector contribute to the health insurance scheme. A policy of tax incentives to the private sector relating to the building of schools and clinics has also been adopted.

5. Development of new policies in the social sectors to deal with the rising problems of street children and the growing number of orphans who are likely to arise as a result of the AIDS problem. It is estimated by the Zimbabwe National AIDS Coordination Program that there will be some 600,000 children who will have lost one or both parents because of AIDS by the year 2000. Indeed, AIDS has now become the main killer of our children, hence the current intensive compaign by our Ministry of Health Child Welfare to promote awareness on the dangers of AIDS and preventive methods.

In spite of the negative economic and financial climate, Zimbabwe has continued to put children's concerns first, as clearly demonstrated during the last drought, of 1992-1993, when the Government of Zimbabwe averted severe malnutrition and possible deaths amongst the under-fives by setting up a Child Supplementary Feeding Program, which at the height of the drought fed over 1 million children at over 18,000 community-run feeding centers on a daily basis.

It can thus be seen that Zimbabwe continues to implement programs of child survival and development and to give children's programs the priority rating they deserve. We have by no means solved all our problems in this area. With the tough economic situation that we are now facing, a new phenomenon has surfaced in our country, that of " street kids " referred to above. Multisectoral groups, including Government and nongovernmental agencies as well as churches, have come together to address the problem. Some organizations have set up drop-in centers where these kids get a meal a day.

Varying levels of skills-training or caring centers have also been started by other organizations. Among these is the Zimbabwe Child Survival and Development Foundation, of which I actively support and which has contributed significantly towards alleviating the plight of our children. It runs numerous and varied projects aimed at alleviating and promoting the condition of our children and makes donations to children's groups or individual children for various forms of relief.

Your Eminence, what Zimbabwe is doing in its own small way other countries are also doing in their own ways. Basically, the issue of child care is the issue of resources. With more resources a lot more, very much more can be done for children in support of both our international and national commitment. Morality demands that we find these resources if the future of our children is to be secure.

His Excellency ROBERT G. MUGABE
President of Zimbabwe

PIO LAGHI

Giving Priority to Children's Education

Today's session has a specific subject: " giving priority to children and the future generations. " In my small contribution to the debate I would like to add, or rather to specify, in my capacity as Prefect of the Congregation for Catholic Education, the phrase " priority to the education of children. " This is because the future of society depends on the way in which children are brought up and educated.

The most important educational institutions which exist are the family and the school. In the words of the Second Vatican Council, the family is the first school of the social virtues. *Gaudium et Spes* further asserts that " the school plays a special role as regards the various forms of education. " It is well known that where there is no school the conditions in which children have to live, and in which others have to live, are more deleterious than where such is not the case.

The family must pay very special attention to the child.

It must develop a very great respect for his personal dignity and must pay very great heed to his rights. This is true as regards every child, but it is of special relevance when the child is very small and thus in a state of particular need, or when ill, handicapped, or suffering.

About two years ago (October 20, 1991) the Holy Father spoke to about thirty thousand Brazilian children accompanied by their parents. He declared that " to be truly important you need a family, parents who stay together, an atmosphere of love and peace. " He went on to say, " We must help those children who are born outside a family and grow up without a real family. But at the same time we must strive to ensure that the right of a child to have parents who stay together, brothers and sisters who love each other, and a happy and harmonious home is respected ". Three appeals by the Pope must be emphasized which apply not only to Brazil but to all the countries of the world: every child needs a family; every child must have parents who stay together; and every child requires an atmosphere of peace and of love.

Here, of course, the problems arise in a more than evident fashion. Today, unfortunately, the family is sick and in a state of deep crisis. The family, which is, after all, the first school of life, often is unable to guarantee that atmosphere of love and peace which is so necessary to the educational path to be trodden by the child. At the same time society, especially in its Western forms, is undergoing a crisis in values and experiencing a kind of cultural disintegration, both of which create very great difficulties for the child and the adolescent who are engaged in a search for models to follow and truths to hold. I believe that all of us must face up to this reality and support and sustain the family and society in their attempts to carry out these palpable and evident duties.

What about schooling? In many countries of the so-called " third world " it is in very short supply. And in many of the advanced countries schools instruct but do not educate in the real sense of the term. The authentic education of a person counts among its objectives not only those which are very immediate and obvious but also those which relate to the spiritual needs of the young person. From this point of view, and with this assertion in mind, it should be made clear that education, to be fruitful and authentically valid, should educate the child in the values of faith and morality. This should be done, of course, by fully taking into account the sociocultural context within which such education takes place. There can be no such thing as " value-free " education.

It is of the essence for the human person, whatever the ideology or creed involved, to have goals which go beyond the merely worldly sphere. Only in such a framework can he act with force and courage in the attainment of

those higher ideals which work to the benefit of the individual himself and the community.

The Church is deeply involved on this front of bringing up and educating children. Her traditions in this field are illuminating and clear. They are borne out by the work and example of authentic " giants " of the stature of St. John Bosco, for instance. This great and exemplary educator of children and young people wrote in a letter to the members of his religious community that it was important " to remember that education is a question of the heart, and God alone is its guide. We ourselves can achieve nothing in this endeavor if God himself does not show us the way and give us the key to this door. " The secret of his educational program is contained in three words: reasonableness, loving kindness, and religion.

As for the Church's involvement in education, I would like to recall that at present it has more than 180,000 educational facilities throughout the world, from the pre-school to the university level, attended by over 42 million students.

These Church-run institutions–just like public ones, moreover, where the same applies–are called to transmit knowledge and lead students to acquire learning, skills, and techniques which will allow them to become integrated into social life without forgetting that the highest and at once deepest aim of the school is to promote man's integral development through instruction and thus offer children and young people criteria to evaluate and values to interpret life and reality. This primacy of education is stressed by the Second Vatican Council with great clarity in the Pastoral Constitution Gaudium et Spes: " The education of the young of whatever social origin must be formulated in such a way as to foster men and women who are not only intellectually prepared (*exculti ingenii*), but endowed with a strong personality (*magni animi*), as our time insistently demands " (no. 31).

Education must aim to form persons who build their lives on secure values–absolute and transcendent–and are not satisfied with living in a banal mediocrity. In this task we educators have a great responsibility, inasmuch as the world can become better only if the men of tomorrow are better than those of today. And this also depends on us!

PIO Cardinal LAGHI
Prefect of the Congregation for Catholic Education

GIULIO ANDREOTTI

We Must Not Remain Inactive in the Face of the Plight of Children

Three years or so ago, in the very middle of the Gulf crisis, I was very much struck by the fact that the Sheik of Kuwait, Jeber al Sabah, who was at that time in a state of temporary exile because of the military occupation of his country, was a participant in a special meeting of the United Nations devoted to the problems of children and childhood.

This meeting was attended by seventy-one heads of state or national leaders who had responded to the special appeal of the United Nations. It seemed, and in fact it was, a solemn collective affirmation of the will not to remain merely passive in the face of the well-documented fact that every week there die two-hundred-and-fifty thousand children because of a lack of elementary nourishment and of health care and prevention. In addition, millions of others are compelled to lead lives of invalidity for exactly the same reasons. I remember that there was very great emotion among those present when a small delegation of young children read the text of the final resolutions and then went around the table to collect those signatures which would commit the different states of the world to initiatives aimed at the effective combating of this terrible silent slaughter, a massacre which nobody could continue to ignore.

And if, indeed, it was unfortunately true that at that moment a very strong display of military force was necessary for the successful liberation of Kuwait, it also seemed clear that a very small proportion of the 145 billion dollars spent each year by the most advanced countries of the world on armaments could be spent on the defense of millions of children and young people threatened by death. It was also most striking that the foreign debt of the poorest countries of the globe (178 billion dollars) was threefold the amount given to them in the form of aid by the developed countries.

The idea that this debt should be staggered over time at a very low rate of interest, if not canceled altogether, circulated with force and compulsion at the time of that very high level meeting of heads of governments.

But it could not be denied either that in the most advanced countries on this planet many children live on the streets and a large part of the population is below what may be termed the poverty line.

In 1985 the report of the committee on children and childhood of the independent commission on human rights was given to the press. Senator Susanna Agnelli was a member of this committee and was responsible for the Italian edition.

This senator declared, " An immense problem is before world opinion: millions of children left to the streets are completely abandoned to their own fate and suffer from malnourishment right from the beginning of their lives. They have never known love, education, or a helping hand. They live day by day through petty theft and violence. These children form gangs in order to create families and in order to achieve a level of support that they have never known and a sense of security that they have never experienced. There are children who are maltreated, shut up, or, indeed, murdered. There are children whom the world wants to forget and ignore. There are children who see adults as enemies and who are never smiled at, who are never embraced, who are never protected, who are never comforted. These children will be the men and women of tomorrow's world. " This very severe account of the way things are by no means ignores the activity of religious and lay missionary workers.

These people are at work in enthusiastic fashion on every continent of the world. Theirs is very generous help, but on a scale insufficent for the task which befronts us all. The initiatives and activities of public authorities will need to find a solution to this vast problem, even if, as I rather doubt, the proposals agreed upon in New York in 1990 are put into practice. There will always be a need for missionary volunteers, and this form of activity should be more widely publicized, if only because in this way vocations and support will be more readily forthcoming. The warning *Quod superest date pauperibus* has great force, but also promises great achievements. After all, with 1,800 Italian lire of vaccine, 300 lire of salt and sugar for oral rehydration, and 1,300 Italian lire for antibiotics one can save the life of a child.

The problem of abandoned children cannot be solved except by a complete change in regard to the resources that are available. If the very small privileged world, which has at its command more than four times the resources available to the poor world, does not realize that a great change is needed at the level of economic and social allocation, then it is difficult to see how the inevitable rebellion of the disinherited (a natural outcome of the continuing presence of injustice) can be avoided.

It should be realized, therefore, that the concept of a " new order " is not merely the subject of conferences or the theme of the works of scholars. On the contrary, it is the great challenge of our day, and there is very little time left to ensure that the third millennium of the Christian era does not inherit a very weighty burden from the twentieth century. By that moment our century, indeed, should have set in motion a plan to counter what is evidently an explosive and poisoning imbalance in the distribution of he world's resources.

I think it is only right, before concluding, to observe that in addition to the contemporary causes of this daily massacre of the young there are other factors which go beyond hunger and the lack of medical care. I am thinking here of the unfortunate consequences of war: ethnic cleansing, deportations, and similar horrors of our time. Certain international initiatives which are in themselves right and good end up by damaging the smallest of our fellow creatures.

Economic sanctions applied to a nation, for example, can have very serious consequences for fundamental rights. They make life difficult not only for governments, but also for whole populations, including their weakest and most defenseless members. Here it is most fitting to cite Dante's cold invective directed against those making the children of Count Ugolino suffer for his alleged treason: " You should not have put these young people on such a cross. " In this general survey of how children can best be helped it would be very inappropriate not to refer to the need to stimulate new and vigorous appreciation of the family. This will be the subject of the United Nations' campaign next year aimed at " building a small democracy at the heart of society. " We should occupy ourselves to the very utmost as regards this subject, and we should do so without rhetoric.

At the same time we should pay great attention to a recent declaration of the General Assembly of the United Nations which called for a truce while the Olympic Games were being held wherever there is fighting going on.

Everything that can calm and help troubled spirits should be promoted by governments and by the peoples of this world with faith and incisiveness. This would be a true and fitting attempt to obtain for young people that better future which they so deserve. To them is due, and not only at the level of words, *maxima reverentia*.

Hon GIULIO ANDREOTTI
Senator of the Italian Republic

OSCAR ARIAS

Children in Danger

If there were other intelligent species around us able to observe us and listen to us, they would probably think that we human beings are pathetic creatures, with no possibility of understanding the grandeur of our own instincts and bent on attaining immortality by means of something so ephemeral as are words.

It is not that words have not conferred grandeur upon human beings. In the world's libraries are found monumental philosophical discourses and magnificent literary works containing all the joy, sorrow, longing, perplexity, and poetry which has sprung from the lips of men and women in the course of millennia. In order for words to exist thousands of languages and dialects have been created, and human ingenuity has invented numberless artifacts to disseminate them.

But all of this grandeur, when weighed by our judgment against just a few of the crimes committed by men, returns to the original condition of words cast to the wind.

What is there in the instincts of the human species which is superior to words and more permanent than words? To find out we need only imagine who many millions of times the gesture of a mother protecting her child from danger has been repeated in human history? For a species whose young are destined from birth to that long period of defenselessness which we call childhood, how small would their chances of survival be if she were not endowed with an extraordinary and gentle instinct of parental responsibility?

I am thinking of the demands of saying something to you which will contribute to clarifying in our time, as in many others, the worst part of suffering is left for children. I feel all the words have been said. Unfortunately, it is not possible to think of the world's children without the terrifying idea of genocide coming to our minds–the most vituperated of crimes.

The believe the magnitude of that crime against the world's children is so scandalous that it demands to more words, but acts. As a proof that I am right, it would suffice to observe the word–and actions suggested by them–in a UNICEF document entitled *The State of the World's Children 1993*. In that document UNICEF uses the words strictly necessary to tell us that in our time nearly thirteen million children die each year, more than eight million of whom would be saved if there were additional resources available amounting to only $25 billion a year to attend to a few basic needs of the most helpless human populations. That estimate takes in the cost of controlling the most devastating childhood illnesses, of halving the indices of undernourishment, of providing drinkable water and health services for all communities, of making counselling services for family planning universally available, and of offering each child at least a basic education.

The fact that you have already read that information, as is likely, confirms my feeling that all the words have already been said. Let us observe that the sum of $25 billion is just an insignificant fraction of yearly arms spending by all countries.

This leads us to wonder again where and when human societies lost that wonderful instinct of childhood protection which has enabled us to become the most numerous–though one of the weakest–of the major species.

There–in words, I repeat, which we cannot surpass–UNICEF reminds us that such a sum is negligible, since Europeans spend twice as much on cigarettes alone and Americans spend 20% more on beer consumption.

Not to do what is needed so that infant mortality will be reduced by 60% through as-

signing such small resources amounts to carrying out genocide consciously. It amounts to making the future generations victims of a war crueler than all other wars in history put together.

But we have already seen that it is only a part of the crime of lese-humanity which is being committed against the world's children. In this forum the situation has been aired which is suffered by other millions of children who do not die, but who may be regarded as unfortunate war survivors. I doubt that there is a single person in our midst who can say he or she comes from a country or region in which there are no children who are undernourished, deprived of educational opportunities, ill and uncared-for, or victims of other abuses and aggressions.

In my struggle to achieve the pacification of a Central America scourged by military conflicts I was always encouraged by the certainty that war caused more casualties among children than combatants. And in my effort to attain peace there was a sense of urgency, sometimes desperate. We knew that the effects of the social and economic disarticulation of Central American societies would last for a long time after the fighting ceased.

Only in peaceful conditions was it possible to devote our efforts to the cause of demilitarization and to political efforts aimed at achieving a truly just definition of priorities in use of resources. In this regard, what is most just is preferential attention to the basic needs of children.

My friends, in the history of my country there was a singularly important moment when, at the end of the nineteenth century, leaders with vision introduced into legislation and the educational system guidelines and regulations guaranteeing for many decades obligatory and more equitable basic education for all children. Certainly, education would not by itself suffice to account for our achievements in the area of child protection in Costa Rica. But as a society we can testify that good education is a useful and fundamental instrument to render effective our effort to provide enough health, housing, and conditions of democratic participation to give children a place at what one of our Pontiffs called " the banquet of life. " I propose that there arise from this forum the universal purpose of enshrining children's rights in the legislation of all countries and making basic education the first and most effective of those rights. The lion's share of the resources at our disposal in this field should be used to strengthen the education of our children, make it generally available, and improve its quality. The benefits of education should be directed on a priority basis to those needing them most–children. May this be the beginning of the recovery of the best in our instinct and the justification of all the words already spoken around in the world.

Hon. OSCAR ARIAS
Winner of the Nobel Peace Prize Costa Rica

HIROSHI NAKAJIMA

Children as Products of Our Societies

The child is the future of society. In truth, any child who is born to us, anywhere in the world, holds the promise of a better world. But children, in very concrete terms and situations, are also the *products* of our societies.

Childhood is not a world apart. It cannot be reduced to an abstract, idealized and homogeneous condition. Childhood reflects all the major inequities which our societies generate and perpetuate. To be meaningful and effective, policies which address " children's " issues must be part of, and supported by, coherent overall public and social policies. We must be honest enough to confess that unless we change our present societies to bring into them more social justice and equity, more evenly shared and sustainable development, there will be few chances for today's children to build any brighter future for themselves, and therefore for humankind as a whole.

In this present-day world, there are millions of child refugees, child labourers, street-children, battered children, poor and uneducated children, and children who are pushed into prostitution or drug addiction. And there are millions more who live in affluence and who are loved, cared for and secure. But the dividing line cannot be drawn between just rich and poor. The situation is more complex. If we truly mean that children are the future of society, we must make the world of today humane enough for those children not just to survive, but to be able to imagine a future for themselves and then to will it into being.

John Stuart Mill once wrote that " One person with a belief is a social power equal to ninety-nine who have only interests. " We have come to this conference to express our firmly held belief that we all have a moral responsibility to fulfil, and the material means and opportunities to act, now, in order to improve the present and future of our children. The strength of our belief will be tested, in the end, by our power of persuasion and our capability to bring about changes, for the better, worldwide.

We talk about the need for responsible parenthood and family values, and denounce the trend towards disintegration of the family. All of this is justified. But what about those families which are caught in the midst of wars, civil strife, exploitation and unemployment? What of their children? Are the parents alone to be held responsible for what society at large and the international community seem unable to curb or stop? We must take advantage of the International Year of the Family to bring social, economic and psychological support to children *within* their families. The concept of " families at risk " would be worth elaborating to make preventive action easier and more effective.

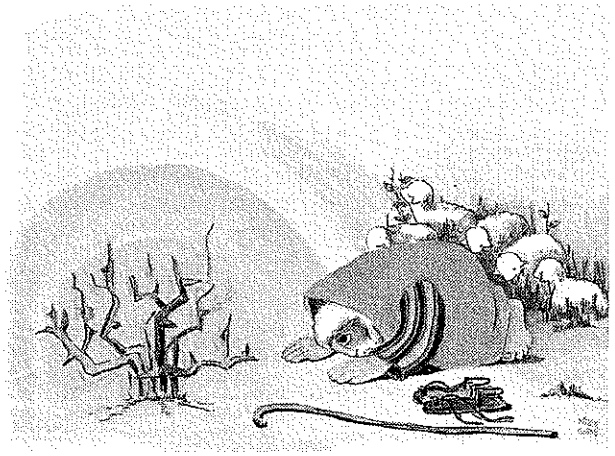
To those who are rightly concerned with the problem of global population growth, we should keep emphasizing that successful and sustainable family planning depends, first and foremost, on the reduction of child mortality, in turn, largely depends on economic and social development, including health infrastructure and, most important, women's literacy and education.

At present, nearly 13 million children under the age of five die every year, and about half of them die of diseases which can be prevented by immunization or controlled through simple and inexpensive measures such as oral rehydration therapy. In line with the Declaration and Plan of Action adopted by the World Summit for Children in New York, WHO's goal is to reduce at least by one third the number of preventable deaths among children under five by the year 2000. WHO has intensified its action and focussed its targets accordingly, mainly through its programmes on vaccines and immunization, as well as on control of diarrhoeal diseases and acute respiratory infections. Efforts supported

by these programs are already saving the lives of more than 5 million children every year.

WHO's basic mission is to help improve the health of all stages of their lives. Our action, therefore, starts with mothers and children and extends to care for the elderly, always keeping in mind that the human being is one and that it develops along a continuum. Whether a child, for example, is properly cared for and nourished today will help prevent or delay the onset of diseases in his or her later years.

One of the dreams we have, in WHO, is to protect children against major killer diseases *and* to improve their quality of life and their chances of realizing their own mental and physical potential. Part of that dream we have achieved through the Expanded Program on Immunization, which aims at universal immunization of children and which has now reached



a global coverage rate of about 80% for six major preventable diseases. Because we, in WHO, believe it is important to take care of mothers and children together, we have also supported the delivery of vitamin and micronutrient supplements to both infants and mothers in the course of regular immunization rounds and clinic visits, as an important public health measure for improving survival and reducing cases of blindness.

Following on the success of the Expanded Program on Immunization, the Children's Vaccine Initiative was launched and has now gathered great momentum. The enthusiasm the Initiative has generated bears witness to the readiness of scientists and the industry to rally round goals which are not just technical and commercial but also humanitarian. Our ultimate goal, in this case, is to have a heat-stable vaccine which, by one single oral dose given any time after birth, can protect against several diseases all at once.

For this coming decade, we have set for ourselves additional targets, directly related to the Children's Vaccine Initiative, which include the elimination of neonatal tetanus and the substantial reduction of cases and deaths from measles. We also want to achieve the global eradication of poliomyelitis before the turn of the century. Considerable progress has already been made but the last steps before we reach final success are the most difficult. On this occasion, I wish to make a plea to all of you to join us in this ambitious endeavour to rid our planet and our children of this ancient and debilitating scourge.

The Plan of Action of the World Summit for Children, together with the United Nations Convention on the Rights of the Child, point to many fields of action where the rights of children can be effectively promoted. One of the basic rights of children is that they should be able to enjoy a carefree childhood, with access to education, recreation, and health care. The World Health Organization, in cooperation with the International Olympic Committee, has decided to intensify its promotion of health through sport, to increase opportunities for children to exercise and strengthen their bodies and, while playing, to learn to relate to their environment and to other children. We also want to make it more widely known that children who are handicapped or have chronic diseases should be able to enjoy sports, games and physical exercise too, according to their capacities, just like any other child.

We further believe that the promotion of health through sports will help us to counter harmful lifestyles, such as substance abuse, which some market structures and marketing practices induce among the young. All our WHO regional offices are taking part in this worldwide campaign. With the support of national authorities, and together with local communities and educational and sports institutions, we are planning a wide range of regular activities and special events to give all children and young people, early in their lives, a chance to enjoy a better and healthier life and social environment.

Social trends, like personal habits, tend to be self-reinforcing: as children grow up, they reproduce the same patterns they have experienced. In a general sense, people tend to parent as they themselves were parented. The pattern towards single-parent households, therefore, is of special concern to us when many of these single parents are poor, under-educated, teenage women. Poverty is the enemy, often perpetuating itself from one generation to another. In all countries, the current economic crisis and the ensuing rise in poverty hit first those who are most vulnerable, which often means women and their children.

That economic and social vulnerabilities add to women and children's biological vulnerabilities can also be observed in the case of the HIV infection. AIDS is a tragedy for all of us. It has a devastating effect on those individuals who are infected with the virus and, in some communities, leaves thousands of children orphaned and families broken. The AIDS pandemic strikes at the heart of the human organism, destroying its immune system, and also at the heart of our societies. It poses a scientific challenge but also reminds us that death, disease and suffering can never be tackled through technical means only. They demand, from all of us, solidarity, compassion, and total respect for the dignity of the human being. We must redouble our efforts to disseminate accurate and relevant information on HIV transmission and refuse any form of discrimination against HIV-positive children, at school and in society.

To be infused with the will and power to live and to build a future, in solidarity with all other human beings, a child must be able to say, as in Ben Okri's novel: " I belonged to all of them. I had brought with me a new hope. They too became reasons for staying on this earth. " In that same novel, *The Famished Road*, Ben Okri, the Nigerian author, wrote: " To be born is to come into the world weighed down with strange gifts of the soul, with enigmas and an inextinguishable sense of exile. " So it is with all of us, whose lives are shaped and given meaning by the belief that a better world, the memory of which has been nurtured in us by our childhood, families and cultures, is within our reach. Ultimately, the freedom to act according to this belief is ours, granted to us as part of our human condition.

H.E HIROSHI NAKAJIMA
Director General of WHO. Japan

JAMES GRANT

Putting Children First: A New Ethic for a New Millennium

I am delighted and deeply honored to serve as Chairman of the concluding Round Table of this exceedingly important conference. On behalf of UNICEF's more than 6,600 staff working for children's well-being in upwards of 200 countries and territories worldwide, I would like to commend the Vatican and the Pontifical Council for Pastoral Assistance to Health Care Workers–and in particular the Council's President, Cardinal Angelini–for organizing this most timely and vitally useful gathering. I especially want to extend our gratitude and esteem to the Holy Father for his personal guidance and involvement, while wishing him a speedy recovery from his recent, most unfortunate accident.

Around this table are some of the world's most powerful men and women–powerful not because they possess vast riches or military might, but because of their luminous and magnetic moral example. Their insights–and the insights of so many other leaders, experts and practitioners who have gathered here this week –will contribute powerfully to global efforts to give greater priority to children. And I would strongly suggest that these efforts are at the heart–indeed, at the cutting edge–of a growing movement that is desperately needed to prepare the world for the extraordinary opportunities and vexing challenges of the 21st century. So that we may fully benefit from the wisdom and experience of my distinguished co-panelists, I will be brief in my introductory remarks.

Before I begin, however, permit me a personal reflection. My grandfather was a medical missionary and my father a physician whose faith led him to serve as a public health pioneer in some of the world's poorest countries. So the connection between religious conviction and the active promotion of health is part of the bedrock of my experience and my way of looking at the world. That is why I feel particularly strongly about the responsibility of Christianity and all the world's great religions to inspire and lead us in the effort to promote health and well-being for all–in particular, for the poorest and most vulnerable among us.

In the interest of time, I will make 10 points in an attempt to summarize UNICEF's experience and our thinking about children in the current critical historical juncture.

13 million morally unconscionable deaths every year

First, I would argue that no feature of contemporary global reality better illustrates the central human dilemma of our times than the deaths, year in and year out, of some 13 million children under the age of five. Each one of them has the same right to live, each has the same right to fulfill his or her potential, each has the same right to be loved and cared for, each has the same right to contribute to civilization, as the child of the wealthiest and most privileged of families.

For most of human history, such deaths were largely inevitable; but now that we know how to prevent or cure the diarrhoea, the pneumonia, and the measles that account for most of these deaths–not only in prosperous homes but also in the world's most remote, impoverished villages–what was once tragic but largely unavoidable has become morally unconscionable. Given this welcome change–our greatly enhanced capacity to prevent child death and disability–we must ask ourselves why do so many continue to tolerate this massive, needless loss of life? Should not morality march with this changing capacity?

There is nothing inevitable about poverty

This brings me to my second point. I am afraid that these deaths are tolerated largely

because they are overwhelmingly the deaths of poor children, whose families and communities traditionally lack the clout to make the world stand up and take notice. The aura of inevitability that has surrounded poverty for so many centuries is perpetuated today by selfishness, indifference, and loss of hope. But fortunately there is now nothing inevitable or inescapable about continuation of the worst aspects of poverty on the threshold of the 21st century. Indeed, as the British historian Arnold Toynbee said half a century ago: " Our age is the first since the dawn of history that has dared dream it practical to make the benefits of civilization available to all. "

The simple fact is that we have made remarkable progress since Toynbee penned those words. Already three-quarters of humankind –more than double the proportion of 40 years ago–now enjoys at least the basics of a life of health, dignity and productivity, Human progress has been swiftest in the developing world, far swifter than the gains the industrial countries made in life expectancy, infant mortality and nutrition during their peak decades of development. The great unfinished business of the 20th century is overcoming poverty, starting with its worst symptoms–and causes–in the lives of young children.

A " shield of protection " for each child

Third, we now have the means to break the cycle that perpetuates poverty from one generation to the next–and break it at its weakest point. Through immunization and oral rehydration therapy, breastfeeding and growth monitoring, micronutrient supplementation and antibiotics for pneumonia, among other simple and relatively inexpensive interventions, a " shield of protection " can be erected around the first fragile months and years of even the poorest of children. We can give them something close to the healthy start in life historically reserved for only the children of the well-to-do. A start, a good start, has been made. But will we accelerate the momentum in the last years of this century?

It is not merely a matter of enabling children to " get through " the first five, most vulnerable years of their lives; since this is precisely the period of greatest physical, intellectual and psychological development (and because this development cannot be postponed); I am talking about giving children the wherewithal to " outsmart " poverty before it forever robs them of their potential. Those who are given a healthier head start have a better chance to build a decent life–to learn more and work more productively and contribute more to society–than those whose bodies and minds are stunted from the outset.

We not only have a moral and ethical obligation to see to it that each and every individual child is given this nurturing head start; it is, from a strictly practical point of view, an investment in future prosperity no nation can afford not to make. The experience of Asia's newly industrilizing countries eloquently attests to the high returns that accrue from early, large-scale investment in the health, nutrition and education of each new generation.

A momentum of progress to build on

Fourth, we have a respectable momentum of progress to build on; we are certainly not starting from scratch. The last case of smallpox was reported in 1977 and other scourges such as polio and tetanus are now slated for eradication or elimination by decade's end. Under-five mortality rates have been cut in half in the last 30 years. Today the world average stands at 97 deaths per 1000 live births–100 per 1000 for the developing countries. To put this in perspective, seventy years ago child death rates in the cities of the industrialized world were about twice the developing world's average child death rate today. What we in UNICEF call the Child Survival and Development Revolution –launched with the help of the Holy See a decade ago–has already saved more than 20 million young lives, and is now saving the lives of more than 4 million children annually.

In 1990, the world achieved the goal of 80 per cent immunization against the major killer and crippler infections of childhood–up from around 10 per cent coverage a decade before, when they were taking the lives of more than 4 million children annually. This largest peacetime collaboration in history has mobilized the social fabric of nations, demonstrating what can be accomplished when national leadership and community participation join in a common effort. Today, more than 100 million babies are being brought in each year for immunizations four or five times before their first birthdays. Three million lives are being saved each year as a result. Oral rehydration therapy is being used in more than a third of all homes in the developing world, preventing a million deaths–with the potential for rapidly saving an additional two million lives per year.

Keeping the promise of the World Summit for Children

Fifth, the post-Cold War situation greatly favours our efforts. A significant portion of the vast energies and resources which have kept the world divided and fearful for at least half a century can and must be re-directed now to alleviate the poverty that threatens to divide the world–and our nations–anew. It was, I believe, a recognition of these opportunities and dangers that led to the holding of the World Summit for Children and the entry into force of the Convention of the Rights of the Child in 1990.

At the World Summit, His Eminence Agostino Cardinal Casaroli made a heartfelt plea for God to give us " hearts large enough to embrace children everywhere, " and I am convinced that his prayer has begun to be answered. Follow-up has been encouraging, as evidenced by UN Secretary-General Boutros Boutros-Ghali's recent report to the General Assembly. National Programs of Action (NPAs) to impletement the World Summit goals for the year 2000 have been completed or drafted in over 100 countries accounting for more than *90 per cent of the world's children*. Many countries have gone on to translate their NPAs into provincial and municipal, action plans–focusing the power of decentralization and democratization on the challenge of meeting human needs.

Convention on the Rights of the Child

Due in part to the Holy See's early ratification–the fourth in the world–the number of countries that have ratified the Convention on the Rights of the Child in the short period of four years has rapidly risen to 153–more ratifications than any other human rights treaty has ever received. Fifteen other countries have signed, indicating their interest in early ratification. Only 22 countries remain on the list of those that have neither ratified nor signed, including the United States, alone among the industrialized nations.

The World Conference on Human Rights, held in Vienna in June, called for universal ratification of the Convention by the end of 1995. Achieving this goal would have enormous symbolic–and practical–significance: it would make the Convention the first law embraced by all humankind and reaffirm the world's new commitment to the smallest and most vulnerable among us.

Common goals, common timetable

Sixth, we have–as a result of the Convention, the World Summit for Children, the Earth Summit, other critical international gatherings and such intellectual and moral contributions as the Holy Father's groundbreaking Encyclical *Centesimus Annus*, and the success of the Universal Child Immunization effort–broad global consensus on both the need and our capacity to accelerate human-centered, participatory, goal-driven, sustainable development and poverty-alleviation. We have greater agreement than ever on the need to respect each individual's political, civil, social, economic and cultural rights, and on the need to eradicate what we in UNICEF have called the " apartheid of gender. " For the first time in world history we can say that humankind has begun to work in a common framework, pursuing common goals for its children. The goals to be achieved between 1990 and the year 2000 include:

– a 30 per cent reduction in infant and young child mortality;
– a 50 per cent reduction in maternal deaths;
– a halving of moderate and severe malnutrition among young children;
– universal access to basic education, and achievement of primary school education by at least 80 per cent of school-age children;
– universal access to safe drinking water and to sanitary facilities;
– improved protection of children in especially difficult circumstances, such as children in armed conflict, orphans, street children, refugees, victims of natural or man-made disasters, child labor, child prostitution and sexual abuse, disabled children, and children in the legal system.

Like runners contemplating their strategy for a big race, many governments around the globe have looked at the goals to be achieved by the year 2000 and decided to prioritize and pace their efforts. In particular, they have decided that an early sprint to reach the most straightforward and " do-able " targets would be the best strategy for the first half of the race. And so we now have a set of ambitious but feasible mid-decade goals to be achieved by the end of 1995.

In order to reach these goals, we will have to accelerate the pace of the Child Survival and Development Revolution. By the end of 1995–in only 25 months!–we can lower the obscene annual child death toll by an additional two million, and save millions more from lives of disability, malnutrition and frequent illness.

The mid-decade goals for 1995 are as follows:

– Raising immunization coverage against the six principal vaccine-preventable diseases to 80 per cent or more in all countries;

– Elimination of neonatal tetanus;
– Reduction of measles deaths by 95 per cent and of measles cases by 90 per cent;
– Elimination of polio in selected countries;
– Elimination of vitamin A deficiency;
– Universal iodization of salt to end iodine deficiency disorders;
– Achievement of 80 per cent usage of oral rehydration therapy; in selected countries, 50 per cent of all health facilities and providers to offer correct case management for diarrhoea and pneumonia;
– Making virtually all major hospitals and maternity facilities " baby-friendly " by ending free and low-cost provision of artificial milk and following the " Ten Steps to Successful Breastfeeding " recommended by UNICEF and WHO;
– Eradication of dracunculiasis (guinea worm);
– Universal ratification of the Convention on the Rights of the Child.

In addition, three intermediate targets have been set in the areas of nutrition, education, and water and sanitation. These partial or stepping-stone goals are intended to encourage governments to develop the systems needed to achieve the complete goals in these sectors by the year 2000.

If successful, our sprint toward the mid-decade goals would do more for the well-being of children, in a shorter period of time, and at lower cost, than any other undertaking in history. In addition to saving an additional two million young lives, achieving the mid-decade goals would virtually eliminate the single greatest causes of preventable mental retardation and blindness among children. What better gift could we give our children–the future of all our countries–in 1995, the year of the 50th anniversary of the United Nations!

Resources

Seventh, this action agenda for the remainder of the 1990s is entirely affordable. We are not talking about impossible sums. The US$25 billion extra per year that is needed to radically improve the lives of the world's children is about what Western Europe spends on alcohol every three months. Today the developing countries spend only 10 per cent of their budgets on primary health care, nutrition, basic education, clean water and sanitation, and the rich countries assign the same low priority to these key areas of human development by devoting only 10 per cent of their aid budgets to them. These percentages need to be doubled, at the very least!

To those who point to current and potential armed conflicts and the high cost of UN peacekeeping in arguing against giving development funding a higher priority, the answer is clear and straightforward: if we do not invest in human development and poverty alleviation today, starting with children, we will have to pay a much higher price down the line, when disparities and resentments have led to an even larger number of conflicts and a permanent instability throughout the global village.

An ethic of caring

Eighth, if this historic undertaking is to be successful, it will require more than funds, more than the marvelous scientific and technological tools we now have at our disposal. It will take people. Living, breathing, energetic, motivated and caring people and nations joined together for the common good. Whether we are talking about eradicating poverty's worst symptoms in the lives of children or overcoming the increasing problems facing children and youth in the richer nations, what is ultimately needed is a further substantial change in values, the full embrace of an ethic of caring, an appreciation of the sacredness of life, respect for others as equals, tolerance of diversity, and above all, global solidarity. This process of change is well underway already, but needs to be greatly accelerated. Unless we can bring to bear the insights of psychology and the great spiritual traditions on the obstacles preventing the full flowering of these values, there is little hope for sustainable success.

There is, of course, no special UN agency mandated to deal with the deeper psychological, moral and spiritual dimensions of the human dilemma at this crossroads in history. Nor could there be. But I am convinced that the world's great religions and indigenous cultures can make a much larger contribution toward answering the question: " Why is there not more moral outrage at the obscene daily harvest of deaths of our youngest and most vulnerable, caused mainly by abject poverty and gross underdevelopment? " After all, how can we expect to successfully address the far more complex social, civil and economic problems of our times if we do not know how to work together, with relatively little effort and at low cost, for the world's children?

The critical role of religious leadership

Ninth point. The Grand Alliance for Children that has been growing and making unprece-

dented progress over the past decade could not have made these advances without the consistent, widespread and inspiring support of the religions and religious of the world. This is true of all the great religious traditions and institutions, and I would like to publicly thank the Roman Catholic Church–its leaders and its faithful the world over–for the outstanding leadership role they have played. I could not possibly cite all the ways in which Catholics and Catholic institutions have been decisive partners in our efforts for children, particularly since early 1983, when the Holy See threw its full weight in support of the Child Survival Revolution. I think now of the Church's indispensable role in the pioneering Colombian immunization success and in making El salvador's " days of tranquillity " possible–when that country's civil war would cease for several days each year so that children " on all sides " could be immunized and cared for. I think also of front-line heroes and martyrs like Sean Devereux, a Salesian alumnus and Cooperator who gave his life for children early this year while working with UNICEF in Somalia. I think of Sister Maria Metildes, grassroots coordinator of the Church's role in making Ceara, one of Brazil's poorest States, into the one with the best indicators for children. I think of the centers for street children in Africa and Latin America that are run or supported by the Catholic Church. I think of the Association of Catholic Hospitals in India, now celebrating its 50th anniversary jubilee. I think of Catholic Relief Services and the worldwide presence of the Church wherever war or natural disaster leaves people in desperate need of assistance.

This commitment to children, as old as Christianity itself, was most eloquently expressed by His Holiness Pope John Paul II on World Youth Day this year, during his visit to the United States.

The Holy Father said: " The child is that delicate center around which the moral ethos of families, and therefore of whole nations, is either built up or shattered. In Rome and on my visits to the Church in the different countries I see so many children. On their smiling faces I read the possibility for every society and every generation to say to them: 'You are our love, you are our joy, you are our greatest concern! For your sake we will work honestly and hard to build a better world, a true civilization of love.' "

And His Holiness went on to appeal " to people of good will, to the leaders of the nations, to governments and international agencies " to formally embrace and practically apply the Convention on the Rights of the Child " so that no child on earth will be left without the legal guarantee of his or her fundamental rights. "

The need for high-level interfaith focus on children

This is precisely the kind of vision and leadership that is needed to accelerate human progress in this critical time in history, when a window of opportunity for change has opened. In recent years, we have seen each and every one of the world's religions place greater emphasis on children and youth, and UNICEF has been privileged to be closely associated with many of their worthy initiatives.

This brings me to my tenth and final point, an appeal, really: We are aware that important interfaith reflection has been taking place in Assisi and elsewhere. Is it not time for the world's great religions to come together more strongly, making children a major and visible focus of interfaith dialogue and action? Obviously, each faith and denomination must continue to do the good it is now doing individually for children. But by uniting for children at a high level, the world's religions can show that there is something special, something sacred and urgent about children and their needs. It would say to the world: let us put children first, first in our hearts and first in our actions. Surely there is ample common ground and sufficient good will to explore further avenues of interfaith cooperation for children. I am convinced that the repercussions of such an initiative would be felt far beyond the sphere of children's lives. At a time when children are paying the highest price as a result of the conflicts, hatreds and divisions that have surfaced with a vengeance in the post-Cold War world, the establishment of new forms of common religious action for children would help restore hope and, yes, save precious lives.

In closing, I would like to thank Drs. Arnaldo Farina, Joaquin Ruiz-Gimenez Cortes, and Ihsan Dogramaci–presidents of the National Committees for UNICEF of Italy, Spain and Turkey, respectively–for their outstanding participation in this conference and their dedication to the cause of children. And I thank the Vatican once more for organizing this important gathering, which may well be the largest international meeting ever held for the child, the future of society.

Mr JAMES P. GRANT
Executive Director of the United Nations Children's Fund (UNICEF) USA

ANDREW BERTIE

Children: Hope for the Future

Taking a child, he set him in the midst of them, whom when he had embraced, he saith unto them: " Whosoever shall receive one such child as this in my name, receiveth me. "

" Suffer the little children to come unto me ": which one of us can fail to respond to the call which twenty centuries ago the Son of Man uttered?

Childhood is a privileged condition, but also a time of intrinsic frailty. If we look a little more closely into it, we see that it is a sort of temporary incompleteness, a period when the child cannot express itself properly.

This makes us all the more indignant and angry, when we, as I said, learn of attempts on the well-being or even the life of these children.

This is why the Order of Malta, charged for a thousand years with the *tuitio fidei et obsequium pauperum* (defence of the faith and care of the poor), has, with God's help, and to the best of its possibility, promoted all over the world institutions and clinics, dispensaries and kindergartens to help them.

It is horrifying to think that 12.9 million children die every year, 60% of them from lung or intestinal diseases or other illnesses for which there is vaccination available. Undernourishment is another scourge which is very prevalent, but, with proper organization could be overcome.

Fortunately, the situation of both sickness and undernourishment has improved in the last ten years or so, but there is still a great deal to be done. Clean drinking water, elementary hygiene and hygienic education are the present aims.

It is not only in the poorer countries that there is cause for worry: in the rich countries of the West children are subject to dangers such as increasing violence in schools, unsuitable programs on the television, loneliness in small families and a lack of social education.

In the decade of 1980-1989 one-and-a-half million children have been killed in war, four million so badly wounded that they will be handicapped for life, five million are living in refugee camps and twelve million have lost their homes.

The Order has been doing what it can to try and help these children. We organize holidays for the young handicapped in many countries; run homes in France for severely handicapped; set up mother-child education programs and kindergartens in South America; arrange holidays in different countries for children affected by the Chernobyl explosion; run a maternity clinic in Bethlehem; set up kindergartens for refugee children in former Jugoslavia, including the first kindergarten for war-wounded children; we have provided help for and reconstructed children's homes in Rumania and programs of medical and material help for children's clinics, and vaccination programs.

We look on children as the hope of the future: as a miraculous deposit of the past and a guarantee, a promise and a hope of a better future.

H.H. Fra ANDREW BERTIE
Prince and Grand Master
of the Sovereign Military Order of Malta

ROSA RUSSO JERVOLINO

To Guarantee the Right to an Education for All Children

During this century the nations have found that the rights of children are a powerful force for cohesion and an excellent point of departure from which to face the future.

I am thinking here of two occasions: after the Great War and after the Second World War.

The Geneva Declaration of 1924 was the offspring of the League of Nations, and within its articles can be found the statement that " the child must be brought up with the idea that his talents are to be placed at the service of his brothers and sisters. " The child, indeed, is the bridge between generations, a bridge capable of building peace. The same kind of statement was made when the Declaration of the Rights of Children was promulgated. The principles of this declaration were then repeated and developed in the Declaration of 1959 and by the recent Convention of the United Nations. For these reasons humanity has the duty to give the child its very best help and protection. Indeed, humanity must invest in the child so as to create a future characterized by a higher quality of life. Working for the future generations means commitment to upbringing and to education.

Such an upbringing certainly involves the overridingly important role of the family, but the school also constitutes a phase in that upbringing which is of great importance. The relationship between child and school is certainly not the same all over the world. There are countries where schooling remains a right that is, in essential terms, denied. In Italy schooling is certainly guaranteed by the constitution, and compulsory attendance is about to be raised to ten years by our parliament, or so we hope. At the same time, however, there are still many problems. One problem in particular worries us: truancy. I am referring here to children who do not attend school because of neglect by the family, because they are sent to do black labor, because they are involved in petty crime, or because of psychological difficulties. All of this is a phenomenon, albeit still confined in quantitative terms to certain regions and large cities, which nonetheless worries and greatly concerns the government.

Movement towards a positive future means guaranteeing the right to education to all children and being even more concerned with those children who have many difficulties and problems. Our initiatives take place within such a framework of thought and of priorities.

In regard to the European Community, we have reached a point of great interest and rich potential. From the first of November the Treaty of Maastricht will come into effect, and thus education will become a question to be governed by the Community. This means, first and foremost, two things: that cooperation between the twelve Member States will lead to greater mutual help and that there will be a more effective attempt on the part of the Community to guarantee the right to education and to improve the educational services to the highest level possible.

This new role of the European Community also means giving education a new European " dimension. " By this is meant mutual respect for different ethnic groups, for different cultures, and for different religions. One is talking here of a culture of solidarity which is capable of avoiding the danger of renewed ethnic and religious intolerance.

Such is the task that the ministers of education of the twelve members of the European Community have set for themselves. They feel this duty in a very special way: for them it is a moral duty which is also their responsibility in regard to the children of those regions near to our borders.

I am thinking here of the former Republic of Yugoslavia, where children are paying the

heavy and unacceptable price of pain and death inflicted upon them by intolerance.

The school system of the European Community seeks to be, first and foremost, a process of education devoted to human rights, solidarity, and peace. It is precisely to render this intention clear and obvious that the Council of Ministers of Education, which will be set up after the Treaty of Maastricht becomes operative, has been preceded by a meeting with the Minister of Education of the Russian Republic. He is a perfect representative of the Eastern European countries and of all those countries of the world with which the Community wants to cooperate to ensure that the future generations can live out their lives in peace.

Children, therefore, as the Holy Father made clear in his speech to the United Nations in 1979, in the twenty-sixth paragraph of *Familiaris Consortio*, as a " spring of life, " are the " harbingers of future history. " And it should be further remembered that in the Gospel according to Saint Mark the evangelist shows that children are the " harbingers " of the most important and beautiful event that has ever occurred, the history of salvation: " Allow these children to come unto me, for theirs is the Kingdom of Heaven. Whoever does not come to the Kingdom of Heaven as a child will never enter its gates. " The child, therefore, is not only a bridge between generations, but a bridge between the human condition and salvation.

Hon ROSA RUSSO JERVOLINO
Italian Minister of Education

FERNANDA CONTRI

Towards a New Child-Oriented Culture

I am very happy indeed to take part in this international conference entitled " The Child is the Future of Society. " I would like to offer observations on the question of the pre-eminent importance of children in my capacity as the Minister of Social Affairs of the Italian Republic. In our country, at least, children have nearly always been considered in relation to the adult world or to the institutions connected with that world: school, family, work, or associations of one kind or another and, in addition, in terms of the evils which afflict children, such as illness and delinquency.

I believe, on the contrary, that we should build a new culture of childhood. *Puer natus est nobis* is the motto of this conference, and it is also written on the commemorative medal. We should thus generate a new culture which gives full recognition to the value of children, not simply because their number is decreasing within Western society, with the result that they are becoming " rarities, " but also because a community cannot exist if it is unable to project itself into the future by means of an ethical, cultural, and political plan which involves children and makes them its chief protagonists.

For these reasons our task is to liberate ourselves from the logic of the feelings which children evoke in adults and to establish a basis for a way of thinking which recognizes that children have the right to have rights.

In accepting my appointment from the prime minister I dedicated myself, first and foremost, to make sure that concern for the *interests* of children would be transformed into a strategy extolling and upholding their *rights*.

At the root of all the activity carried out by the Ministry in relation to childhood is the idea that children must always be seen as " persons, " even when they are handicapped, and not regarded as subjects in need of protection and care. The Ministry's activities may be placed under the following headings:

– the creation of a watch committee on children;

– a law which establishes a general principle which must be followed by policies in this sphere;

– the creation of a UN convention. These are the short-term goals to which the Italian government is committed as regards children and which it is trying to translate into concrete action through the Ministry for Social Affairs.

The watch committee, which is now well advanced as regards its formal creation, will not only be an indispensable source of information on the world of the young, but, in conjunction with ISTAT, will also guarantee the provision of statistics of great use in the analysis and description of that world. We will thus have a kind of data bank of containing information about general conditions and circumstances and about legislation which will, in turn, become a central reference point for health workers, professionals, and technicians. In addition, a committee will outline the strategies in this field to be adopted each year.

The law we would like to introduce would define what children are from a legal point of view and would also take into full consideration the needs and suggestions of those who work in the highly diverse fields connected with childhood in our country. Indeed, in one area of our nation we have the highest level of truancy in the whole of Europe, but in another the best nursery school in the world. The general principles behind this law will perform the function of acting as criteria for the application of laws and regulations concerning the family and minors, the rights of children, and their legal protection. Special attention will be paid to children who have foreign citizenship, who do not have a national identity, or who lack a clear family status.

The campaign undertaken to make possible a UN Declaration has taken the form of a number of highly positive initiatives. These deal as well with the most serious questions (for example, a list of treatments to be used with children afflicted by AIDS). I used the phrase " positive initiatives, " and I was referring here to measures to bestow upon children an evident subjectivity and centrality and to do this within the context of the belief that childhood is a social category rather than just another stage in life.

A group of experts helps me in my endeavor to produce a series of policies and a program for children. This group includes a priest, a pediatrician, a population expert, a child care officer, an architect, a writer, a judge, a neuropsychiatrist, an elementary school teacher, and a lawyer. They all represent a broad range of expertise aimed at ensuring that the 11,959,164 Italian children now alive are not considered only as individual psychological entities, as subjects in a state of transition towards adult life, and as adults in miniature, but recognized as having subjectivity because they are " persons. " This is of special importance in a society where the mass media and immigration create new social relationships, not to mention new tensions.

The task of the Minister of Social Affairs does not consist, therefore, only of preventing abuses and difficulties, but in building *with*, and thanks to, children a society that is different and multiracial.

We are working in a special way to advance the well-being of immigrant children by integrating them into the school system and defending their cultural heritage. In this sense, but not only in this sense, the agreement with Minister Jervolino has been very fruitful. Yesterday, in Athens, I formally asked for the full support of the Holy See, to which I extend my heartfelt gratitude, and also solicited the commitment of the Council of Europe. Today I asked UNICEF, whose Director General I now greet with particular reverence and affection, to organize with us a great world meeting which would force the nations of this planet to discuss a question they never want to discuss (that dense darkness!): the question of the children of immigrants, gypsies, and refugees. We must never forget that the children being born come, first and foremost, from these groups.

To conclude I would like to observe that we must recognize and ensure the recognition of all children as persons, as subjects with full rights, and as citizens. This is even more incumbent upon us given that as frontiers disappear, as the various kinds of nationalisms fade from sight, and as a community which is authentically supranational comes into focus, we have before us the prospect of a common citizenship created by that very community.

Hon. FERNANDA CONTRI
Italian Minister of Social Affairs

RENATO PONS

Let Us Help Our Children

I am here today to represent the Italian Red Cross. This organization has always worked in the field of social care and concern and has dedicated itself to the well-being of the weakest members of society–the elderly, the underprivileged, and drug addicts. But, in particular, the Red Cross has sought to help the smallest amongst us, those who are defenseless and often fall victim to human arrogance.

Every child that dies carries away with him, or so it seems to me, two lives. One need only think of the genetic, moral and intellectual presence which is to be found in the new life which Our Lord has given to the world, and which is borne within the fertilized human egg. The potential contained within a new being is limitless, and it is for this reason that when a child dies the world loses two lives.

We have heard the Holy Father often make clear that life is a sacred gift of God, and this is a truth well illuminated by the evangelists. It is not for us to change the parameters of life. Having said all this, why is the Italian Red Cross represented here at this round table conference?

First and foremost, because the seven founding principles of its philosophy directly involve the Italian Red Cross in the helping, protecting and defence of children, quite irrespective of geographical location, skin color, or political creed, and without any ulterior political motive in mind. These principles are: humanity, impartiality, neutrality, independence, voluntary service, unity, and universality.

We always help our children, wherever they may be, in Italy or abroad. On the international front, in recent years, we have helped children in Iran, Iraq, Albania, Bosnia, Rumania and many other countries. In these many places our volunteer workers have been engaged in helping people and helping to train people, at both a moral and a material level, and have done this side by side with such very important organizations as the World Health Organization, UNICEF and Caritas.

At the present moment we are engaged in trying to help children from families which have been destroyed as a result of the conflicts in what was once Yugoslavia. Some of the children that we help are in our special home at Jesolo. Here we care for children who have been maimed and injured, and often wounded in both body and spirit, and who have been transported from Sarajevo by the air lift which stops at Falconara. The volunteer nurses of the Italian Red Cross are also very active in Albania and Somalia, and in these countries our volunteers often place their lives at risk in order to help their fellow man.

Every year the world loses thirteen million children because of human wickedness, because pregnant mothers are not properly looked after, and because newly-born children, up to the age of one, lack proper care–this last reality is a direct result of the unequal distribution of the world's resources and wealth. The unchecked consumer mentality of the so-called developed countries, at the same time as the total lack of certain products in other countries, creates an explosive situation which threatens the future well-being of this planet.

Perhaps, every now and then, we ought to shed that presumptuous selfishness which marks our daily lives. We could make sacrifices more often than we do. After searching our consciences, we could stop and look into the pure and limpid eyes of all of the children of the world.

Admiral RENATO PONS
Director General of the Italian Red Cross

STATEMENT BY MRS. SOARES
WIFE OF THE PRESIDENT OF PORTUGAL

The Future Can Still Be Saved

During the sixteenth century, observes Stefan Zweig, the printing press gave every word and every idea the opportunity to take wing and to spread far and wide. It was hoped that in harmony with the spirit there would thereby be created a new form of unity which would rise above and overcome the many disputes and bloody conflicts among the various peoples of the planet. At the same time man's courage and his desire to trade and to explore the many parts of the globe, not to mention his religious evangelism, led him to cross the oceans. In this way, as was the case with the printing press, he managed to reduce and diminish barriers which seemed insuperable. Furthermore, he was thus able to create more opportunities for asylum and to escape from harsh conditions.

It seemed, indeed, that circumstances had been created which would produce peace among men and a society based upon peace and tolerance. Such, however, was not the case. Men once again became wolves in relation to their own kind; they did not depart from the all too familiar paths of violence and intolerance.

History has repeated itself down through the centuries, and in so doing has given support to Freud's theory that the barbarity of man (that instinctive impulse towards destroying) could not be removed from the human soul and that civilization could not dominate the instincts. Indeed, one might ask whether anything has changed in this respect when one takes into consideration the realities of the twentieth century.

It cannot be denied that technology and science have made gigantic leaps forward. They have given man new and potent instruments by which to improve society–as long, that is, as they are used to further the happiness and prosperity of everyone. This, however, has not turned out to be what men really want. If we look at the world around us, far and wide, we realize that very little progress has been made with regard to the organization of society. Furthermore, the great and uplifting values which should guide such an organization have been severely compromised by a frightening wave of both selfishness and intolerance.

What mirror or model can we offer to our children? That of man engaged in the search for riches and wealth? That of man doing all and planning all with only one thing in mind–money? That of man ignoring, or pretending to ignore, that, near at hand, fratricidal wars are being waged where terrible assaults on human dignity are being committed, where violation is an arm freely used, where hunger, impoverishment, and disease are rendered banal?

That of man allowing forty thousand children in the world to die every year? I am referring here to those victims of his intolerance and his inability to resolve controversies through dia-

logue, to those he lets die in the third world, and especially in Africa. He does all this while in the rich countries of the planet he engages in the squandering of wealth and resources. Should one uphold man exploiting the resources of this world and creating a highly alarming disturbance in the balance of nature? Or perhaps man plans and develops cities in such a way that people almost become objects and lack the means by which to communicate with each other and to live in settled harmony? Or perhaps even the man who pollutes the environment with dangerous abandon and renders life ever more precarious and vulnerable?

Should one, perhaps, hold up as a model that man who uses the mass media, and in particular the television, not to inform and instruct but to make money without any reference to the negative effects that this can have on the poorest and weakest sections of society, in particular children and young people? In this malevolent process the very worst social models are presented. They lead to unchecked consumerism, to a frightening trivialization of violence, and to an ever lower cultural and moral level on the part of the population.

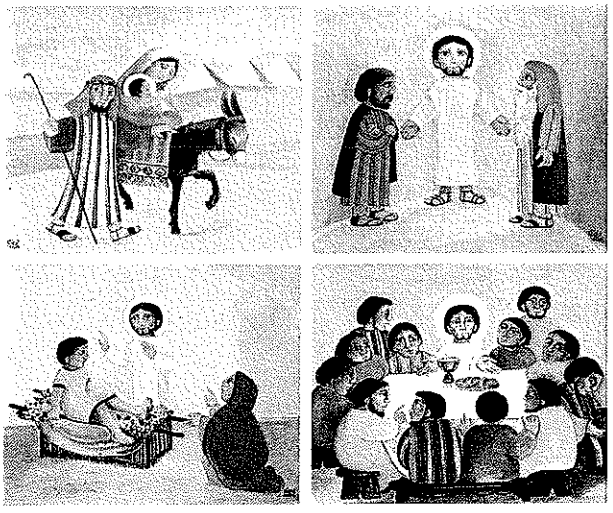
Should one really hold up as an example the man who has forgotten about his inner life, about his spirit, and about his soul?

For let us not forget that this is the kind of society into which our children, our grandchildren and our great grandchildren are born. What aggressions, what deformations, and what wickedness are being instilled into this most sensitive and important (indeed, most important) part of the population! We must act quickly and rapidly. We cannot confine ourselves to speeches and good intentions. We must formulate strategies in order to be able to transform this society of " having " into a society of " being, " as the Holy Father has made so clear. We must say to parents and to teachers that they must assume all their responsibilities.

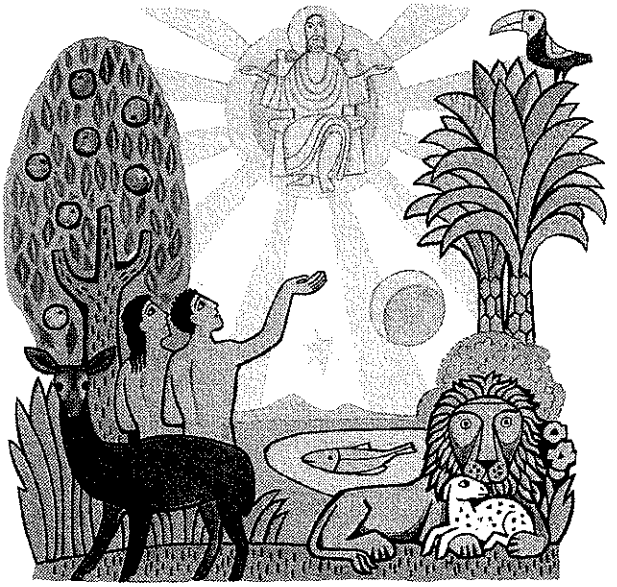
Civilization itself must be fully aware of what is needed and must force all those who wield power in their respective countries to act together, and to work together in a thoughtful way, towards this transformation.

His Holiness has recently made clear that the two extreme forms of society, communism and unchecked capitalism, have shown themselves to be inadequate: they both generate great divides between men and produce many forms of injustice. We must have the courage to stop and think, to invert the way things are going, and to find new and more just ways of organizing society. We must give new force and life to those moral and spiritual values which have been hindered and frustrated by ideas and lifestyles which are excessively materialistic.

Malraux once said that either the twentieth century would be religious or it would not exist. All of us feel the very great truth of this statement (a statement, moreover, made by a nonbeliever). But between the teachings of Christ and the Universal Declaration of Human Rights there is no contradiction in the least. On the contrary! What we must do is apply both, without any further loss of time, before it is too late! We should do this to ensure that childhood is still a reality and to guarantee that society has a future.



Puer Natus Est Nobis



The Child Is the Future of Society

ALBERT VANHOYE

Children in Holy Scripture

Holy Scripture offers varied perspectives on children.

It in fact reflects different mentalities–that of the adult, of the father and the mother, and that of Messianic expectation–and, afterwards, includes children in the Gospel message, which attaches a paradoxical importance to them.

1. In the Bible the adult viewpoint is found. Adults are led not to give much consideration to children. In the masculine organization of society children do not count, for they cannot be entrusted with any responsibility. They are not capable of running an enterprise or administering a fortune or of combatting in the event of war. When King David had a census conducted of his people, he was not interested in children. What he wanted to know was the number of " men at arms wielding the sword " whom he could use for his military campaigns (*2 S* 24:9). The Book of Numbers adopts the same perspective. The census consisted of counting " the men aged twenty or more who could go to war ". This formula was repeated to the point of saturation for each of the twelve tribes, fourteen times in thirty verses (*Nb* 1:17-45). The Book of Exodus specifies that children are not counted (*Ex* 12:37). In the Gospels the same procedure is found in the two narrations of the multiplication of the loaves (*Mt* 14:21; 15:38). When the Acts of the Apostles speak of the growing number of the early Christians (*Ac* 4:4; 5:14), they mention men and women, but do not name children ever. Children, in not being admitted to decide on their own, are regarded as a category to be overlooked.

From an adult standpoint, children constitute the first stage of existence, a defective stage with stammering and hesitation, a stage one must go beyond to arrive at maturity.

It belongs to a past which has now been left behind. " When I was a child, " writes St. Paul, " I spoke as a child, thought as a child, reasoned as a child; once I became a man, I abandoned what existed in childhood " (*1 Cor* 13:11).

The Book of Proverbs observes that children reason poorly. They lack judgment and are capable of many acts of foolishness. One must correct them forcefully to put some sense into their heads.

" Foolishness is linked to the boy's heart, but the rod of correction will drive it away from him " (*Pr* 22:15).

" The rod and correction yield wisdom, but the youth left to himself dishonors his mother " (*Pr* 29:15).

In the Gospel Jesus presents the scene of capricious children never content with the games proposed to them (*Mt* 11:16-18; *Lk* 7:32).

" We played the flute for you and you did not dance; we sang a dirge and you did not weep. " In Greek the same word means 'adult ' and 'perfect' (*teleios*). As opposed to " adult ", the term " child " thus takes on the meaning of 'imperfect'. For an adult, to act like a child is a lamentable regression. A number of New Testament passages exhort Christians to become adults in faith or reproach them for having remained children. St. Peter, in addressing new converts, baptized only recently, compares them to the " newborn, " but immediately orients them towards spiritual growth: " Yearn, " he writes, " for the pure milk of the Word [of God], to grow therewith towards salvation " (*1 P* 2:2). The author of the Letter to the Hebrews deplores the situation of some Christians who have not grown. Long after having received baptismal catechesis, they still need milk, like " children " (*nepios*), instead of being capable of assimilating solid food, like " adults " (*teleios*). Milk designates basic Christian instruction; solid food, a more profound doctrine (*Heb* 5:12-14). It is not normal for Christians to remain in an infantile state in their faith and their spiritual life. This is also what St. Paul makes the Corinthians understand when he laments not having been able to " speak to them as one does to spiritual persons, " but only " as to carnal beings, children [nepios] in Christ " (*1 Co* 3:1). " I gave you milk to drink, " he adds, " not solid food, for you were not yet capable of it " (*1 Co* 3:2). He recommends, " Do not behave like children in your judgments "; " be like children [the verb *nepiazein*] as regards malice, but mature men [*teleios*] as regards judgments " (*1 Co* 14:20). In the same direction, the Letter to the Ephesians explains that the intention of the glorified Christ on giving the Church ministerial organization (" apostles, prophets, evangelists, pastors, and catechists ") is to " have us arrive at the state of the perfect man ['adult', *teleios*], in the measure appropriate for the full maturity of Christ, for we are no longer like children [*nepios*] tossed about by the waves and carried here and there by any wind of doc-

trine...; on the contrary, we seek to grow in all things towards Him who is the Head, Christ " (*Ep* 4:11-15).

In all these texts, as we see, children do not appear in a good light. What attracts our attention is the aspect of imperfection. The child is an incomplete being in the process of development.

2. The perspective changes when, instead of taking the adult perspective, we take that of the father and the mother.

Whereas, for the adult, childhood belongs to the past, for parents the child represents the future and acquires primary importance from this fact. The wish to have children is incessantly and intensely expressed in the Old Testament.

Abraham responds to God, who promises him a " very great reward, " with a lament: " Lord Yahweh, what will you give me? I am departing without children... " (*Gn* 15:2). Indeed, what good is it to possess wealth, if one does not have children, for whose benefit wealth may be of use? The Books of Samuel begin with a lament of the same kind, this time by a woman whom sterility rendered desolate. Anna, the future mother of Samuel, " prayed in the bitterness of her soul and wept greatly " (*1 S* 1:10). The child, intensely desired, is loved as an inestimable gift of God, a blessing. When the first woman, Eve, gives birth to her first son, she recognizes that becoming a mother means to be associated with the mysterious and wonderful activity of the Creator: " I have procreated a man, " she says, " with Yahweh " (*Gn* 4:1; see also *Gn* 29:31; 30:2.22; *1 S* 1:19).

Quite a few Psalms sing the happiness which the Lord grants to his faithful by giving them children.

" Now, children are a gift of the Lord; the fruit of the womb is his grace " (*Ps* 127:3-5).

" Your wife is like a fruitful vine in the intimacy of your house; your children like olive shoots around your table. The man who fears Yahweh will thus be blessed " (*Ps* 128:3-4).

When a child falls ill, the parents show great care (cf. *2 S* 12:15-17). Seeing a child threatened by death is an unbearable spectacle for the mother (*Gn* 21:14-16). When the mother of Ishmael finds herself in this situation, God intervenes to save the child (21:17-20). In the period of the kings, the prophet Elijah brings a widow's son back to life (*1 K* 17:17-24), and his disciple Elisha later follows his example (*2 K* 4:32-37). The prophet's attitude in resuscitating the dead boy is quite moving and expressive.

" He extended himself upon the boy, placed his mouth on the boy's, his eyes on the boy's, his hands in the other's hands, and bent over him, and the child's body regained warmth " (4:33).

A father's and a mother's tenderness towards their child often serves as comparison to express God's tenderness towards his people (cf. *Dt* 1:31; *Ho* 11:1, 3-4, 8-9; *Is* 49:15, 66:12-14; *Jr* 31:9).

3. Children are thus the most precious treasure–they were utterly convinced of this. Paradoxically, this conviction was at the root of a horrible rite, that of *offering child sacrifices*, a common practice among the Phoenicians and attested to more than once in the Bible (*1 K* 16:34; *2 K* 16:3, 17:17, 21:6).

An oracle of the prophet Micah clearly shows that this custom was proposed when people wished to offer the divinity a sacrifice of great value. The immolation of the firstborn son in fact constituted the summit of an impressive scale.

" With what shall I present myself to Yahweh? " the faithful man asks.

" Shall I present myself to him with holocausts, with year-old calves? " Seeking a more generous offer, the man continues.

" Will Yahweh be pleased with thousands of rams and torrents of oil in great abundance? " Wishing to go even further, he finally says, " Shall I perhaps offer him my firstborn son for my guilt? The fruit of my entrails for my sin? " (*Mi* 6:6-7).

To this series of questions the prophet responds that God asks for another kind of worship, the one consisting of practicing justice and faithfulness. It may, however, be noted that Micah does not manifest indignation at the idea of offering a child in sacrifice.

A completely similar psychological state is reflected in the narration of what is called the " sacrifice of Isaac ". The idea of immolating a " boy " (Hebrew: *na'ar*; Greek: *paidarion* [*Gn* 22:5]) is not judged abominable. It is God himself who suggests it (22:3). God later prevents this from being carried out (*Gn* 22:12), but Abraham is commended just the same for having shown himself to be generously prepared to offer what was dearest to him in the world, his " only son " (*Gn* 22:12; 16), in whom he has placed all his hope for the future (cf. *Heb* 11:17-18).

The prophet Micah lived in the eighth century. Later, other prophets forcefully rose up against the practice of child sacrifice. Jeremiah proclaims that such a practice is an abomination (*Jr* 32:35) and quite frequently declares that God has never asked for this and has never had such an idea (*Jr* 7:31, 19:5, 32:35). Ezekiel, however, admits that it involved a law given by God, but an evil law given as a punishment for Israel's misdeeds (*Ek* 20:25-26), for such sacrifices profaned the sanctuary (*Ek* 23:39).

The legislation–sometimes ambiguous on this subject (cf. *Ex* 13:1, 22:28)–specifies in a good many texts that the firstborn were not to be immolated, but redeemed (*Ex* 13:12-15, 34:19-20). Leviticus expressly prohibits child sacrifice, under pain of death (*Lv* 18:21, 20:2-5), and Deuteronomy catalogues it among the abominable practices that provoked the punishment of the Canaanites (*Dt* 12:31, 18:10). It had thus become clear that God was horrified by this kind of worship. Children, defenseless beings, must be respected. It is not permitted to exploit them, not even to offer worship to God. When children no longer have a father to nourish and protect them, God himself becomes their protector. The psalmist proclaims that Yahweh is the " Father of orphans " (*Ps* 68:6), their support (*Ps* 146:9), and their help (Ps 10:14).

His law is concerned with defending them (*Ex* 22:21-23; *Dt* 10:18, 14:29, 24:17.21, 26:12-13, 27:19). In this way the Law ensures their future and that of their family.

4. If, for the future of a family, it is essential to have children, this need takes on even greater impor-

tance in the case of the *royal family*, for childlessness puts an end to the dynasty. When such a possibility threatened " the house of David, " the prophet Isaiah received from God the mission of announcing a royal birth: " Behold: the girl is with child and will give birth to a son whom she will call Immanuel " (God-with-us) (*Is* 7:14). Another oracle by the same prophet celebrates the liberation brought about by this child: " The people that walked in darkness saw a great light. . . You have broken ...the yoke weighing upon them . . . For a *child is born to us*; we have been given a son. Dominion is upon his shoulders..... He will have absolute dominion, and endless peace for the throne of David. . .

ments of human power and, on the contrary, chooses weak means.

" He disregards the stamina of the horse and does not esteem the muscles of man " (*Ps* 147:10; cf. *Ps* 20:7, 33:17)

To win out over Goliath, a well-armed giant covered with protection, God made use of the young David, to whom Saul had said, " You are just a child " (Hebrew: *na'ar*; Greek: *paidarion* [*1 S* 17:33]) and whom Goliath had disdained: " for he was a lad [*na'ar, paidarion*] with light skin and a handsome appearance " (17:42). In a Psalm which celebrates the grandeur of God, the first praise addressed to him is as follows

" By the mouth of children and sucklings you have built a fortress

attests (1:21)–the savior of his brothers and sisters, who later dies for their sins, must come (*Mt* 26:28).

St. Luke's narration insists even more on the paradox of divine power, which at once hides and reveals itself in the weakness of a child. Luke in fact uses the word *brephos*, which means ' infant '. There is a sharp contrast between the solemn announcement by the angel to the shepherds–" Today a savior is born to you, who is Christ the Lord "–and the sign which is given them: " You will find a child [*brephos*] wrapped in swaddling clothes and lying in a manger " (*Lk* 2:11-12).

Where is the majesty of " Christ the Lord "? In a " child wrapped in

The burning love of Yahweh will do this " (*Is* 9:1-6). These oracles of Isaiah contributed enormously to prompting and supporting Messianic hope. It is appropriate to note their insistence on the child and the paradoxical aspect of divine intervention which these oracles promise. To put an end to the oppression exercised by the powerful in this world, God will make use of a child. It is certainly possible to eliminate the paradox by explaining that the child promised will not exercise power until he becomes an adult, but this kind of comment is not faithful to the prophet's inspiration, which is situated in a long tradition according to which God refuses to make use of the instru-

against your adversaries " (*Ps* 8:3).

5. This paradoxical revelation of the Old Testament finds confirmation and perfection in the New. In the first place, in the *Gospels of childhood*. St. Matthew explicitly cites Isaiah's oracle announcing the birth of Immanuel (*Mt* 1:23 = *Is* 7:14) and shows that the little child (*paidon*: 2:9 11.13.14) of the Virgin Mary possesses sovereignty, for some wise men arriving from the East prostrate themselves before him and offer him their treasures (2:1.11). But his birth at the same time provokes an unleashing of cruelty by the powerful of this world against defenseless children (2:16-18). Like Moses in the cradle, the Child Jesus escapes death, but the reason is that–as his very name

swaddling clothes, " then, his majesty is mysteriously revealed. In this child Simeon recognizes the " salvation " sent by God, " light for the revelation to the nations, and the glory of Israel " (2:30-32).

The Gospel forces us to observe that the glory of Christ was first of all that of complete solidarity with children in their impotence and weakness. What is " a child wrapped in swaddling clothes " capable of? Unlike the apocryphal texts, the authentic Gospels do not attribute any miracles to the Child Jesus. They affirm only that " he was subject " to Joseph and Mary and that " he grew in wisdom, stature, and grace " (*Lk* 2:51-52). With this integral acceptance of the child's condition, the Son of God

took the road of redeeming obedience, which was to lead him as far as acceptance of the cross out of love for his brethren (cf. *Ph* 2:7-8; *Heb* 5:7-8) and on to the great divine victory, obtained in the most extreme weakness (cf. *2 Co* 13:4; *1 Co* 1:24-25).

In a special circumstance, the adolescent Jesus shows himself publicly to be aware of his filial relationship with God. On the occasion of a pilgrimage to Jerusalem, he takes the initiative of remaining for several days in the Temple, without the knowledge of his parents (*Lk* 2:41-49). To them, this initiative remains a mystery (2:50). In this way they learn, like so many other parents, but in an even deeper manner, that the personal relationship of the child with God is above that with his parents, for it establishes him in a lofty dignity.

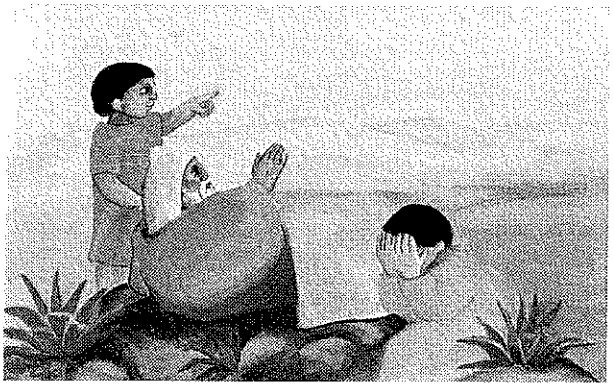
6. This is precisely what Jesus, on reaching adulthood, will proclaim during *his preaching*.

" Be careful ", he will say, " not to disdain even one of these children, for, I tell you, their angels in heaven always see the face of my Father who is in heaven " (*Mt* 18:10).

In this way he opposed the spontaneous mentality of the adult, for whom, as we have seen, children are irrelevant.

Jesus did not oppose this in words alone, but he himself set the example of great attention and profound respect for children. They brought children to his side–" even infants, " St. Luke specifies–" in order for him to place his hands upon them in prayer " (*Mt* 19:13). The disciples wanted to spare him this occupation, which they manifestly deemed hardly worthy of him. But he " grew angry " over their initiative (*Mk* 10:14) and said to them, " Let the children come to me; do not prevent them, for the Kingdom of God belongs to whoever is like them " (*Mk* 10:14 and parallel passages). The reason Jesus gave to explain his attitude required a radical change in perspective. We shall come back to it.

We first of all note the tenderness Jesus manifested towards children. On two occasions St. Mark narrates that he took them in his arms (*Mk* 9:36, 10:16–*enankalisamenos*), an affectionate attitude attributed to him alone in the entire New Testament. The Evangelist adds that he " blessed them, placing his hands upon them " (*Mk* 10:16; cf. *Mt* 19:15).



In addition, the four evangelists recount a number of healings of children effected by Jesus: that of the centurion's son (*Mt* 8:5-13; *Lk* 7:1-10) or of a royal official (*Jn* 4:46-54), that of the daughter of a Syro-Phoenician woman (*Mt* 15:21-28; *Mk* 7:24-30), and that of an epileptic boy (*Mt* 17:14-21; *Mk* 9:14-29; *Lk* 9:37-42). Once Jesus intervened when a twelve-year-old girl had already been declared dead (*Mt* 9:18; *Mk* 5:35; *Lk* 8:49). He went into the room, " took the girl's hand, and said to her in Aramaic, ' *Talitha, kum* , ' Little girl, get up , and at once the girl got up " (*Mk* 5:41-42). A final detail further manifests Jesus' solicitous attention: " He told them to give her something to eat " (*Mk* 5:43).

7. The same attention is shown in a completely different way when it is a matter of protecting children from the perversity of adults. Jesus then pronounces words of extreme severity: " If anybody causes even one of these little ones who believe in me to fall into evil, it would be better for him to have a millstone tied around his neck and be thrown into the depths of the sea " (*Mt* 18:6; *Mk* 9:42; *Lk* 17:2). In the Old Testament God forcefully took up the defense of orphans. With the same forcefulness Jesus is concerned with defending children from the harm of moral evil. The Gospel of Matthew particularly insists on this point, for he places the pericope of the lost sheep (*Mt* 18:12-13) in the same context where Jesus speaks of children (18:2-5) and the little ones (18:6.10). The concluding sentence supports this whole discourse on the will of the Heavenly Father in person: " Thus your Father, who is in heaven, does not want even one of these little ones to be lost " (18:14). The adults in this way are forcefully invited to change their mentality: instead of attaching little importance to children, they must respect their dignity and de-

vote themselves generously to their welfare.

8. The change in mentality requested by Jesus goes even further. Jesus requires his disciples to take the child as a model. A disconcerting paradox! According to natural logic, the model one should conform to is the adult, the " perfect " man (*teleios*), of whom the child is nothing but a rough draft. But, according to the logic of the Kingdom of God, the relations are reversed. To the disciples concerned about greatness Jesus declares, " In truth, I tell you: if you do not change and become like children, you will not enter the Kingdom of Heaven. Whoever becomes small, therefore, like this child, will, then, be the greatest in the Kingdom of Heaven " (*Mt* 18:2-4). Instead of taking as a goal to be reached positions of wealth, power, and honor, the disciples of Christ are called to seek the humble position of the child. True greatness consists of becoming small by renouncing dominion

One might think that in this paradoxical teaching of Jesus children are not considered for what they are, but simply presented as a symbol of smallness. That would be a mistake here, for, through a gesture and another word, Jesus drew attention to the child. Indeed, " taking a child, he placed him in their midst and, clasping him in his arms, said to them, ' Whoever receives one of these children in my name receives me, and whoever receives me does not receive me, but the One who sent me " (*Mk* 9:36-37; cf. *Mt* 18:2 5; *Lk* 9:47-48)

Jesus thus showed that to become small as he required, the best means consisted of receiving children and in placing oneself at their service with love. Jesus also gave the strongest encouragement to commitments in this direction, clasping a child in his arms and proclaiming his complete solidarity with children: " Whoever receives a child receives me "; but, even more, he declared that to receive a child is to receive God himself. It was not possible to attach greater importance to the care of children. Adults think they can find God in the heights of intellectual speculation, personal ascesis, or mysticism; Jesus teaches them that God is found in bending towards children and serving them.

9. Moreover, he affirmed that God reveals himself to children and that one must become like them to be able to enter the Kingdom of Heaven: " I thank you, " he said to his Father, " ... for having hidden these things from the wise and the intelligent and for having revealed them to the smallest ones [*nepios*] " (*Mt* 11:25; *Lk* 10:21). To children, he declared, and to those who are like them, the Kingdom of God belongs (*Mk* 19:14; *Mk* 10:14; *Lk* 18:16) " In truth, I tell you: whoever does not receive the Kingdom of God like a child will not enter it " (*Mk* 10:15; *Lk* 18:17). This is no longer an exhortation to become small by placing oneself at the service of others out of love, but an indication concerning the attitude to be taken towards God. Jesus teaches the filial spirit as an essential condition for entering the Kingdom. Adults, who feel they are now wholly formed persons and rely on their own strength to succeed in life, are asked by Jesus to become children again who receive everything from their Heavenly Father and let themselves be instructed. The fourth Gospel shows the extent to which Jesus himself was impregnated with this filial spirit and lived in a continuous acceptance of the Father's gifts and loving will. St. Paul's insistence on the acceptance of grace sets the same orientation for the Christian life. To receive the Kingdom of God like a child is to renounce the adult's proud pretensions and live in filial gratitude, in the confidence and openness of one who loves. A difficult, but indispensable conversion which offers access to true joy.

Conclusion

A brief communication evidently does not allow us to exhaust the subject. From the observations we have made it is clear that the Bible devotes increasingly insistent attention to children. If the Bible sometimes reflects adult indifference to children, it much more frequently takes the perspective of the father and the mother, who esteem the child to the highest degree as a gift of God and the promise of a future. The Old Testament, with growing firmness, opposed the practice of child sacrifice and turned its hopes towards the birth of a royal child who was to bring God's people a " boundless peace ". The Gospels of Matthew and Luke announce the fulfillment of this promise. The salvation of God comes by means of a child, " a little one wrapped in swaddling clothes " (*Lk* 2:12) who is called Jesus. Once he has become an adult, Jesus does not cease to manifest his closeness to children. He receives them, heals them, blesses them, is concerned about defending them, and, paradoxically, presents them to his disciples as the model to imitate in order to enter the Kingdom of God. Instead of proudly seeking greatness, the disciples are invited to turn towards the littleness of children and receive them so as to receive Christ himself. Instead of getting hardened in their adult self-sufficiency, they are called to become sensitive and open like children.

The Bible thus teaches us in many ways to recognize that the child is the future of humanity.

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IHSAN DOGRAMACI

The World's Children

Even for someone who has done his best to work with and for the children of many countries for a half-century–as I have–the topic I am to address here today, "The World's Children," is an overwhelming one. There are now, in late 1993, more than a billion and a half children–youngsters under 18–in the world, roughly a third of the population of our planet. This global child cohort is a population so large that it confounds the mind–a number greater than the population of China. And it increases each day by half a million; there are 500,000 new children, more than half the population of Luxembourg, born in the world every 24 hours.

This host of children–where are they born, where do they live? Nearly half of them (45%) are Asian, and they live in only five countries–China, India, Indonesia, Pakistan, and Bangladesh. The last two of those countries have populations half the size of that of the United States, but they each have more children than the U.S.

Does the Asian dominance give us a true picture of the world trends in child demography, or is there more to the picture? There is more, and it is spelled "Africa." Although the aggregate population of all of Africa's fifty countries comes to little more than a tenth of the world's population, its child numbers are increasing twice as rapidly as those of Asia, and three times faster than those of the rest of the world.

It is true that Asia is where the mass of our disadvantaged children are now, but Africa is where they will increasingly be in the next century if trend lines are any indication. The Asian economies, even the poorest ones, are pulling themselves up by their bootstraps, raising social conditions and the quality of life of children with them. The African economies, on the other hand, are by and large stagnant or retrogressive, beset by debt and commodity crises.

That brings us to the question of how the world's children are *doing*–especially the poorer ones –now that we have reminded ourselves of how many of them there are and where they live. The majority of them are at risk from malnutrition and lethal illnesses. But on the whole, they are doing far better than one would have predicted fifteen years ago, thanks to strong global programs of child survival, protection, and development.

In the poor regions of the world in 1978, two of every ten children died before their fifth birthdays. Today that number has been cut in half, to an average of one in ten, and the death rates are continuing to fall, especially in Asia, Latin America, North Africa, and the Middle East region. In the latter region, *infant* mortality–the death of children before their first birthday–has been cut in half over the past decade.

This is certainly admirable progress; some 20 million child deaths that could have occurred globally in the 1970's have been averted since 1983, through low-cost remedies and mass mobilization. But we still have a great distance to go; 35,000 children died around the world each day last week. That many died yesterday, and that many will die today and are very likely to do so every day this year. The rebuke for all of us in this is that the great majority of all these deaths come from easily preventable causes–not from war, famine, flood, or earthquake.

Most of us here know these causes. They come from a handful of commonplace diseases and deficiencies. Measles may be the most dangerous of them. A measles epidemic that sweeps like fire through the malnourished children of an African village or a refugee population can have a case fatality rate as high as 20%. Of those who survive, some will be left blind and at least half will be so weakened that they will be prime suspects for death from pneumonia or diarrhea in the ensuing months. Measles and two other main killers of children, whooping cough and tetanus, can be driven out of circulation by a simple series of six inoculations that span the first year of life. A country can give these shots to its under-ones for $10 per child and provide them with a protective shield for life. Not to do this is bad economics; for measles alone, it costs 25 times more to treat the disease than to buy and administer the vaccine.

Immunization is the surest weapon in the arsenal of public health. To have it at our disposal and not deploy it fully is analogous to having a life preserver in hand and not throwing it to someone who is drowning. Vaccination is a life preserver you can count on.

Immunization efforts around the world are now staving off the deaths of nearly two million children each year. I have seen this in microcosm in my own country, Turkey, where some 22,000 chil-

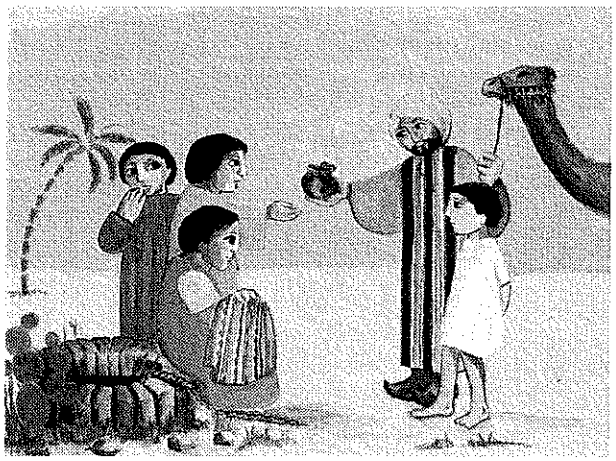
dren's lives were saved in a single year, 1986, due to an immunization campaign that galvanized the country the previous year.

The world's children are benefiting not only from immunization, they are increasingly coming under the protection of the life-saving remedy for the dehydration of diarrhea, another common, but lethal, childhood affliction that devastates small children in the developing countries, and has accounted for more deaths than any other single cause. The remedy is oral rehydration–a method that is vastly cheaper, simpler, more efficacious, and more universally accessible than the intravenous rehydration that held sway in medical usage for more than 100 years. Oral rehydration solution (ORS) can be administered to a dehydrated child by a community health worker or a trained mother at a cost of 10 cents per bout. The British Medical Journal *Lancet* has called oral rehydration therapy (ORT), " possibly the most important public health breakthrough in this century. " Its wide and prompt use by volunteer groups and others in the Peru cholera epidemic of 1992 helped limit the death toll to a few hundred rather than the thousands that seemed imminent. In 1993, an estimated million and a half child deaths will be averted around the world through the use of OAT.

As the threat of measles and dehydration have become less, due to the mass vaccination and oral rehydration, another important cause of childhood death–pneumonia, or acute respiratory infection–has remained essentially uncontrolled, and in many countries has become the main cause of death. The question at issue in controlling pneumonia today is not what to do, since the answer is case management through the use of antibiotics, but who should screen, determine dosage, and administer–must it necessarily be a physician? Since doctors are a scarce resource in most developing countries–especially scarce in rural areas where childhood diseases are most rampant–it may be time now to accept the competence of properly trained community health workers.

The world is changing fast, and these changes are eloquently described in UNICEF's publication of 1992 and 1993, *State of the World's Children*, which I quote freely:

In the blink of an historical eye, the world has witnessed the end of apartheid, the liberation of Central and Eastern Europe, the ending of the 40-year cold war, the beginning of significant reductions in arms expenditures, the virtual abandonment of the idea of state economic monopoly, the narrowing of ideological divides, the strengthening of the economic heartbeat of Asia, the turn away from dictatorship in virtually every republic of Latin America, and a new impulse towards democracy, pluralism, and economic reform in Africa.



The period of history that is most difficult to understand is always one's own, but the suddenness and scale of these changes, in a landscape previously considered glacial in its rate of progress, suggests that we are living through a revolution. If so, it is a revolution significantly different from revolutions past. It is different, first of all, in that its principal agent is not violence but communication. And as ends are often inherent in means, it is also different in that it is a revolution which appears to be transferring power not to the few but to the many.

There have been unpleasant reminders of the vulnerability of this process of change, but recent events in the former Soviet Union, and particularly on the streets of Moscow and St. Petersburg in August of 1991, have sent a message of courage to peoples all over the world.

This advance for democracy is not exclusively led by, or confined to, Eastern and Central Europe. Ten years ago, most of the 22 republics of Central and South America were gripped by dictatorships; today, a far greater majority have an elected government. It also appears that Africa may now be embarked on a gradual political transformation.

This optimism is unfortunately shaded by incipient civil war and ethnic unrest which are spreading in certain regions of the world, and tension is growing between peoples that we thought had set aside their

differences. The bitter conflicts in Karabakh and Bosnia may be only the tip of the iceberg if the international community does not come together to maintain stability in volatile regions.

We are now seeing new forms of conflict, perhaps far more complicated than the ones of the Cold War era. From Afghanistan to Bosnia, we are facing outdated nationalism, irredentism and ethnic tensions fueling animosity and hatred among peoples. Xenophobic tendencies have emerged in Europe and elsewhere that run counter to the tolerance and understanding we are trying to instill in the new world order. We witness expansionist movements motivated by sheer greed for land without regard for the misery and suffering of peoples.

Bosnia is a case in point. It is a tragedy of enormous proportions unfolding before our eyes. Unfortunately, the international community has failed miserably–first in preventing the tragedy and then in stopping it from deteriorating into ethnic cleansing. The reluctance of the world community to act decisively to end the human suffering and to redress the injustices in Bosnia encourages the aggressor and perpetuates the aggression.

In all these unfortunate instances it is the children who suffer most.

Amid all the problems of a world bleeding from continuing civil wars and environmental wounds, it is nonetheless becoming clear that one of the greatest of all human aspirations is now within reach. Within a decade, it should be possible to bring to an end the age-old evils of child malnutrition, preventable disease, and widespread illiteracy.

As an indication of how close that goal might be, the financial cost can be put at about $25 billion a year. That is UNICEF's estimate of the extra resources required to put into practice today's low-cost strategies for protecting the world's children. Specifically, it is an estimate of the cost of controlling the major childhood diseases, halving the rate of child malnutrition, bringing clean water and safe sanitation to all communities, making family planning services universally available, and providing almost every child with at least a basic education.

In practice, financial resources are a necessary but not sufficient prerequisite for meeting these basic needs. Sustained political commitment and a great deal of managerial competence are even more important. Yet it is necessary to reduce this challenge to the denominator of dollars in order to dislodge the idea that abolishing the worst aspects of poverty is a task too vast to be attempted or too expensive to be afforded.

In conclusion, it cannot be overly emphasized that children are the building blocks of their societies. Their survival and well-being are crucial to rational population growth and increased life expectancy. But there is more than this. It is only when a country has robust young children across all social classes that it can hope to climb out of poverty or hold its place in an increasingly competitive world. One only has to look at the East Asian countries–at Thailand, South Korea, Taiwan, and Singapore. Thirty years ago they were poor. But they disciplined themselves to give *all* of their children, boys *and* girls, good nutrition, good health care, and a rigorous primary and secondary education. In doing this, they broke the " inner cycle " of poverty. Fewer and fewer of their children died from the childhood killer diseases; parents had fewer babies. State-supported nutrition programs brought bigger, stronger young people–hardier and more productive in the workplace, less of a drag on the health system because they were seldom sick. Sound basic education meant a better-trained and more skilled work force. These countries put children at the center of their national agendas a generation and a half ago, and have kept them there–and this has been a main force in lifting them out of underdevelopment.

Today, Mr. Chairman, the countries of the world have before them an array of proofs and choices. The time has come to banish in shame the notion that the world cannot afford to meet the basic needs of almost every man, woman, and child for adequate food, safe water, primary health care, and a basic education.

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JÉRÔME LEJEUNE

On the Frontiers of Genetics

Dear brothers and sisters, forgive a geneticist who begins a talk in such a familiar manner, with this greeting of brothers and sisters. His Eminence Cardinal Angelini has asked me to take you to the frontiers of genetics, to the frontiers of the first world, that world we all come from. A world in which men are incredibly young, incredibly small, and where they carry within them the genetic map of our species.

You will have certainly come across that extraordinary press campaign which has been conducted in the newspapers about cloning, or rather the deliberate creation of an identical human being. I would like, just for one moment, to carry you on a visit to this first world of ours, a world we have rather forgotten but which is written into the deepest part of our nature. Real cloning would be akin to taking a leaf from a plant, putting it into the ground, and thereby obtaining another plant of identical nature. But such a thing cannot be done with the higher species, and this for a reason which was discovered only three or four years ago–a reason, indeed, which no geneticist would ever have imagined.

The long DNA molecule, which contains all the necessary and sufficient instructions for the defining of the new being, at the instant of the creation of the reproductive cells behaves differently according to whether it comes from the male molecule or whether it comes from the female molecule. Men, and by this I mean all men, emphasize certain features, and women, and by this I mean all women, do the same. But women emphasize different features from those emphasized by men.

The message emphasizes what the being must do in order to exist. The first cell which arises after the ovule has been penetrated by the spermatozoa is protected by the pellucid zone–that small pouch of plastic which acts as a wall to defend the private life of the embryo. This cell contains within itself everything that it needs. It is the only cell which simultaneously contains all the maternal and paternal secrets which are needed to express human nature. Indeed, because of the cellular divisions, what is emphasized on the male side and what is emphasized on the female side are gradually modified in order to ensure the specialization of the cell.

The creation of a new human being is curiously similar to the process of specialization which takes place in the discipline of medicine. When our studies have been completed and we have finished the degree thesis, at a theoretical level, like a first cell, we know everything about everything. Specialization then takes place–we learn ever more about ever fewer things, and by the end we know almost everything about nothing. Each one of our cells also specializes–they know how to make one thing, whether it is skin, hair, nails or an organ, but they do not know how to make a man.

This first world is strange. The soul and the body, form and matter, are so closely bound up that they find expression in the same word. When a child is born and when an idea comes into our minds, we speak of conceiving–an idea is conceived in the same way as a child is conceived. When the whole of life is embodied in such a small term it is impossible to separate the vehicle of that information from the information itself. But let us go back to the subject of cloning, to the reality of identical reproduction. You should bear in mind that the research of Stillman and Hall was carried out in order to stimulate debate about bioethics. Their attempts at genetic manipulation were a failure but this was not reported by the newspapers. On the other hand their discoveries were published in the review *Sciences* on October 29, 1993 (262, p. 652).

These scientists attempted to dissociate an embryo which had already developed eight cells. The artificially separated cells were only able to divide themselves four times before halting in their steps. Only once, when these scientists cut an embryo which had only two cells–therefore right at the beginning of the experiment–were they able to obtain embryos which developed up to thirty-two cells. In other words, the whole operation was a failure. Nonetheless, it was taken up and exploited by the mass media. In this way a worthless experiment, which had however already met with success when applied to animals, was transformed into a great event by a conspicuous example of disinformation. In reality what one was really dealing with was a regression in intelligence–the daring to do with man what had already been considered an act of disrespect towards animals.

This artificial twinning which is carried out by cutting an embryo in two is an untimely vivisection which cannot be compared to natu-

ral twinning. Now and then nature provides us with real twins, but this is done in a different way. The evidence presently available to us leads us to deduce that this is not achieved through vivisection, through the cutting of the embryo, but through writing a very special order within the first cell which tells the first cell " you are two individuals " or " you are three individuals. " We still do not know how the first genetic message, which is written into the first cell, actually specifies the number of individuals to be born. But we know with certainty that this order, this genetic instruction, exists in certain species. In the armadillo (or tatoo) a single ovule always produces four identical twins. The primordial instruction (but this is something that cannot be proved because nobody in the world actually knows if it is true) perhaps consisted of counting the divisions so as to create the " compactness " of them all at the right moment.

If I have digressed at length and employed technical language, I hope you will forgive me. Such very serious subjects cannot be discussed without direct reference to what we know. What science teaches us is the very opposite of what everyday propaganda wants us to believe. This disinformation effected by the mass media involves systematic contempt for the value of each and every human being.

This worthless experiment in cloning has also occurred in America. But in Europe, and more specifically in France, experiments are carried out with the permission of the National Ethics Committee which I would term cerebral cannibalism. At the present time brain tissues are taken from aborted foetuses who are still in a healthy condition.

These cells are then placed in the brains of people suffering from Parkinson's disease. The actual medical benefits are almost negligible, but this treatment is always held up as a highly modern method simply because there is not the slightest respect for the poor small creature who is killed to provide almost non-existent advantages to a body which is growing old.

At the same time there is a disorientation of intelligence because all this is taking place at a moment when we are learning how to read the genetic message almost word for word and acquiring a detailed knowledge of this extraordinary encyclopedia of life itself. If one printed the whole range of letters of the DNA contained in the first cell, the message would be six times the length of the encyclopedia britannica. Herein lies the immensity of this message, a message written in a small sphere of a millimeter and half in diameter present at the beginning of our existence. When we are able to extract a cell from the embryo, to extract the DNA from this cell without killing it and multiply that DNA with the PCR technique–thereby obtaining millions of molecules from one molecule–and when we are able to discover a message within this matrix, then the disorientation of intelligence becomes very striking.

Specialists such as M. Munck, in England, who are able to detect an error in a letter, demonstrate an incredible level of myopia. They see the signs of an illness but they do not see the human being from whom they have taken the cell!

The " Human Genome Project " –that is, the analysis of mankind's entire genetic inheritance–is extremely complicated but nonetheless viable and perhaps will be achieved in the none too distant future. Perhaps only a decade will be needed. And it is precisely now, on marvelling at this extraordinary alienation of matter caused by the fact that the message of life is finally able to foster life, that we witness a true and deep dehumanization.

I spoke to you about the vivisection of embryos. Some people say that we should utilize embryos and use them for spare parts–that we should, for example, develop cells for the benefit of transplants. At the same time zoologists are preparing cells from animals which in the future could be tolerated by the human body. In the same way some people want to treat humans as matter, as guinea pigs, whilst others want to ensure that knowledge is placed at the service of humanity. Furthermore, some people see human beings as a usable product which could be frozen like meat while others want to destroy those who are bothersome–the young within the womb through abortion or the old and sick through euthanasia. I would like to remind you that there is a spelling error in every dictionary. In the history of man euthanasia is written in letters of blood: EUTANAZI.

Every time you hear people say that there is a right to destroy those who are bothersome please remember this spelling error–it will finish many a discussion.

It is time for mankind to remember that science is a tree which renders both good and bad fruit. In the years to come we will have to choose whether we want to gather the good fruit of medicine and surgery or whether we will allow the new generation to believe that man is the lord of life. Faced with our ever increasing power, a power that grows daily–technology unlike wisdom is cumulative–we men of science must make absolutely clear that science does not lay down the laws of morality. Indeed, it simply cannot do such a thing. On the other hand, morality can stop science from marching man towards catastrophe. In this way this terrible revelation transmitted to us by God will be understood, a revelation which is an incomprehensible but obvious law, a decision made by God, the creator of heaven and earth, He who has hidden from the wise but revealed to the smallest of our brethren.

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IGNACIO CARRASCO DE PAULA

Responsible Fatherhood and Motherhood: Towards a New Concept of Parenthood

The relationship between a parent and a child is rooted in a unique and exclusive event, and this event is the basis of the irremovable bond between them. The Italian word *genitore* (parent) captures this truth with great precision.

The *genitore* (parent) is the person who brings into being (*generare* in Italian)–he or she who gives birth to, or transmits life to, a being of the same species. And it is for this reason that this new being is called his or her child.

1. Parenthood and the giving of life

The procreative relationship has always constituted both the precondition and the sufficient condition for the attribution of maternity or paternity. It has had the same role with regard to the roles that are given to the mother and the father, although these are also strongly influenced by the cultural context. The recognition by the state of parallel institutions such as putative or legal parenthood, or adoption–I am referring here to the acceptance of a paternal or maternal role which is not rooted in a genetic bond–has rightly been seen as an attempt to find a substitute for a biological parenthood which is not available to the child. Nonetheless, this last relationship remains the true and most perfect form and expression of the parental model.

The bringing into this world of children, therefore, makes clear that parenthood is both a fact and a vocation.

It is a task to which, in a certain sense, the parents have been called; and this is something of which they should be aware. In line with a constant which is considered universal, the realization that one has brought a child into this world leads to an evident awareness of being a father or a mother.

It also means that parents become conscious of their essential tasks and duties, especially with regard to upbringing and education, even if at times this awareness fails to be partly or even completely put into practice.

Today, however, it seems that this is no longer the case.

The fact of having transmitted one's own genetic make-up to another being–the *status* of being human–still guarantees a legal recognition, but it does not of its own define parenthood or lead to full awareness of what such a relationship really means. The question is complicated and intricate, touching upon very important principles. I am not referring here to the widespread–and very understandable–feeling of embarrassment that parents experience when faced with their tasks and duties within the family. Nor am I thinking of the insecurity and bewilderment which they experience when they are called upon to perform roles which appear ever more difficult and ambivalent. To give only one example of this state of affairs, the father is required to be a source of balanced but clear authority but at the same time is called upon to pursue a policy of benevolent *laissez-faire*. These two approaches are contradictory and further muddied by a variety of nebulous features. Both have very little future in a society which becomes ever more wedded to privacy, which encourages individualistic isolation and falsifies interpersonal relationships, and which leads people to think only about their own interests or well-being and to ignore the concerns of their neighbors and fellow citizens–even when such people are their own children.

The question, as I have already observed, is, however, even more complicated than this. In fact, one is dealing with an identity crisis, and this crisis has arisen because the meaning and significance of the vocation of being a parent has been lost from sight. This is borne out only too well by the imprecision and cloudiness of the debates of such international forums as the United Nations, UNICEF, and the World Health Organization; by the doubts sown by the mass media; by various pseudoprograms; or by the actual absence of programs aimed at developing a real policy towards the family.[1] Many people, indeed, are unaware of why they have become parents and even go so far as to deny that there is any objective reason–that is, a reason which is discernable to all–why they should want to become parents in the first place.

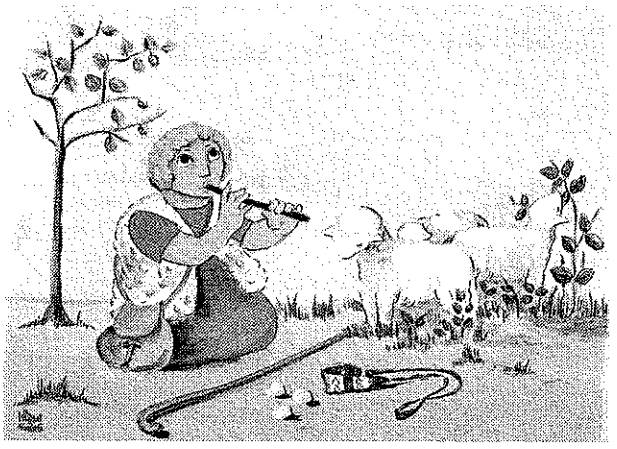
2. The ambiguity of the "artificial" parent

A very important part of this process by which the concept of parenthood is emptied of its meaning is to be found in the monstrous impact of new techniques of procreation–a phenomenon which has occurred in a context where the image of man and his sexuality has already been severely weakened and compromised. The birth of a child conceived in a test-tube al-

lows a distinction to be made between natural paternity and artificial paternity This distinction has subsequently become ever more confused and has since become almost non-existent. The definition of paternity which still appears in Italian dictionaries–*genitore è colui che genera* (' a begetter is he who begets ')–should, according to a widespread view, be relegated to the ranks of archaic thought. This is because such a definition, at least implicitly, makes a philological connection between heterosexual union and procreative act.

Such a connection, obviously enough, would no longer be meaningful once fertility was no longer dependent upon sexual activity.

According to this point of view, a different definition of parent



should be adopted: he who has the deliberate and expressed intention to bring another being into this world; has the right technological instruments to hand; and manages, in practical terms, to create a child, and does so in line with the precepts of the law. There are, therefore, three cardinal elements in this new definition of being a parent:

1. The intention to procreate, something which is in harmony with the fundamental postulate of the contraceptive philosop–only wanted and wished for children may be born;

2. technological utilitarianism, a philosophy which holds that any and every method which allows a good end is to be considered legitimate (in the case in hand the satisfaction of the desire to procreate);

3. legalism, the creed which stresses the need for legal regulation in order to achieve the prevention or removal of possible conflicts of interest.

But I would like at this point to emphasize, even at the risk of appearing repetitive, that the essential element in being a parent–according to this new definition–is not the technological power to control human fertility but the conscious and deliberate wish to have a child. In this way of thinking, one does not become a father or a mother as a *natural and only partly predictable consequence* of being and acting as a husband or wife, but because, in contrary fashion, of an explicit choice. This choice, indeed, leaves aside any other consideration (such as might relate to sexual behavior, the means by which fertility is regulated, or the right time and circumstance) in its attempt to achieve total control over when fertility should be present within the couple.

These two opposing concepts of parenthood can be defined by examining their attitudes towards the child himself:

1. On the one hand, it is rightly and correctly believed that a man becomes a father through vocation, and that he becomes so following a free and responsible act. This act is marital union, something which is a precondition to the fathering of a child, but not a sufficient condition. The choice of the parents is bound up with their behavior as man and wife. The child may or may not be much wished for, but he is not the direct and immediate outcome of a choice–actual conception is not something formally decided upon or controlled by the parents The possible conception of a child, therefore, is seen, and is, a " gift " of God.

2. According to the other way of thinking, in contrary fashion, a man becomes a father through a direct act of will

A child is the product of a conscious readiness to use any instrument considered suitable to achieve or prevent conception. In this case the child is the direct goal of the choice; there is the implicit assumption that man actually has the power to bestow life or to decide on its absence or presence. It thus follows, by following this line of argument, that the bringing into being of a child by natural or test-tube methods, or through marital union or contraception–to give just two examples amongst many–are forms of behavior of equal moral character and value.

3. Three consequences and a warning

The first negative consequence of this mentality is a weakening of the distinction between the role of the father and the role of the mother. The realities of being a father or being a mother are either

defined in relation to the creation of a new being–that is, in relation to a specific role undertaken in the process of bring a child into this world–or are held to be mere indicators of sexual differences which characterize the husband and wife but which do not have a decisive importance in the procreative process.[2] In this way the roles of the father and the mother become completely exchangeable Indeed, they become superfluous. If this line of argument is carried to its extremes, and were suitable technology to become available, any adult who would like to play at being a father could be both mother and father at the same time, and a couple of homosexuals who live together could deceive themselves into thinking that they also were real mother or a legal mother, and the list by no means stops there. Indeed, the child may even come to discover that he is the result of heterological rather than homological fertilization. Who can predict what other surprises may be in store for the children of tomorrow? Who will be able to explain to these children of the future what being a son or a daughter really means?

But the worst consequences of the wish to be a " parent when I want to and only because I want to " is, in reality, the playing fast and loose with love and responsibility towards one's own child It is unfortunately the case that in a technological context " I desired you " does not mean " I loved you, " in the same way as " I made you " does not mean the same as sentence is now heard rarely and perhaps it now seems too strong or compromising.[4] Furthermore, there is the risk that such a statement is made and/or seen as just another ordinary reproach or rebuke such as " I bought you these shoes " or " I taught you how to play tennis " In other words, phrases which refer to real events natural to the role of a parent but by no means essential to that role

I would not like to be misunderstood I am convinced that the true parent is by no means extinct or on the way to extinction. Mothers and fathers continue to be, and will continue to be, parents in the full sense of the word, in both its spiritual and other aspects. The bringing into this world of children, the superiority of the natural over the

parents.

A second negative consequence is the destruction of reference points within the family, and in particular the massive erosion of the true significance and meaning of what it is to be a son or daughter. The terminology encouraged by the diffusion of artificial procreation has worked, and is working, in this direction. The concepts of " motherhood " and " fatherhood " have become many-faceted realities whose strange consequences and outcomes do not, in truth, any longer cause surprise. There is a risk that the parent, in the child's eyes, will become a many-headed monster. The child may have to deal with a figure who is his father's wife, his genetic mother, a paid or substitute mother, a donor " I fathered you. " The human process of creation takes place within a framework of giving and certainty which is not available in the laboratory. It may happen in the latter context that a man is unable to know whether he really produced what he wanted to produce; whether he was the real motive force or whether someone else (perhaps wearing a white coat) was at work; or whether he was effectively able to choose or whether, in contrary fashion, he was influenced by the dark laws of production or the market.[3]

In their relationship with their children parents have always had a final and ultimate certainty. They have been able to say to their children: " I gave you life, I brought you into this world. " Perhaps this artificial, the great joy of the presence of children, the strong and innate feelings of fatherhood and motherhood, the evident and consolidated social importance of socially necessary and acceptable practices–all these factors give rise to family realities without which our society would no longer be in existence.

All this, however, would become more feasible if the parents were helped to understand " why one becomes a parent, what being a mother or father actually means, and what reasons should lie behind wanting to be a parent. " It is certainly true that most parents, most good parents, that is, never think in formal terms about this question. But this does not seem to have a negative effect on the way in which

they fulfill their vocation. Nowadays, however, such a lack of reflection has become a luxury which, given circumstances as they are, and as they have been analyzed in this paper, can no longer be afforded.

I will now attempt to present a series of reflections in line with the teachings of the Church, and I hope that these reflections will be of a constructive nature

4. Love and responsibility

Catholic teaching holds that the process of bringing a new being into this world, and thereby creating a parent child relationship, originates in an act of love–married love. It also holds that this process is itself an act of love.[5] Human procreation, by its very nature, is necessarily part of giving. To procreate means giving help to a personal being, that is, to communicate that good–human life–which precedes and makes possible every other good. The procreative wish of the parents may certainly spring from a strong wish or yearning to have a child, but such intentions are not necessarily required; the wish to procreate is already implicit in the mutual giving of the parents, a process which completes the sexual union of the husband and wife. To use the theological language adopted by the Church's magisterium, it is maintained that the procreative dimension and the unitive dimension are inseparable, even though not every marital union is in fact fertile in a physiological sense.[6] Human fertility, indeed, is periodic in character. The natural divergence between love and fertility has the effect of emphasizing how the procreation of a child is a gift bestowed, a good that is granted, and this truth is evident to the husband and wife as well.

From these first principles flow certain fundamental consequences when one comes to consider those questions which were posed earlier in this paper:

1. Procreation comes about as a result of a specific act of giving –sexual union–on the part of the husband and wife.

This union is the precondition –but not sufficient condition–of the conception of the child. But the reason for the union of bodies, and thus the reason why people become parents, is married love; and this, by its very inner nature, is given for the good of the marriage partner and for the good of the potential offspring. This last, however, may or may not be explicitly " wished for. "

2. The fact of being a parent means having achieved the authentic coronation of marital giving through the giving of life to another human being–the child. Although Catholic doctrine teaches that " human life directly involves the creative action of God from its first moments, "[7] it nevertheless remains true that the husband and wife " act with God in giving life to a new human person. "[8]

3. The giving of life is a gift based on a pledge, or rather a good which includes the rights and advantages shared by all and the duty to fulfil one's own special and unique vocation. It is these principles, rather than the mere transmitting of life, which give meaning to the procreative potentiality of married love when this last occurs within a context–given what is reasonable and taking the role of providence into account–which allows the hope that these principles can be achieved. This is the responsibility which the parents take upon themselves and which ensures that married love is always responsible love.[9]

Catholic doctrine, at the time of Vatican II, introduced the concept of responsible love in using the term " responsible procreation. "[10] The concept later acquired a wider expression in *Humanae Vitae* when the phrase " responsible parenthood " was used.[11] The notion was then expanded upon in *Familiaris Consortio*.[12] This concept has often been wrongly taken to refer to when the husband and wife can or cannot decide to avoid the future birth of a child, through the use of so-called natural methods, in the present or in the future. But, as I hope I have fully explained, the inherent responsibility present within the vocation of the parents goes much beyond this, and includes the loyalty and the consistency of married love in relation to this truth

Parents enrich the world through the realities and the promises which are hidden in every child created through their love. If it is true, as this eighth international conference proclaims, that " the child is the future of the world, " then we should also recognize that parents are the architects of the future of society.

Monsignor IGNACIO CARRASCO DE PAULA
Dean of the Institute of the Holy Cross Rome

[1] I well remember the embarrassment caused to a leading figure who subsequently became the leader of one of the richest nations of the world when he was asked, at a television conference, what, at root, a family really was.

[2] Sexual differentiation would be meaningless, according to this mentality, in relation to the married act itself.

Indeed, this way of thinking leads to the placing of homosexuality and heterosexuality on the same level.

[3] A similar doubt arises in relation to contraception when the conception of a child takes place unexpectedly–that is, against the wishes of somebody who wants to be a sexual *partner* and at the same time wants to remove the possibility of becoming a parent

[4] Perhaps parents and sons children still able to understand that the transmission or receiving of life has a high value, but they do not dare admit that their relationship is based upon such realities.

[5] See *Humanae Vitae*, 25-VII-1968; *Familiaris Consortio*, 22- XI-1981; *Donum Vitae*, 22-II-1987. The ethical rejection of the technology of artificially assisted procreation is based on such considerations: such methods take the place of the act of love, and it is this act which by its very nature is alone worthy of the creation of the human person.

[6] See *Casti Connubi*, 31-XII-1930; *Humanae Vitae*, 25-VII- 1968, n 12; *Familiaris Consortio*, 22-XI-1981, no. 32.

[7] See JOHN PAUL II, *Mater et Magistra*: AAS 53, 1961, p 447.

[8] JOHN PAUL II, *Familiaris Consortio*, 22-11-1981, n. 14 The text goes on: " the husband and wife, in giving themselves to each other, give beyond themselves the reality of the child

This child is the living expression of their love, a permanent sign of married unity, and an alive and unbreakable synthesis of their being parents. "

[9] *Familiaris Consortio*, 22-11-1981, no. 36: " The task of upbringing is rooted in the primordial vocation of the married couple to take part in the creative work of God: in the giving of life, in love and for love, to a new person who bears within himself the vocation to grow and develop, the parents thereby assume the task of helping him to the full to live a fully human life "

[10] Pastoral *Constitution Gaudium et Spes*, no 50.

[11] No. 10.

[12] Nos. 28, 35.

CARLO CASINI

The Right to Life

1. Human dignity and the right to life

In many modern constitutions and international declarations a mysterious phrase is to be found which is placed at the very heart of civilized society: human dignity

I have used the adjective " mysterious " because the very declarations which give such emphatic importance to it do not make clear why they do so. Christians, however, are fully aware of the reason: every man is God's word of love and is called by God to love. Mother Teresa of Calcutta captured the essence of the question with a few simple words. With specific reference to the subject of our conference, she made it clear that " that still unborn child has been created for a great endeavor: to love and be loved " In the final reckoning, the origin and purpose of every human existence are the component parts of its dignity.

Nonetheless, such dignity is also upheld by those who do not have faith; by those, perhaps, who are not able to perceive the existence of something existing before the cradle and after the grave. Within secular thought there is a parallel development between the principle of nondiscrimination and the concept of human dignity The equality of all living examples of the human species has taken some time to advance. In the past the foreigner did not have the same value as the citizen; the slave did not have the same value as the freeman; the black man did not have the same status as the white man; women were not on the same level as men; the Jew was beneath the Aryan.

However, the whole experience of disorder, suffering, and blood caused by such discrimination led to the establishment of the principle of the fundamental equality of all human beings; the basic origins of such equality were founded on the postulate of human dignity, a principle which does not allow of higher or lower levels. The richest expression of this idea is to be found in the preamble to the *Universal Declaration of Human Rights* of December 10, 1948: " The basis for freedom, justice, and peace in the world is to be found in the recognition of the dignity of every member of the human family and of his equal and inalienable rights. " For this reason human dignity should be the point of contact between believer and nonbeliever

Unfortunately, such is not the case. The great arguments regarding the right to life bear this out. Indeed, one can go so far as to say that the contrast is so strong that the very expression " right to life " is used without hesitation by believers, while those of a secular cultural persuasion prefer to avoid the concept. Nobody denies the existence of a right to life with regard to those who are already born.

But the debate emerges first and foremost with reference to those who are not yet born, even though it also touches the whole question of euthanasia at the other end of the spectrum. For this reason, the expression " right to life " immediately evokes the whole question of abortion, genetic engineering, and artificial procreation. It is for this reason that it is approached with suspicion. Yet it cannot be denied that at a conference such as this, which addresses itself to the whole question of the child and childhood, this concept should be dealt with at considerable length and in detail.

Many national and international bodies dedicate themselves to children and childhood. For the most part, they forget the first stages of human existence, when the baby is most a baby, and when the small creature is at his smallest. When they do not actually adopt a hostile stance towards him, they find great difficulty in seeing him or thinking of him as a child. For this reason, to take just one example, the recent congress of the United Nations on the rights of the young person was very precise in saying that the object of its concern was the person who had not yet reached the age of eighteen. On the other hand, it did not venture to suggest the starting point of that young person. " Children are children, " it declared, " until the eighteenth year. " All well and good. But the question immediately arises: From what starting point? From conception or from birth? The silence that surrounded this point demonstrates how difficult it is to find a solution to the underlying controversies and basic polemic. I believe that if we can describe an adolescent or a young person who is of an age to engage in military service or to get married as a " child, " then all the more reason for us to designate as being a " child " that person who is given the dry medical appellations of " embryo " or " fetus. " There are good reasons for supposing that a strategy for the defense of the right to life has good prospects of success if we follow the cultural

direction of this conference. Children already born (whose value and rights are fully recognized) can help their younger brothers and sisters as long as they are not separated from them. We must fully expose the contradiction which is to be found in the fact that organizations and initiatives which are engaged in a struggle against the death and suffering of children, and against discrimination towards them, are at the same time totally insensitive to the reality of the millions of other children killed every year while still in their mothers' wombs or within the four square walls of a biologist's laboratory.

There, is, however, more to be said. In the unhesitating declaration of the right to life we make clear, and uphold the principle, that the embryo, the fetus, the newborn child, the infant, the boy or girl, the young person, the adult, and the elderly person are simply terms to describe the same human reality. Indeed, we want to carry forward the principle of nondiscrimination to its historical fulfillment. We want human dignity to be a compass without imperfections. Thus, on the far frontier of human life we extol and uphold the unifying word of different cultures; we see no other civil and moral determining factor than the right to life, from conception to natural death, that primary and pre-eminent test of what is meant by human dignity.

The link between human dignity and existence is not commonly recognized. For some people it is enough to exist to be worthy of life. The " quality of life " takes the place of the value of life in itself. This involves a denial of the truth that the right to life is the first practical expression of dignity. This in turn would imply something else, something perceived in prosperity, intelligence, an ability to engage in human relationships, acceptance by other people, in a physical dimension or configuration. Here we may discern the distinction that Fromm made between being and having. Roman Guadini maintains that the precept of not killing removes man from the realm of things and places him in the world of subjects and ends. In contrary fashion, the idea of the quality of life, insofar as it has the consequent logic of attributing lesser value to those people who do not have certain characteristics or material possessions, drives everybody into the world of things. It does this because even those who are recognized owe this to the fact that their rights are upheld in relation to what they have and not to what they are " in themselves ". In this process the principle of nondiscrimination is by no means defeated, while the word " dignity " loses its meaning and loses its connotation of mysterious transcendence with regard to the rest of the creation.

2. The subject

It is no use upholding the right to life in universal fashion if we do not know the subject of this right. To see the problem clearly: the real question is not the right but the subject of that right.

It has often been observed that the great problem of centuries past was proof as to the existence of God whereas the great difficulty of our times is proving the existence of man. Practical and theoretical materialism and the hedonistic vision of life (which places the principle of pleasure as the basis for criteria regarding the value of things) makes it very difficult to distinguish man from the animals and indeed from things. Certain animalistic ways of thinking–and, indeed, certain forms of environmentalism–are not animated by a more incisive understanding of animals and the creation, but by a reduced understanding of the value of man, by an inability to understand the great qualitative difference which exists between him and matter. The boundaries, in fact, become unclear. Whilst on the one hand the rights of animals are upheld, the right to life of the unborn child is denied. There has even been the hazardous attempt (Singer, Engelhart) to give greater value to an advanced monkey or to a trained dog, to a computer or to a work of art, than to a fetus or to a mentally ill person. Indeed those who struggle to defend seals, birds or whales do not always display the same solicitude for the life of certain categories of babies.

For all these reasons the right to life is truly and authentically radical. It is not only a matter of saving millions of human beings, but of how we see ourselves, of how we approach society as a whole, in all its legal, political and cultural aspects. The issues at stake do not only include the right to life of a number of human beings, however large that may be, but the nature of right itself, given that, as Rosmini makes clear, " right is immanent in the human person, " or, to use Justinian terms, " *hominum causa omne ius constitutum*. "

The same arduous endeavor to achieve equality (together with its corollary in organizational terms, democracy) becomes a mere formal fact if certain potential subjects become canceled. The replacement of ontological criteria with conventional criteria in order to define the bearer of a certain right inevitably leads to this outcome. The specific character of the issue at stake is more than evident: the cancellation is primarily of a mental rather than a physical character. History, unfortunately, is accompanied by a trail of blood; children, indeed, are the first victims of war and hunger. But even in such highly dramatic circumstances these beings are not canceled in a mental sense: nobody dares to say that they are not human beings, that they are not children.

Discrimination is also present when the living human individual is denied the reality of being a subject in the name of medical and biological theories which concern themselves with the brain or the organs, the pain receiving and expressing mechanisms or implants in the womb. These theories, which do not deign to address themselves to the very great question of meaning, are of too complicated a character to be examined by me here in detail. But it is perhaps sufficient to emphasize the utilitarian intention which is at work, an intention which does not take the " in himself " of the subject into account, but which calculates the advantage or disadvantage that others may or may not gain from his presence. The fact that these various ideas are utilitarian, and therefore discriminatory in their approach, is more than clear when one consid-

ers the very great variety of criteria which are employed to adjudge which subject is worthy of stewardship. These criteria, one may add, vary according to the goals that exist in relation to the unborn child (goals, however, that are external to him and unrelated to him).

In this way those people who dedicate themselves to artificial procreation deem irrelevant the life of the being conceived prior to implantation in the womb. In the same way those who are concerned primarily with the freedom and the health of the woman believe that the conceived being is of no importance prior to the moment when the abortion reaches a stage of danger for the woman–except, of course, as regards the different limits and rules applied by the legislation in force, or in relation to what the unborn child has rather than what he is. The most indicative sign that a judgment on the existence of the right to life is utilitarian is to be found in the irrelevance of doubt–that is, when an avalanche buries a group of climbers or when people are lost at sea, then the search continues as long as there is a ray of hope that the victims may still be alive. On the other hand, if such doubts (which are necessarily unreasonable) are applied to a living human being in his mother's womb or to a subject in a laboratory test tube, then indifference towards this right is expressed in the formula " It's a question of personal conscience. " Nobody would dare to employ such an argument in relation to those demented people who think, or who have thought, that immigrants, Jews, or blacks are not human beings in the full sense of the term. The concept of " question of personal conscience " in this context is a formula which reduces the human child to an opinion and similarly lowers the right to life to a scruple or to an act of religious worship.

In this instance one can see that the degeneration of the whole question, after traversing the field of rights, reaches the sphere of ethics. In so doing, it relativizes ethics, relating everything to personal wishes and desires, and deprives what is ethical of objective reference points. In this sense, one can affirm that in essential terms the chief challenge throughout the world is between " pro-life " culture and " pro-choice " culture. It should be observed that the choice of each individual is the foundation stone of objective morality. It is the very norm. It is eminently so, indeed, in relation to womanhood and the unrepeatable condition of pregnancy, given that " the expectant mother is the producer of morality " She is the maker and enforcer of ethical rules as regards the destiny of her child. Indeed, one can observe that the doctrine of original sin is nowhere more clearly evident and evoked.

The true object of extreme pro-abortion positions is not a change in juridical rules but the overturning of that ethical principle which is achieved through a series of steps. These steps may be outlined in concise and accessible fashion in the following way:

a) abortion must not be punished;

b) abortion must be allowed by the law;

c) abortion is a social service;

d) abortion deserves social consent;

e) in certain cases abortion is a moral duty;

f) in certain cases abortion must be imposed by law.

Any reflection on certain legal cases at present connected with awarding compensation for abortions which have not been carried out will illuminate that such a line of thinking is by no means something that belongs to the realm of mere fantasy. Life is no longer considered a gift: it has become an injury. Through this way of looking at the unborn child in terms of the quality of life, the right to life collapses and is replaced by the right to be born healthy and to live happily, a right which must be upheld, even to the point of using force and of killing the unborn child.

The final attempt to cancel the subject is the erroneous use of the term " person ". It cannot be denied that the conceived being is indeed a human being, it is argued, but that creature does not have the right to life because he is not a person. From a legal point of view the error is more than evident: one is legally a " person " precisely because one has rights and not the other way round. Indeed, it is the case that moral entities are " persons " even when they have no psychobiological substratum. The problem, therefore, is not the ascertaining of the existence of a person in order to bestow rights, but the opposite: once the subjective right is discerned, then the " person " is guaranteed. In the same way, the inquiry cannot be limited only to a positive right. If we did this, we would deny the whole history of human rights, which do in fact precede and judge written law. Indeed, this history is now recognized and enshrined in the Universal Declaration of Human Rights of the United Nations. As a further example, the second article of the Italian constitution makes clear that " the Republic recognizes and guarantees the inviolable rights of man ". This is a written norm, and thus from a positive point of view the whole question boils down to the question of whether the conceived being is a man. If he is, then he has the right to life and consequently, and inevitably, he is a " person " in legal terms.

I shall not expound philosophical theories at this point.

But it does seem obvious to me that the distinction between " man " and " person " (and thus the idea that some categories of men are not persons) is the most perverse example possible of the repudiation of the principle of non-discrimination. The same way of thinking was employed by the United States Federal Court in 1857 when it decided that " blacks are not people " (the Dred Scott sentence). In truth, the term " person " indicates a valuative high point. It contains an element of discrimination–not between man and man, but between man and the rest of the Creation: man is a person and not an animal, not a tree, and not a river. The word, like other terms already discussed, evokes the reality of " dignity, " which is mysterious. It is no accident that Christian thought changed the meaning of the word, which in olden times referred to the mask worn by the actor (that is to

say his " personage "), when it dwelt upon the mystery of the Trinity: God in three " persons. " From referring to God the term shifted to defining man, and every man Person is the other name of man, that which draws him near to the reality of creation and distinguishes him from the complexity of organized matter. The use of biological fact alone to define man (the son of man and woman!) is thus the only criterion able to guarantee the full achievement of equality and the only criterion which can fully express his valuative superiority (something which in the final analysis constitutes the " dignity " of man) demonstrates that he is a subject who can never be reduced to the level of being a thing or to the level of being a means. For all these reasons we should not hesitate in the least in deeming the unborn " children " and should not feel any restraint in giving him the other name of " person. "

3. A cause for unease

I am an incurable optimist and firmly believe that the present-day tragedy of abortion and the debasement of the human embryo to the level of matter to be experimented upon is not a return to a regressive past I am led to believe, instead, that these phenomena constitute a bloody ordeal from which we will emerge into a higher form of civilization and knowledge I am fully aware that in the past the attitude towards the life to be born was favored by circumstances unrelated to the full and effective understanding of its value. There were certain elements at work which are now no longer operative. In peasant culture children were a source of wealth in that they were labor for the fields. They were also considered as a counterbalance to infant mortality and as potential support in old age. Today, on the other hand, given our contemporary economically-oriented way of seeing things, they are seen as a burden and as a worry. A strong check on abortion was also to be found in the very serious, and not infrequent, risks to the health and life of the mother that were involved in such an action. These risks, it may be observed, are today notably reduced. For these reasons only the recognition and perception of human dignity act to defend the still-to-be-born life. The challenge is immense, but it is of an enormity which leads on to an even greater human maturity. The road to equality and nondiscrimination has reached its culminating point, but only as long as it is able to express itself both horizontally (that is, in relation to different races and circumstances) and vertically. By this last concept I mean " in relation to the different seasons of the life of each living human being. " In the same way the commitment to the right to life seems to me not the last defensive point of the past but a propulsive force capable of creating a complex newness within our culture and in relation to the organization of society and its objectives. This newness, indeed, has the ability to build solidarity around the centrality of the human person, beginning with the weakest and the poorest. Now that the ideologies have fallen, with all the false hope that they offered with their illogical bases, we are left with this compass alone. This is the way in which we must interpret the ambiguity, the contradictions, and the sophisms of contemporary legal thought with regard to the right to life: not phariseeism and deceit but " concern, " which could have very positive outcomes, indeed.

I could have given a very different slant to the subject I was assigned I could, for example, have engaged solely in an analysis of laws and jurisprudence. But I wanted, instead, to present a paper of wider scope which could capture the essential aspects of the argument, not the least with regard to its legal dimension.

What does this " unease " I am talking about amount to? It would be much easier to justify the murder of an embryo by a denial of its human character or by the principle that a certain category of individuals exists which is similar to the mere things of this world. But modern legal thought, or at least its European version, is not able to do this. On the contrary, there is no lack of laws which allow abortion to take place. They are present, for example, in Italy and France, and begin with the initial statement that it is the state's duty to defend human life Why do they do this?

Because of hypocrisy or a bad conscience (that is, " unease ")?

One is led to think that modern man wants to continue in this legitimating of injury to the right to life but is loathe to give utterance to the only cynical reason that could justify it. An analysis of constitutional judgments, which are, after all, the high point of legal judgment, is extremely revealing The fundamental question (who or what an unborn child is) is usually avoided by means of tortuous arguments which underline its irrelevance. In essential terms, such arguments seek to avoid an answer and in particular to avoid a subject which, although recently presented in formal language, contains within it that necessary reply. I am referring here to the present-day line of thought of Italian constitutional jurisprudence: from decision no. 108 of February 2, 1981 to no. 293 of June 24, 1993. The French Constitutional Court (January 15, 1975) and to a certain extent the Austrian Court (no 8 of October 11, 1974) have followed the same line of thought.

The question gives rise to fear. For this reason it is avoided at any cost. It matters little if this is done in a tortuous or forced way, or even in a way which offends rationality itself. One understands, therefore, that the question has within it a revolutionary force which is capable of putting the whole current legislative system into a state of crisis.

Whenever the question is not avoided, the idea that the conceived creature is one of us and a human being worthy of protection becomes undeniable. The abdication of reason follows other routes. This is very evident in sentence no. 27/1975 of the Italian Constitutional Court, where the concept of person is introduced in a discriminatory sense but where there is not one word to explain in what way one is talking about the concept of " person " and to make clear why some categories of human beings are not persons. In the same way, the Spanish Constitutional Court issued a sentence on April 11, 1985 which fully recognized that the Spanish abortion law is unconstitu-

tional and further observes that article 15 of the constitution (" *Todos tienen derecho a la vida* ") clearly applies to the still-to-be-born child. But at the same time this court canceled such a recognition through a denial of the evidence: it maintained that the word " *todos* " certainly referred to the unborn child but went on to say that this does not mean that he has the right to life (sic!) In other words there is in some way an obligation on the part of the state to defend life but there is no parallel right held on the part of the subject.

Similarly, in the sentence of the Portuguese Constitutional Court (March 19, 1984) the writer does not hesitate in the least to hide his embarrassment on reaching consequences which contradict the premises that he has previously outlined. Indeed, he even goes so far as to write: " Here doubts may be, and indeed are, very serious for the writer. Whatever the case may be, even in the presence of insuperable doubts which cannot be completely dispelled, it must be accepted that the principle of non-unconstitutionality must prevail " (sic!).

This very rapid survey shows that the denial of the right to life brings not only the concepts of equality, freedom, democracy, ethics, and secularity to the point of crisis, as has already been demonstrated, but also that of rationality.

The man who denies man finds himself lessened in his being " man " In this way, the right to life concerns not only the conceived human, being but all of us

It also seems to me that the guarantee of the right to life requires, first and foremost, a reconstruction of the subject who has that right. In the debates on abortion our opponents seek to justify their position by making a distinction between means and ends. " We also want, " they declare, " to recognize, as you do, the right to life. Our arguments concern only the instruments by which such a right is defended. " Unfortunately, such is not the case. The distinction does not involve means alone; it also involves ends –that is, the existence of the subject. A reconstruction will be possible, and dialogue will be fruitful, only if all of us, believers and nonbelievers, manage to establish without reserve and without deception that the human embryo is a subject, even though a very small one. Only from this point of view can a highly divisive divergence regarding the means of protection be avoided. From a legal and political point of view such a definition of the subject is the only feasible course to be taken and it has enormous cultural force. Everything else follows afterwards The whole question of whether the protection of the right to life should or should not be entrusted to the penal code is of much lesser interest, or so it seems to me.

In this " uneasy " process German constitutional law is especially interesting–as regards both the fundamental decision of Feburary 2, 1975 and the very recent decision of May 28, 1993. This last sentence, indeed, declared that the consolidating law on abortion approved after the fall of the Berlin Wall was in part unconstitutional. The German judges clearly upheld, in rational and rights terminology, that the embryo is a subject. One reads, for example, in the first two sentences that " between the different stages of life before birth and birth itself, and between the unborn child and the born child, there can be no real difference. " " Everybody " is " every living person " –in other words, " every human being who possesses life. " For this reason, " everybody " necessarily refers to the human being who is still to be born. In reaction to a totalitarian state which has absolutely no respect for individual life, our constitution has created a system of values which places the individual and his dignity at the center of each of its laws. ... Man has his own special and independent value in the order of creation, and this value depends upon a constant and complete respect for life, even for the life of those who in social terms might be considered worthless This fundamental choice of our constitution is what determines the structure and the interpretation of the entire body of laws. " The second, and very recent, sentence upholds this particular line of argument, but also tries to go down the road of the nonpenal approach It is not appropriate here to dwell upon the limits, errors, and contradictions of such a road. What is of interest, however, is the methodological slant. It is the same as that adopted by the European parliament in relation to genetic engineering and artificial procreation in March 1989 when that parliament set out the criteria to govern legislation in relation to the right to life, the right to the family, and the right to identity on the part of the conceived being from the very moment of fertilization. Here one is dealing with the consequence of the methodological approach which has been adopted: it is the baby who is being considered, and the life which has begun is not being ignored. I am convinced that almost everything can be resolved if the courage of this approach is employed. In penetrating the mystery of human life in its extreme essence and its absolute newness we will be able to regain the somewhat corrupted modern concepts of right, freedom, equality, democracy, secularity, and reason. We will even be drawn nearer to God because " man is the life of the Church " In giving our whole way of looking at things the full richness of human perception, which, unlike animal perception is able to go beyond visible and external forms and grasp inner intimacy and mystery, we will call the unborn child " subject " and " person. " In this way, nobody will be able to deny his right to life.

Hon. CARLO CASINI
Member of the Italian and European Parliaments

PHILIP G. NEY

The Psychological Effects of Abortion on the Family

Introduction

Holy Scripture warns that in the last days there will be little natural affection between parents and children. From an ecological point-of-view, if that happens our species cannot survive. For without the strong natural bonds between parents and children, there will be frequent abortion, abuse and neglect. Is there any scientific evidence that is occurring now? From three major studies, I can report there is good evidence our human ecology has been unbalanced, maybe unalterably.

We have found that women who have had an abortion are more likely to abuse and neglect their children. We also know that women who have been abused or neglected are more likely to have an abortion. Those children whose siblings were aborted, and those who were considered for abortion, or on whom abortions are attempted are truly survivors and have deep psychological conflicts. We have found that all types of pregnancy loss have a deleterious effect on a woman's health, but the effect of loss by abortion is considerably greater. Our studies have demonstrated that lack of partner support for the pregnant woman significantly increases her chances of having a miscarriage or an abortion.

Thus it seems that society by encouraging the abortion of unborn children has badly interrupted the natural mechanisms that bind man and wife, parent and child so that they care for each other. No amount of financial help or legislative restraint on the part of the government can stop this progression or reestablish this imbalance. If our findings and deductions are correct, our species may not survive.

Abortion and a Woman's Health

When a logistic regression is done to determine the most important of the 44 factors we considered as having an impact on the woman's health, we found that the quality of family life, pregnancy loss and loss of partner support are the major factors that determine the quality of a woman's physical and emotional health (Table 1). Though all types of pregnancy loss interfere with psychological and hormonal balances that maintain a woman's health, it appears that abortion has a greater impact than other types (Table 2). We found that teenage women have far more abortions but are as physically capable as older women in having a full-term normal pregnancy. They are less likely to be supported by their partner. At all ages, the lack of partner support increases both the chance of having an abortion and a miscarriage.

Many studies have shown that unresolved losses are a major cause of depression (Siegel and Kuykendall, 1990; Harris, Brown and Bifulco, 1990). Recent evidence shows that depression interferes with a person's immune functioning (Irwin, Daniels, Bloom, Smith and Weiner, 1987; Kiecolt-Glasser, Fisher, Ogrocki, Stout et al., 1987). When a person's immune system functions poorly, they are more likely to have both infections and cancers. It is vitally important to help women mourn their pregnancy losses in order to promote health and diminish health care costs.

To properly mourn a loss, the dead person has to be seen, handled, known, accepted, buried and committed to God. It is now recommended that women who have stillbirths be given the opportunity to see the infants, hold them, name them, own, mourn, bury them, grieve them (Lewis, 1979) and commit their spirits to the Almighty. This process is much more difficult for women who have an abortion because: 1) they have caused or contributed to the death of the child they now must mourn; 2) they have great difficulty even starting to grieve because they have no dead baby to hold, name and bury; 3) society tries to convince women that the fetus is not a real person, therefore his/her death can't be a real loss; 4) there are so few people who are willing to talk about abortion; 5) there are so few counsellors capable of helping women mourn their abortion loss; or 6) so many people are implicated in the death of the unborn child and they cannot acknowledge the loss without admitting their complicity in the termination of the infant's life. Because abortions are much more difficult to grieve than other types of pregnancy loss, aborted women are more likely to become depressed.

Increasing evidence shows that unresolved tragedies, particularly child abuse and abortion, tend to be repeated (Ney, 1988; Ney,

1989). This is partly because we must understand the underlying conflicts, or those conflicts will rob us of the energy necessary for life. Thus a woman is likely to reenact the tragedy of abortion. More particularly, that tragedy is likely to be handed from one generation to the next.

Although these findings are based mainly on patients in the practices of Canadian family physicians, we have now enough data from other countries to state that the deleterious impact of abortion on women's health is widely spread if not worldwide. Because there are so many women who have had at least one abortion by the age of 45 (eastern Europe, approx. 80%, western Europe, 70%, North America, 70%), it means that even if the impact was only slight, it would make a major overall increase in the morbidity of the population and the cost of health care (Ney, 1983). It is incongruous that many countries are attempting to curtail rising health care costs (mainly at the expense of the aged and infirm), but are at the same time providing abortion on demand. There is accepted evidence that abortion worsens rather than improves psychiatric illnesses. It is almost never necessary for physical diseases. There is no evidence that abortion improves social ills of any type. There is increasing evidence that it has many deleterious complications (Ney and Wickett, 1989).

The Connection Between Child Abuse and Abortion

Although much of the literature on child abuse and neglect is devoted to one type or another, we have found that in 95% of the instances, there is a combination of various types of abuse and neglect (Ney, Fung and Wickett, 1993). We found (Table 3a, 3b) that all those combinations that include neglect tend to have a greater deleterious impact on the child's perception of himself and his future. It appears that when neglect precedes abuse, the child's disturbance is greater. Neglect makes a child more susceptible and more vulnerable to abuse.

We found that if a woman has an abortion she is more likely to abuse and neglect her child (Table 4). Abortion appears to interfere with a number of important mechanisms that create a mother/infant bond. Without that bond, a mother is more likely to express her anger as abuse and her disillusionment as neglect. When we did a regression analysis on all the 66 factors that we considered may contribute to various types of child abuse, it appears that having had an abortion is an important factor contributing to severe verbal abuse, severe physical and/or emotional neglect and sexual abuse. Evidence has shown that the people who were abused as children are more likely to have had an abortion.

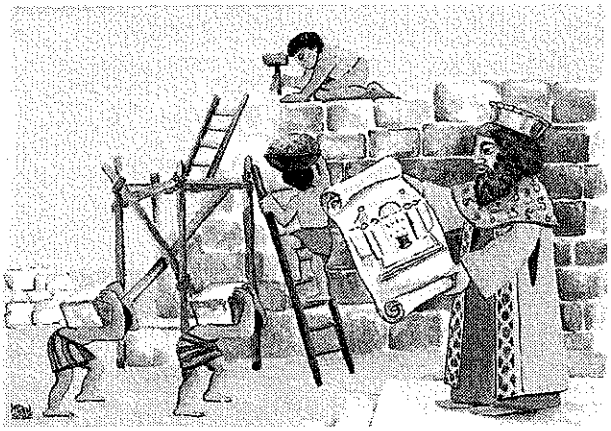
The possible reasons that women abused as children are more likely to abort are the following:

1) Mistreated children feel neglected during critical times of their development. They again feel neglected because their spouse is not supporting them at a critical time.

2) The anger they feel from their rejection is projected into the child. The unborn infant becomes the bad object causing them injury that must be stopped.

3) They devalue themselves and what they produce. Their unborn child is worthless and thus more easily destroyed.

4) They were not loved, and now it is hard for them to love and to give selflessly to a dependent human.



5) Having been poorly parented, they sense their lack of competence to be a parent, and therefore reject the role.

6) Their neglect and abuse resulted in immaturity. They know that it will be difficult for them to continue to mature as the child grows.

7) Recognizing that they have in their anger destroyed a human, they are afraid of that anger reoccurring. Knowing that dependent, demanding children can provoke anger, they want to avoid being destructive again so they avoid having children.

8) They anticipate that there will be problems bonding to the

child and know that this would leave the child more vulnerable to abuse and neglect.

From our data and studies by others, it appears that women who have had abortions are more likely to be anxious and depressed during subsequent pregnancies (Bradley, 1984; Kumar and Robson, 1978). They do not prepare for the infant's arrival, and often are reluctant to acknowledge its intrauterine life (Colman and Colman, 1971). Every pregnancy entails a crisis of incorporation. That is difficult for women who have not dealt with the crisis of a previous pregnancy, and they tend to reject the demands of change in themselves it requires. We found that when the child is born, women who have had abortions have greater difficulty touching and breast-feeding him/her. Because they are depressed, and because they have not mourned the previous loss, they are less likely to bond to children born after an abortion. Our data shows that women who have had unresolved pregnancy losses have greater difficulty responding appropriately to the infant's helplessness and cry of distress. They are more likely to respond with anger rather than nurture.

Abortion Survivors

When anyone escapes a death that would probably have taken them, we consider them to be a survivor. There are literally millions of people who have survived likely termination of their unborn lives. In some parts of the world, children who are a second pregnancy have less than a 5% chance of surviving. In Eastern Europe, the chance of surviving any pregnancy is approximately 10%. In many other parts of the world children have survived when their siblings have been aborted. Others have survived when their parents have sat in judgment, carefully calculating whether they should be terminated or not. Others have survived by chance. Some children who, if they had had their handicaps detected in utero, would have had their chances of being aborted considerably higher than average. Some have survived when their twin was killed, and others when attempts were made to kill them. There are an increasing number who have survived an abortion only to die on a cold slab, or in the fetid confines of a garbage pail.

There are a wide variety of ways children could know about their mothers' abortions. Some overhear conversations, before and after birth (Chamberlain, 1992). Others make calculations on probabilities. Others, because they are repeatedly told they are wanted, deduce that a sibling was unwanted. Some have the scars on their body, and others on their minds, to show that they have endured an abortion attempt. Some discover when they are young that they have survived. Others make the conscious discovery in later life that they are abortion survivors. That knowledge brings both pain and relief, for now at least they understand the basic cause of their guilt and anxiety.

The effect on a child of being an abortion survivor is manifold. Being wanted is a terrifying state. Even children understand that if you are alive because you were wanted, when you become unwanted, you have no right to existence. Many people have an existential or survivor guilt. They feel they should not be alive when some possibly more worthy and equally innocent child was killed. Because they are alive depending on their parent's wanting them, they feel an existential anxiety, " What will happen if I become unwanted or unwantable. " Fearing for the future and not fully appreciating life, they do not develop their abilities, and thus feel an ontological guilt. Because their parent has killed a sibling, they cannot trust their parent's affirmation that they are loved, and thus they have an anxious attachment. For this reason, they must stay close to their parents, cannot explore their world, and do not develop their intelligence. Not trusting their parents, they cannot trust themselves, particularly in the role of parenting. They thus avoid having children. They distrust women because women kill babies. They distrust men because men will not or cannot protect the babies. They dis-

trust authority because the authorities not only permit, but promote abortions by funding the killing of the preborn. They cannot even trust grandparents because grandparents often have, for convenience, pressured their mothers to have abortions.

Having been dangled by the tenuous thread of wantedness, they become angry, rebellious and wantonly destructive. They are afraid to investigate family secrets because they might find out their parents wanted to abort them. Therefore they must suppress their communication and expression of emotions. If they are a replacement for an aborted child, they feel there are impossible expectations placed upon them, which they resent and deny by not sticking with goals in life. Every year approximately 60 million children are aborted, 60 million mothers and 60 million fathers are deeply wounded, and approximately 110 million siblings become survivors. Every ten years approximately another 2.3 billion people with untreated pain and parenting problems will add their distress to the growing personal, family and social disorder in the world.

Men are also affected by abortion. From the data that we have collected from the telephone calls to an abortion help line, women report that 80% of their relationships break up following an abortion. This is in light of the fact that in many instances their partners had insisted that they have an abortion or they would end the relationship. It appears that men's self-esteem is badly damaged by the knowledge that their sexuality has ended in the death of an innocent individual. There is clinical evidence that the rate of impotence increases following an abortion. Men are also very angry after an abortion, particularly if their partner had the abortion without their awareness or consent. At a biological level, men know their most important contribution in life is to continue their particular genetic line. After their child was terminated there is a sense of helplessness and rage which may explain the rapidly increasing level of violence by men toward women (especially rape and spousal abuse). Because women are more likely to abort or miscarry without partner support and men are less likely to support their spouses when they cannot bond to the infant (because of its uncertain future), a vicious cycle ensues. Men are less likely to support women who might abort their unborn and women are more likely to abort their children without partner support.

Grandparents react to abortion with fear and sorrow. I have often witnessed in restaurants in China scenes where one child is plied with food and attention by two parents and four grandparents who vie with each other. The net effect is a very badly spoiled child and grandparents who are anxious each time they are with the grandchild. Grandparents are also sorrowful they do not have grandchildren to provide meaning and purpose to their old age. They also have great fear. They wonder how their offspring (whom they may have treated with slight regard, particularly because of abortion) now will look after them in their weakness and pain.

If the above observations and deductions are correct, then our species may not survive. We have undermined the very mechanisms on which our survival depends. With disrupted parental bonding and existential guilt the frightening prophecies of scripture will come true. Without a nationwide repentance and turning back to the grandeur of the plan that God created, our species will decline and may die.

Too often we deny the power and authority of God. With our knowledge of good and evil we think we can create and destroy life and make and break human bonds. Like the first rebel, we try to assume power by attempting what are the prerogatives of God alone. We treat God as if He is a remote observer, but hope He will continue to let us avoid the natural consequences of our folly. It is only by His grace and mercy that we still exist. We are beginning to recognize the decline in many societies resulting from a diminishing desire and regard for children. Unless God-fearing people are prepared to risk something in defence of the species, we cannot survive. May God help us.

Yet there is hope. By the grace of God these wounds can be healed. We are now training people in group therapy designed to treat the deep difficulties arising from child abuse, abortion and of surviving an abortion. This provides an avenue for reconciliation and restructuring the human bonds that sustain humanity.

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Table 1 – " My present health is affected by: "

	T	Sig.
My Family Life	4.594	0.0000
Previous Loss*	2.838	0.0048
Whether Partner is Supportive	2.478	0.0137

Expressed as a Multiple Regression

Table 2 – Factors which negatively influence the mother's present health

Related Factors	My Present Health Is Not Good
§ of Full Term, Normal Birth Weight	0.034 p=0.194
§ of Prematures	0.013 p=0.617
§ of Miscarriages	0.054 p=0.041
§ of Abortions	0 107 p<0.000
§ of Stillbirths	0.022 p=0.403
§ of Infant Death	0.029 p=0.268
Older Age of Mother	0.005 p=0.860
Partner not Supportive	0 263 p<0.000

Expressed as Pearson Correlation Coefficients
N = 1428

Table 3a – Association Between Combinations of Abuse and Child Reactions: Top 10

Combination of Abuses	Rank	Lack of Enjoyment of Living	Lack of Purpose in Life	Poor Future of the World	Own Future Poor
PA; PN; VA	1**	.349*	.216*	.009	.334*
PN; VA	2	.388*	.213*	.176	.327*
VA; EN	3	.317*	.215*	.133	.256*
PA; VA	4	.226*	.188	.096	.234*
PN; VA; EN	5	.377*	.158	.113	.291*
PA; VA; EN	6	.250*	.163	.123	.250*
PA; PN	7	.233*	.165	.003	.292*
PN; VA; SA	8	.430*	.178	.258*	.080
PN; EN	9	.311*	.101	.102	.257*
PA; EN	10	.159	.110	.108	.201

Expressed as Pearson Correlation Coefficients
* p = < .05
PA = Physical Abuse
PN = Physical Neglect
EN = Emotional Neglect
VA = Verbal Abuse
** 1 = worst

Table 3b – Association Between Combinations of Abuse and Child Reactions: Top 10

Combination of Abuses	Rank	Poor Chance of Good Job	Poor Chance of Happy Marriage	Poor Chance of Having Kids	Poor Chance of Being Good Parent
PA; PN; VA	1**	138	.331*	.226*	.224"
PN; VA	2	.049	.300*	.241*	.176
VA; EN	3	.046	.317*	.168	.200
PA; VA	4	.148	.296"	.230"	.183
PN; VA; EN	5	-.040	.298*	.209	.183
PA; VA; EN	6	.109	.308*	.197	.218*
PA; PN	7	.099	.241*	.226*	.153
PN; VA; SA	8	-.284	.136	.175	.291*
PN; EN	9	-.093	.224	.185	.163
PA; EN	10	.049	.237*	.160	.170

Expressed as Pearson Correlation Coefficients
* p = ≤ 05
PA = Physical Abuse
PN = Physical Neglect
EN = Emotional Neglect
VA = Verbal Abuse
** 1 = worst

Table 4 – Causes of Abuse and Neglect

Physical Abuse	Verbal Abuse	Physical Neglect	Emotional Neglect	Sexual Abuse
Lack of breast feeding*	Husband not supportive during pregnancy	Husband not home during pregnancy	Breast feeding not enjoyable	Affected by abortion loss
Husband not home during pregnancy	Breast feeding not enjoyable	Affected by death of spouse or close friend	Husband not supportive during childhood	Number of abortions
	Fear of losing pregnancy			Breast feeding not enjoyable

" length of breast feeding determined mostly by: (1) how enjoyable and (2) quality of touch (initial reaction)

ELIO SGRECCIA

Artificial Procreation

A history of the facts and a history of the concepts

The use of methods of artificial extracorporeal fertilization began fifteen years ago and intracorporeal artificial insemination has existed for about fifty years.

But these are early days yet if we want to write a history of these phenomena both in terms of their practical application and with reference to the scientific theories which act to underpin them. Nonetheless, it is certainly of value to offer some reflections upon the concepts which justify these practices, and to do so bearing in mind the literature which has grown up around the whole subject.

a *Intracorporeal artificial insemination*

It is of pre-eminent importance to point out that the use of methods of *artificial insemination* has not led public opinion and scientific debate to believe that a revolutionary event has taken place–an event which may have a major impact on what will happen to future generations. The overall approach of non-religious thought is the same as that of medical thought. It is believed that both homologous and heterologous artificial insemination is a form of *infertility treatment* [1]

The attitude of the Catholic Magisterium has been different from the very outset. Pope Pius XII emphasized the negative consequences of the use of artificial procreation in relation to our way of thinking about the family and marriage. At the same time he made a distinction between methods to help the conjugal act performed by the married couple–a help aimed at perfecting the procreative process–and actual and authentic artificial insemination.

This last is effected and organized outside the unitive sphere and involves a detachment of the unitive dimension from the procreative dimension of marriage. In other words, there is a *substitution* of the conjugal act. While the first form is considered an act of medical help which does not affect either the dynamics or the purpose of the conjugal act (and is therefore morally acceptable), the second is a real and authentic alteration of the unity of the unitive/procreative act and is therefore morally unacceptable [2]

There is also an emphasis on the difference between homologous insemination and heterologous insemination, from both a theological and an ethical point of view. Heterologous artificial insemination involves the role of a donor from outside the couple and thus breaks the family unity–the state of being married is separated from parenthood and introduces the concept of multi-parenthood in relation to the child. This substantive difference between homologous and heterologous artificial insemination has been and is perceived in the nonreligious world as well. It has meant and means that in recent times heterologous artificial insemination has encountered difficulties in obtaining legal status [3] And even when such a status is acquired, the method is considered as applying to exceptional cases, as a last resort, and reserved to married couples or those living together *more-uxorio* [4]

The use of heterologous artificial insemination has also given rise to other delicate and complicated problems. These have not yet been resolved from a legal point of view in the case of so-called sperm banks. These problems take many forms. There is the question of health: the possible and by no means hypothetical transmission of infectious and genetic illnesses. There is also the question of the sale of sperm and thus of the human body. And, last but not least, there are the questions relating to the way in which the seminal liquid is gathered–the possibility of incestuous marriages (between sons and daughters of the same father or between a father and daughter who have never met each other), an obvious reality given the anonymity of the donor. Here, of course, there arises the question of the responsibility of the medical practitioner–whether he is liable or not, in a criminal or civil sense, for damages caused by inexperience, negligence, or imprudence.

Despite these very great difficulties and questions, both homologous and heterologous artificial insemination are still considered as infertility treatments in the sense I have already described–that is, they are seen as the giving of a child to somebody or a couple who cannot conceive one by natural means.

b. *A prevailing eugenicism*

It was quickly realized that artificial insemination had other aims than infertility treatment, and, in particular, it was grasped that there was a eugenic intent: the existence of sperm banks permits the *selec-*

tion of donors. The aim of this selection was not only to give the couple the child they desired but also to give them a *perfect child–or*, rather, a child which would most resemble the social father. As J. Testart well observes,[5] the idea is by no means new–it was suggested at the turn of the century by the eugenics movement under the leadership of the Englishman Galton.

This way of choosing parents was defined as " easy racism " by the Nobel prize winner in his book *La Selection Humaine* (1919), but at that time such a policy was not pursued through the use of methods of artificial procreation.[6] It is well known that these theories were put into practice in Nazi Germany in order to exclude " cacogenic individuals " from society, and this was carried out–to cite one example–by the policy of sterilizing the mentally ill.[7] But a less extreme form of eugenics has also been put into practice in other European nations and in the United States of America.

But true and radical eugenicism had to wait for " new methods of artificial insemination and new biological inventions in the same area, "[8] as was pointed out by a number of eugenicists, and in particular by the Nobel prize winner Muller, the author of the quotation. In this way one can see how once the eugenic dimension appears, even if only effected through the selection of the donor (first-level eugenicism), then one goes beyond mere infertility treatment to enter a world of goals and aims conditioned by technology and ideology–a world where conjugal love loses both its meaning and its interpersonal and oblational character.

c *Extracorporeal artificial fertilization*

The appearance of extracorporeal procreation, and, in particular, *in vitro fertilization*, not only opened up new research prospects but also gave a new and unprecedented epistemological coloring to artificial procreation. The worldwide impact of the birth in 1978 of Louise Brown, the first test-tube baby, was due not so much to the technical difficulties of the whole event and its scientific character, as to the fact that traditional human frontiers had been usurped. It should also be added that *in vitro fertilization* has provided the precondition for scientific initiatives which go beyond the aims and goals of " infertility treatment, " and for this reason raise new and different questions, at times of an ethical character.

Because of a surplus of embryos –the direct result of the multiple fertilization of ovule cells, a reality which enables us to talk of a " multi-ovular " society–experimentation on the embryo has been made possible. This has involved genetic, immunological, and oncological experimentation, not to mention the programming of births. Furthermore, such advances have also made the taking of tissue from the embryo for the purposes of transplant an evident reality, have lain behind the industrial use of embryo products, and have had a variety of other consequences.[9]

Moreover, the ability to select ovule cells before their fertilization and to select embryos using special pre-implant techniques has given new weight to the whole eugenic position. J. Testart's work *Le Desir de Gene* is very instructive in the analysis of this whole question.[10] We encounter here the *second level of eugenicism*: in this case we are not dealing with the selection of the gamete donor but with a selection of ovule cells and embryos which is then followed by the destruction of those gametes or embryos which are deemed not to have the required characteristics.

The selection of ovule cells and embryos before their implantation involves not only a screening of individuals afflicted by hereditary diseases, but could also have implications for actual carriers (negative eugenics)–that is, children themselves. It should be remembered that negative eugenics made its appearance twenty years ago with the use of prenatal (post-implant) diagnosis, and the voluntary interruption of pregnancy followed quickly on its heels. Such activity constitutes a further way of artificially selecting future generations. The

child who is born because of the test-tube is a selected child. It should also be stressed that in vitro fertilization also lays the foundations for a third level of eugenicism, a process which is often described with the word " positive. " Techniques of genetic engineering give man enormous powers over other men, and against these powers those most directly affected have no defense.[11]

Because of this pharmacologically-induced multi-ovulation and in vivo and in vitro multi-fertilization, there takes place the selection of embryos on quantitative as well as qualitative grounds. The aim of this " reductive " policy seems to be to make sure that the mother does not have a multiple birth In order to reverse an " error " associated with this method, a process of embryo selection takes place–what usually happens is that the small and harmless embryos are destroyed with lethal cardiac injections while they are still in the womb [12]

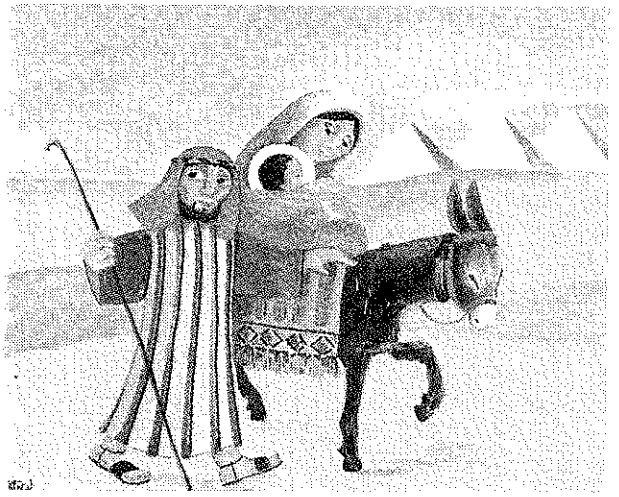
Many other members of the nonreligious world have expressed similar alarm to that voiced by Testart. For example, C. Labrusse-Riou has declared, " We are on the verge of opening reproduction supermarkets where the child is the product of machines which–as happens in the industrial world –will soon be subject to the laws of utility and performance, a process justified with reference to the principle of self-determination. "[13]

The philosopher M. Serres emphasizes how new methods of artificial procreation have the effect of removing the boundaries between man's knowledge of nature and man's dominion over the nature of man himself, something which leads to the loss of the idea of man and of humanity. The legal philosopher B Edelman goes so far as to talk of the creation of a biocracy.[14]

But the boundaries of technology can be pushed back even further, as is well known. These are frontiers which at the moment are more feared than actual, but are nonetheless forbidden by the laws of certain countries because of the very real risk that they could become reality. I am referring here to cloning, generating creatures from different species, total ectogenesis, and the attempt to give new and different meanings to the concepts of normality and abnormality.

d. *The cultural and normative framework*

In this historical reconstruction of what has happened it is profitable to make reference to certain other facts and events. The first fact is that the use of FIV has provoked the creation of a school of utilitarian-functional philosophy called the " apologists of the fourteenth day. "[15] This school has sought to counter those who object to these methods, or, more precisely, object to the excessive loss of embryos that this procedure involves.[16] Indeed, a battle fought by both philosophers and doctors has been launched which seeks to obtain a declassification of the embryo and its conversion into a pre-embryo or pro-embryo. Even certain nonbelievers have conceded that the whole conflict is pointless and useless, a debate, in fact, which is considered similar to that concerning the sex of the angels.[17] This is because the genetic patrimony of the fertilized ovule cell has a decisive influence upon each and every phase of the individual's development. There are other currents of philosophical thought, in addition to those of a utilitarian or eugenicist inspiration–for example, there is that represented by ethical individualism, a position which gives heed to the " right to a child " alone and ignores other considerations and dimensions.[18]



Also of importance are the different ways in which the subject is dealt with by the laws of different countries.

Some jurisdictions (Germany, Austria, Norway, Louisiana, and Victoria) have passed laws to limit experimentation on embryos and to control their destruction. Others (Spain, Sweden, and Great Britain) place no obstacles in the way of the use of embryos and situate their right to exist under the control and decision of parents or doctors.[19]

Psychologists and sociologists have also entered the debate over artificial procreation. The first category [20] has emphasized the negative consequences that methods of

artificial fertilization can have both for the married couple and for children themselves. The second category has sought, on the one hand, to analyze the sociocultural and familial factors which lead to the use of such methods, but, on the other, has attempted to probe the negative consequences (among others) which such methods might have for the fate of the family and society.

The position of the Catholic Church

It is very difficult to deal with all the ethical problems which arise in connection with the subject of artificial procreation. In addition, a list of wrongs already perpetrated or made possible by new techniques would be very long. Essentially, one is dealing–to name the most obvious aspects–with ethical-medical questions (for example, the consequences of induced multiovulation) and with ethical-legal questions (for example, the anonymity of the donor). I will confine myself here to discussing the fundamental bases of the Church's teaching on the subject–principles which are laid out in explicit fashion in the Instruction *Donum Vitae*, published on February 22, 1987.

a. *The defense of growing life*

We have already stressed how certain methods of artificial procreation involve the loss of a significant number of embryos. These embryos become lost or remain as a surplus to be frozen or used in scientific experiments. It should be remembered that the success rate of FIV is very low–the relationship between ovocytes fertilized and children born is not above 5%. But one is not dealing here merely with a question of percentages–this is a new way of interrupting a pregnancy caused not by the rejection of a child, but provoked by the desire to have a child at any cost.

Certain moral thinkers have sought to justify this treatment of the embryos. They argue that the loss of these embryos is neither the responsibility of the gynecologist nor that of the parents. The duty of the first is simply to " create life " while the parents want a child who, on dying, does so against their intentions. It is also argued that the number of spontaneous abortions in the case of " natural " pregnancies is very high and that therefore there is no reason to suppose that a similar process cannot be accepted in the case of artificial procreation.[22]

The real Trojan horse by which ethical objections to the loss of embryos are countered is the invention–as I have already pointed out–of the concept of pre-embryo. At a more general level, of great importance in this endeavor is the gradualistic approach to the value of prenatal life. The declassification of the human embryo to the level of a mere " cluster of cells " during the first days (six to fourteen, according to which theory is sustained) of its life is one of the conceptions most keenly propounded by certain centers of so-called " nonreligious " thought. It should be added that some Catholic moralists and theologians support this view and thus take upon themselves a very grave responsibility indeed.[23]

In addition to biological arguments used to support the idea of a pre-embryo or a pro-embryo–all of which have been refuted by various authorities and experts on a number of occasions–such as the phenomenon of twins, the beginning or the completion of nidification, the appearance of primitive stria, and the formation of the nervous system, there are also other arguments of a psychosociological character, and these should be outlined and discussed.

Some people maintain that the newly conceived human being does not yet have human dignity or existence because he lacks awareness. Another view is that the criterion by which the personality and the individuality of the embryo is recognized or defined depends upon the behavior of the mother. It is also argued that the embryo becomes a person only when a relationship is formed with the mother. A last opinion is that the humanity of the embryo is subordinate to the procreative intent of the parents, and for this reason an embryo which is not wanted or is the product of an act of rape should not be considered as constituting a human being.[25]

The question of the status of the human embryo has been the subject of extensive study on the part of a large number of centers of learning. The Center for Bioethics of the Catholic University of the Sacred Heart, for example, published a work on the subject on 22 June 1989 entitled *Identità e Statuto dell'Embrione Humano* [26] Any reading of these various publications must lead to the conclusion–given the biological and genetic realities that are involved–that the human embryo is an individual member of the human species from the very moment of conception, and that it is the active subject of its own construction and independence through a process of growth–a growth that is gradual, constant, and coordinated.

Indeed, with the act of fertilization occurs the " substantive mutation by which a new human being comes into existence; the incidental mutations take place within a gradual framework. "[27] The person who believes that the human being comes into existence on the fourteenth or on the fortieth day of existence has to explain why and by what means the " cluster of cells " becomes an individual human. And it should also be pointed out that if there is an active principle in such means then this indicates the presence of an animating principle–that is, the soul itself.

It thereby follows that philosophical reflection dedicated to understanding the relationship between biological facts and the concept of what a human being is (in the widest sense of a personal being) and to explaining the continuity between the embryonic phase of life and the expansion of the fully developed personality can come to only one conclusion: that the human embryo, even though in a very special stage of its existence when the external human form–as it is commonly understood and recognized–is not yet expressed, is not pure potentiality but an individualized and living substance.[28]

From the very moment of fertilization the new human being is able to guide a corporeality which acts to bring and direct the incomparable greatness of the human

spirit to its full maturity. Indeed, the human embryo is a being whose first step towards growth and change is written within it –like, indeed, all other living creatures. The idea that the embryo is a potential man is ambivalent and off the mark–the embryo is a potential child, adult or elderly person, but it is not a potential human being. The embryo is already a human being. Given, therefore, that from a psychosocial point of view the person (or rather his personality) comes to have personality over a long path of cultural and relational exchanges with the environment, it naturally follows that his existence is underway from that moment at which his biological individuality comes into being: " in

being an individual human would he not also thus be a human person? "[29]

If biological and philosophical considerations lead us to define the human embryo as an individual of the human species and in ontological terms as a human person, then it must be recognized that the embryo also has fundamental rights–not least the right to life and health. But even if there was a sincere doubt as to the identity as a person of the embryo, this would not allow the approach to the embryo to change.

Indeed, doubt in itself as to the personal identity of the newly conceived human would lead to a moral obligation to ensure that the embryo was defended from danger.

b. *Artificial fertilization and the unity of the family*

The unity of the family constitutes a second ethical question. The wish to have a child leads some couples to resort to the donation of male and female gametes or embryos.

But artificial insemination and heterologous in vitro fertilization introduce a third or fourth partner into the intimacy of marriage. This compromises a fundamental and positive element of marriage–the unity of the family–and injures the " exclusive right of the husband and wife to become mother and father by means of each other alone. "[30]

The changes in the marital relationship provoked by such action on the part of the married couple inevitably leads to changes in the relationship between parent and child. The newborn child will be the offspring of different parents. He could have two fathers and one mother, or one father and two or even three mothers. This state of affairs could constitute a very great difficulty for the child in establishing his own biological and legal identity, and could hinder and impede his psychological growth and development. Matters become even worse when a surrogate or rented mother is involved. There are many difficulties for the child, but there are also very serious ethical problems–for example, the commercial use of the female body which injures dignity as a human person.[31]

c. *The unity and the dignity of the procreative act*

This question touches upon all methods of artificial procreation, or rather those methods which substitute for the married unitive act–i.e., those methods which separate the procreative dimension of the procreative act from the unitive dimension of the procreative act. As is well known, there have been dissenting voices within the Catholic world over this point ever since the publication of the Instruction *Donum Vitae*. This work stressed the principle of the impossibility of divorcing the procreative meaning of the married act of physical union from that act's unitive meaning, and in so doing this publication carried on from what was previously expounded in the Encyclical *Humanae Vitae*.

In order to understand this aspect of the question we should recall certain elementary truths about the procreative act–it is a " personal " act and not merely biological in character. It is an act which does not seek to construct an object but rather to express the totality of the subject and the gift of love between husband and wife. It is an act which gives rise to a

person and not merely to a biological entity.

It is a personal act which takes place between people who hold each other in affection. It is an act which also embodies and expresses God's wish to create: He has built the place of procreation into the sexualized form of the human person and thus participated directly in the creation of that spiritual reality which can not be the outcome of mere human action.[32] It follows that the " origins of the human person " can neither be wished for nor conceived in the same way as a product of technological initiative because this would involve reducing the human person to the level of being a mere object.[33]

What should be understood in a priori terms is that concept of nature which Catholic teaching invokes when it maintains that artificial procreation–even in its homologous form–is wrong. This is not a biologistic or physicistic concept of nature and natural law. It is a concept of nature in a metaphysical sense–i.e., that structural characteristic of the human person which renders the human person an incarnate spirit and a spiritualized body. Furthermore, the law described in Catholic writings is a natural moral law and not a biological law. The latter is always present in artificial procreation but the same may not be said of the former. Natural moral law, indeed, requires that man be considered in his personal totality and further requires that the procreative sexual act be also seen as an expression of the mutual spiritual giving of the husband and wife.

Conclusions

We should dedicate ourselves not only to a rejection of the use of methods of artificial procreation which substitute the conjugal act but we should also strive to defend the full dignity of the human embryo and of man in his entirety. We must protect the unity of family ties and ensure that the procreative act remains rich in spirituality, worthy of the human person, and defended from attempts at manipulation and transformation. Believers should also open up new paths by which to create a culture of fertility which is not only biological but also spiritual in character. We should also foster and promote research into authentic cures for infertility–those cures which ensure that the human body regains its integrity and generative capacities.

In concluding this paper I would like to quote words written by Blondel exactly one hundred years ago: " Life is everybody's concern, whether we realize it or not, and involves science, morality, and metaphysics. Action is such a synthesis of values, knowledge and being, a fusion of the human unity which cannot be broken without causing the destruction of everything separate from it. It is the exact point at which converge the worlds of thought, morality and science; and if these do not come together everything is lost "[34]

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[1] It should be stressed that the phrase " infertility treatment " is inappropriate if used with reference to methods of artificial procreation. Such methods do not cure the causes of infertility but seek to bypass them so as to enable the couple to nonetheless have a child.

[2] See for example: PIUS XII, " *Allocuzione ai partecipanti al II Congresso Mondiale della Fertilità e Sterilità*, " May 19, 1956 (AAS, 1956), pp. 468-471; PIUS XII, " *Allocuzione alle partecipanti al convegno della Unione Cattolica delle Ostetriche*, " 29 October 29, 1951 (AAS, 1951), p. 850; PAUL VI, *Encyclical Humanae Vitae* (July 25, 1968, no. 12, AAS, 1968), pp. 488-489; CONGREGATION FOR THE DOCTRINE OF THE FAITH, *Instruction Donum Vitae* (February 22, 1987, Vatican Polyglot Press, Vatican City, 1987).

[3] Cf. M. L. DI PIETRO, " Analisi comparata delle leggi e degli orientamenti normativi in materia di fecondazione artificiale ", in *Medicina e Morale* (1993/1), 231-282.

[4] Norwegian and German laws on artificial fertilization allow the use of *IAE* in the case of a married couple but not in the case of a man and a woman living together. Austrian law, on the other hand, allows IAE where a stable relationship has existed for at least three years–see M. L. DI PIETRO, " Analisi comparata ", pp. 265-266.

[5] J. TESTART, *Le Desir du gene* (Francois Bourin, Paris, 1992), pp. 44ss. It should be remembered that Robert Graham established a sperm bank based on Nobel prize winners.

[6] " ...It is a monument to easy racism: from incontestable biological knowledge there springs an ideology which may be deemed totalitarian, " *ibid.*, p. 41. Testart also draws attention to the fact that Binet-Sangle, in his revealingly entitled work *Les Haras humains* (1918), wanted to recruit forty unmarried men (" sound breeders ") who would impregnate unmarried women in suitable haras. These women were to be drawn from their respective national élites and from three being impregnated every ten days and one hundred and eight every year, 3330 pregnancies were projected for every year.

[7] This proposal has also been advanced in recent times in the Council for Europe. For example: the proposed " Resolution on the Rights of the Mentally Ill " (proposed by the Hon Barbara Schmidbauer), June 29, 1992.

[8] TESTART, *Le desir de...*, pp. 48-49.

[9] A. SERRA, " La sperimentazione sull'embrione umano: una nuova esigenza della scienza e della medicina? " in *Medicina e Morale* (1993/1), pp. 97-116; A. DYSON and J. HARRIS, *Experiments on Embryos* (Routledge, London 1990); G. DUNSTAN and M. J. SELLER (eds.), *The Status of Human Embryos* (King's Fund, London 1990)

[10] TESTART, *Le Desir du...*, p. 90ss.

[11] J. TESTART declares that " It is theoretically possible to achieve the genetic modification of an ovule through the incorporation of new genes into that ovule immediately after fertilization " (*Ibid.*, p. 143).

[12] See for example K. STILL, T. KOLATAT, et al., " Early Third Trimester Selective Feticide of a Compromising Twin ", in *Fetal Therapy*, (1989/4), pp. 83-87. There are many stages at which it is possible to select the features of an embryo or fetus, and the subject can not be dealt with briefly. However one can with profit refer to the judgment of Testart: " Biomedical intrusion into the processes of procreation implies maximum control over the quality of the product. This has the naively perverse effect of imposing a eugenicistic view of the world on the official debate on the subject. A dangerous and unstoppable mechanism is set in motion by which control over the living is achieved through the development of new forms of technology " (TESTART, *Le desir du...*, p. 122

[13] See La Croix, *L'evenement*, November 3, 1987.

[14] M. SERRES, *Preface*, in J. TESTART, *L'oeuf transplant* (Flammerion, Paris 1986), pp. 17ss. Serres observes that when the condemned man approached the gallows at dawn, one did not need to draw upon philosophy to see that he was still a man–one could still say, " There is a man. " When, however, beyond the couple suffering from nothing more than overeating and perhaps from sterility, one sees millions of people who are dying from starvation and condemned to death because of our own selfishness, one can perceive the total disappearance of the notion of man. The human individual meets his end without there being any possibility of the phrase " there is a man " being uttered. B. EDELMAN speaks about a biocratic deviation in *Entretien-Cattolica*, 1993, p. 67.

[15] TESTART, *Le desir du...*, pp. 164ss.

[16] M. L. DI PIETRO, A. G. SPAGNOLO and E. SGRECCIA, " Meta-analisi dei dati scientifici sulla GIFT: un contributo alla riflessione etica, " in *Medicina e Morale* (1990/1), pp. 13-40; MEDICAL RESEARCH INTERNATIONAL SART, the American Fertility Society, " *In Vitro Fertilization-Embryo Transfer (IVF-ET) in the United States 1990*

Results from the IVF-ET Registry, " in Fertility and Sterility (1992/57/1), p. 15ss; M.G.R. HULL, " *Infertility Treatment. Relative Effectiveness of Conventional and Assisted Conception Methods*, " in *Human Reproduction* (1992 (7/6)). pp. 785-796; M. SEPPALA, " *The World Collaborative Report on In Vitro Fertilization and Embryo Replacement. Current State of the Art in January 1994*, " in *Annals of The New Academy of Sciences* (1985, 442), pp. 1-22.

[17] " Finally, we must abandon the debate over the " status of the embryo ", a discussion similar to that over whether the angels have a sex, and get to the heart of the matter " (TESTART, *Le desir du* , p. 176) Some people, influenced by the utilitarian-contractualist way of thinking, have suggested that the rights of the embryo and of the newborn child are the concern of those adults who bear social responsibility for these beings. It is said that the parents constitute a so-called " ethical community " and that if they agree that the embryo is not a " human person ", then it is this judgment which must be the fundamental reality of the ethical judgment (H.T. ENGELHARDT, *Manuale di Bioetica* (Il Saggiatore, Milan, 1991), pp 126ss.

[18] For a survey of the various schools of thought see L. PALAZZANI and F. SGRECCIA, " Il Dibattito sulla Fondazione Etica in Bioetica, " in *Medicina e Morale*, 1992/5, pp. 847-870

[19] It should be remembered here that whereas British, Spanish and Swedish law allow experiments on embryos up to fourteen days after fertilization (periods of cryo-conservation excluded), German and State of Victoria law allows the embryo to be experimented on only until syngamy–that is, twenty-one to twenty-two hours after conception. This, however, is forbidden by Norwegian and Austrian law (DI PIETRO, " *Analisi comparata delle*. "). Both the Council of Europe and the European Parliament have often expressed themselves in favor of the defense–in albeit limited form–of the human embryo. See: Assemblee Parlamentaire du Conseil de l'Europe, " Recommandation 1100 (1989) sur l'utilisation des embryos et foetus humains dans al recherche scientifique " (Strasbourg, 1989), in offset; IDEM, Recommendation 1046 (1986) " Relative à l'utilisation d'embryos et foetus humains à des fins diagnostiques, therapeutiques, scientifiques, industrielles et commerciales " (Strasbourg, 1986), in offset; IDEM, Recommendation 934 (1982) " Relative a l'ingegnerie genetique " (Strasbourg 1982), in offset; European Parliament, " Risoluzione (doc. A 2-372/88) concernente la fecondazione artificiale in vivo e in vitro " (Strasbourg 16.3.1989), comma 4; IDEM, " Risoluzione (doc. A 2-327/88) sui problemi etici e giuridici della manipolazione genetica " (Strasbourg 16.3.1989), comma 31. The two resolutions are reproduced in *Medicina e Morale* (1989, 3), pp. 579-590

[20] G. D'OTTAVIO and C. SIMONELLI, *Andrologia e psicotherapia del comportamento sessuale* (NIS, Rome, 1990); P. MARRAMA, C. PASINI, W. PASINI, I. VERDE BALDARO, *L'inseminazione della discordia* (Franco Angeli, Milan 1987); L. ANCONA, " La procreazione artificiale: considerazioni psicologiche, " in E. SGRECCIA (ed.), *Il dono della vita* (Vita e Pensiero, Milan, 1987), pp 147ss.

[21] P. DONATI, " Trasformazioni socio-culturali della famiglia e comportamenti relativi alla procreazione, " *Medicina e Morale* (1993/1), pp. 117-163; G. SCIUME ROSSI, " Problemi sociologici emergenti nel merito del dibattito sulla procreazione assistita, " *Medicina e Morale* (1993/1), pp. 165-181; J. BALDARO VERDE, " Avere un figlio o essere genitori? ", in MARRAMA, CARANI, PASINI, BALDARO VERDE, *L'inseminazione della discordia*, pp. 115ss; G. BIANGIARDO and G. ROSSI, " Viaggio tra le contraddizioni del comportamento riproduttivo: dal rifiuto alla ricerca del figlio a tutti i costi, " in P. DONATI (ed.), *Il Rapporto sulla famiglia in Italia* (Paoline-CISF, Cinisello Balsamo, 1993).

[22] This point of view is also expounded by E. CURRAN, H.W. JONES and P. VESPIEREN, albeit with different arguments. Their approach hinges on the application of the principle of indirect will to both cases. In the case of artificial fertilization the principle of indirect will cannot be applied because the essential precondition of applicability is that the action directly involves both what is right and both the negative and indirect effects. Furthermore, the negative effect is not a means by which the positive effect can be achieved. In the case of FIV the negative effect (the loss of embryos) is the means by which that effect which is considered positive is achieved. Moreover, the reproduction of a negative natural fact cannot be right. (H.W. JONES, " The Ethics of In Vitro Fertilization–1982, " *Fertile Sterile*, 1982 (37), pp. 146-149; C.H.E. CURRAN, " Fecondation in vitro et transfer d'embrion du point de vue de la theologie morale, " *Le Supplement* (1979, 130), p. 139; P. VERSPIREN, " L'avventure de la fecondation in vitro, " *Etudes* (1982, 375/5), pp. 485-488.

[23] On this subject see: N.M. FORD, *When Did I Begin?* (Cambridge University Press, Cambridge 1988); R.A. MCCORMICK, " Notes on Moral Theology: Ethics, " in *Theological Studies* (1979, 40), pp. 97-111; M. MORI, *La Fecondazione artificiale. questioni morali nell'esperienza giuridica*, Giuffrè (Milan, 1988).

[24] On this subject see: A. SERRA, E. SGRECCIA, M.L. DI PIETRO, *Nuova genetica e embriopoiesi umana* (Vita e Pensiero, Milan 1991); A. SERRA, " Quando è iniziata la mia vita, " *Civiltà Cattolica* (1989, 3348), pp. 575-585. To summarize briefly the objections which are made as to the beginning of individual human life through fertilization reference may be made to: the theory of the twenty-first hour (individual human life begins after the fusion of the spermatozoa nucleoids with the ovule cell because at that moment it is possible to discern the presence of a new human being who is equipped with a new and individual genetic inheritance); the theory of the fourteenth day (individual human life begins after the formation of the primitive stria or when phenomena of twinning are no longer possible or when implantation within the womb has taken place); the theory of the fortieth day (individual human life begins after a sufficient development of the central nervous system).

[25] These theories are referred to or upheld by: B. RINES, " Pour une reforme de la legislation française relative à l'avortement ", *Etudes* (1973, 1), pp. 66-69; R. DE MENNA, " Umanizzazione e animazione del concepimento umano ", in AAVV, *Scienza e origine della vita* (Orizzonte Medico, Rome, 1980), pp 36-72; B. QUALQUEJEU, " La Volonté de procreer Reflexion philosophique ", *Lumiere et Vie* (1982, August-September), p. 64; P. SINGER, *Etica pratica* (Liguori, Naples, 1989); and ENGELHARDT, *Manuale di*

[26] The document is reproduced in *Medicina e Morale* (1989/4, supplement).

[27] S. VANNI ROVIGHI, *Elementi di filosofia* (La Scuola, Brescia, 1982), pp. 102-3.

[28] Reference here may be made to some of those who maintain that there is a personal presence from the moment of conception: J.F. CROSBY, " Are Some Human Beings Not Persons? " *Anthropos (now Antropho tes)* (1986 2), pp. 215-232; E. SGRECCIA, *Manuale di Bioetica* (Vita e Pensiero, Milan, 1991), pp. 254ss; D. TETTAMANZI, *La comunità cristiana e l'aborto* (Paoline, Alba, 1975); D. TETTAMANZI, *Bambini fabbricati* (Piemme, Casale Monferrato, 1985); I. CARRASCO DE PAULA, " Personalità dell'embrione ed aborto, " in AAVV, *Persona, Verità e Morale Proceedings of the II International Congress of Moral Theology Rome. April 7-12, 1986* (Città Nuova, Rome, 1987), pp. 277-290.

[29] Congregation for the Doctrine of the Faith, *Instruction on Respect for Life at Its Origins*, I 1.

[30] Part II.3 of the Instruction *Donum Vitae* reads: " Heterologous artificial fertilization is contrary to the unity of the family, the dignity of the marriage partners, the vocation of the parents and the right of the child to be conceived and brought into this world in marriage and by marriage.... It is also an offense to the shared vocation of the marriage partners to fatherhood and motherhood; it objectively deprives conjugal fertility of its unity and integrity; it effects and manifests a fracture affecting genetic parenthood, gestational parenthood and responsibility with regard to upbringing ".

[31] In the Instruction *Donum Vitae* one reads that " surrogate motherhood involves an objective lack in relation to the obligations of maternal love, marital faithfulness, and responsible motherhood. It offends the dignity and the right of the child to be conceived, carried in the womb, brought into this world, and brought up by his own parents. It creates a division within the family among the physical, psychic and moral elements of which the family is composed " (II. 3) On this subject see also: M.L. DI PIETRO, " Fecondazione artificiale e frammentazione della maternità: considerazioni etiche e giuridiche, " *La Famiglia* (1992/154), pp. 5-19.

[32] In the Instruction *Donum Vitae* one reads that " the marriage act is the means by which the marriage partners mutually demonstrate their self-giving. At the same time this act expresses an openness to the gift of life. It is an indivisible corporeal and spiritual act. It is in the body and through the body that the marriage partners consummate their marriage and are able to become both father and mother " (II.4).

[33] Congregation for the Doctrine of the Faith, Instruction *Donum Vitae*, II.4.

[34] M. BLONDEL, *L'azione* (Paoline, Cinisello Balsamo, 1993), p. 114

BONIFACIO HONINGS

A Child at Any Cost?

The subject of responsible procreation was, and has been, at the center of great debate, both before–and particularly after–Paul VI's Encyclical *Humanae Vitae*. This debate is on the whole well known, and many of the questions it raises form the subject matter of much of this conference. Here today I will not address myself to the vast number of issues, whether ill-founded or sound, based on prejudice or right thinking, which have grown up around the teaching and doctrine of the Church with regard to this important subject.

However, the subject I have been given is by no means unrelated to the question of responsible fatherhood and motherhood. Quite the contrary! One need only think of the opposing mentalities which express themselves in the " pro-choice " movement and the " pro-life " movement. The former is in favor of free choice as regards the procreation of life; the latter is in favor of life from the moment of conception to the moment of actual birth.[1]

1. From Wanting a Child to the Right to Having a Child

The idea of the wanted child is gaining ever more ground in the way people think about the procreation of life. It is argued that if parents want to transmit life to a new being, such an act must come about whenever they have agreed that they really want to engage in such an endeavor. The child which is to be brought into being must be the fruit of a love which is unitive of their inner personal relationship–then and only then, or so the argument runs, should conception, pregnancy and birth take place. In this way the idea of the *not wanted* or even *unwanted* pregnancy has arisen–the parents or the givers of life, or so it is thought, should have the right to interrupt the pregnancy and thereby prevent the birth of a new human being. In a few simple words, the right to abort is claimed; and this right is based on considerations relating to whether the child is wanted or not wanted.[2]

From such a mentality there naturally springs the idea of the right to a child at any cost. If procreation depends on the will of those who wish to give rise to a new human being and want to bring that being to the state of actually being born, it seems logical that this wanted child becomes the object of a right which is to be upheld at any cost.

The case of Mr. and Mrs. Davis of Maryville, Tennessee in the United States of America is a classic case in point. Mrs. Davis became pregnant more than once but without the desired result because the pregnancy proved to be outside the womb.

Such forms of pregnancy do not allow a development which is necessary to the conceived being, and for this reason the couple decided to use the process of test-tube fertilization. This was attempted six times, and each attempt proved painful, morally trying, and eminently distressing.

Despite all this, each attempt turned out to be a failure.[3]

Naturally enough, the couple's wish to have a child had encountered severe difficulties, but it had not diminished. Mr. and Mrs. Davis therefore decided to adopt another method–that of producing a number of ovules, fertilizing them in a test tube, and thus creating a number of embryos. Two of these embryos were immediately implanted, and others were conserved at a low temperature so that they could subsequently used in pairs by Mrs. Davis.

The ovaries, which had been subjected to strong stimulation, produced nine ovules, all of which were fertilized by the husband's sperm in a test tube. The hopes of the couple were more than raised. But the first two ovules which had been implanted did not survive, as, indeed, was predictable–in fact, this happens in about ninety cases out of a hundred.[4] Seven hopes remained. Such was the theory, but what actually happened in practice? After nine years of marriage Mr. Davis asked for a divorce, after many attempts to satisfy the desire to have a child.[5]

From a scientific point of view, was this the end of an attempt to procreate? It most certainly was, since the father had given up the attempt. But the question of the fate of the embryos kept in refrigeration was still open and became a subject to be decided upon by the courts. To whom did these small human beings belong? To neither of the two parents because embryos cannot be divided like other forms of property. The judge had to decide upon the destiny of the embryos with reference to the *de iure and de facto* circumstances of the relationship between the husband and the wife.

Mr. Davis was opposed to a use being made of the embryos because

he did not want to be denied his rights with regard to the process of procreation.[6] Here one can see how the wish to have a child can end up in a court case over the fate of seven embryos kept alive in a refrigerator. In this way Mr. and Mrs. Davis ended up in litigation over their rights to human beings who had been produced in test tubes and were to have been their children. What was most important for the court was that human life begins at the moment of conception and that the true interest of the child or children lay in their being implanted in the mother's womb.

The court thus decided that " the temporary custody of the seven human embryos kept in a refrigerator is to be given to Mrs. Davis with a view to their implantation. "[7] It should be observed that in the opinion of the court Mrs. Davis was not to be seen as the owner of the embryos but rather as their temporary custodian.

To go from a wish to have a child to the right to have a child is a false step and involves a severe injury to the dignity of the individuals present in the human embryos.

Nonetheless, the idea of the right to have a child is now taking on truly abhorrent forms. I will take one example of this terrible reality. A Dutch baron of sixty-eight did not want to die without having had a child. He appeared on a television program and asked the public: " Is there a young woman who would be prepared to have my child? Sexual union is not necessary because my sperm has been deposited in a bank. " The only condition to be followed was that the mother would accept the idea of being a mother in legal terms for a least a week so that the child would be legitimate. Given that the child was the son of a nobleman, he would have to be recognized as such. In addition, it would have to be scientifically proved that the woman was expecting a son and not a daughter.[8] In looking at the character of such conditions one can well see how the *wish to have a child* becomes transformed into the *right to have a child*. The child is seen in terms of being wanted, and no other criterion is to be employed. I would add here that the wish to have a child is now leading to science being asked to produce the implantation of a perfect child, insofar as this is possible. To obtain this goal, an assessment is made of the embryo before the implantation takes place. If it then turns out that there is some form of handicap present, steps are taken to destroy the embryo.[9]

2. A Conjugal Evaluation

This evaluation refers to the wish to create a human being who is the son or daughter of a married couple. The question of the right to have a child thus becomes redundant because procreation is only entrusted to people who have the right to give life to a child, whether male or female, precisely because they are a married couple. This, indeed, was the first criterion employed by the court in the Davis case. The Maryville judge decided that " Mr. and Mrs. Davis effected a test-tube fertilization in order to produce a human being who was their child. "[10]

It should also be noted with regard to this question that the diocesan committee of the Archdiocese of Perth, Australia made clear in its reply to the *Interim Report* [11] that the right to a child does not exist and that the procreative priority lies with the conjugal act. In addition, it stressed that in the case of test-tube fertilization there had to be present a stable family relationship between husband and wife.[12] The committee went on to argue that this principle of marital stability must be enforced for the benefit of both the child and the couple itself. A child should be conceived and born only in a stable family environment. Couples who are living together, even if they have lived together for more than ten years, should not be allowed to take part in FIVET programs. In simple but very clear words, the twelve members of the committee held that only a stable family, that is, an indissoluble family, could constitute that right and appropriate institution which is suitable for the procreation and upbringing of children.[13]

Here it is evident that an evaluation of engaging in the process of conception where an intimate married relationship is not present is made with reference to the relationship of the procreation itself to marriage. In seeking to satisfy the wish for a child, those who are in favor of artificial methods maintain that one is dealing merely with different ways of achieving the same end; they do not take the dimension of marriage into account. What takes place *naturally* within the female body takes place *artificially* in the test tube. It is therefore maintained that the difference at work is not to be found in the substance of the process by which life is created, but rather in the biological means: the conception takes place in the test tube but not in the ovarian tubes. It is further argued that the human and emotional context of the test-tube conception remains that of the love between the husband and wife, which has indeed expressed itself in the wish to have a child. This love, or so the argument runs, finds practical form in that both husband and wife supply the same genetic elements as those that would be provided where natural procreation takes place.

Overall, it is argued that the same marital realities are present when *natural procreation* takes place through physical union between a man and a wife as when *artificial reproduction* is achieved through fertilization in a test tube and the implantation of the embryo in the mother's womb. It is maintained that both in the case of natural procreation and in the case of artificial procreation the embryo originates in the union of the natural gametes. But it must be stressed that there is in fact a difference, or so those of Catholic thought maintain: both the expression and the contribution of the gametes are integrated in a married embrace when natural procreation takes place, whereas in the case of FIVET the married couple are not so united (" in IVF they are not so joined ").[14]

One very readily grasps that there is an incongruity between the wish for a child at any cost and the need for a dimension of marriage in the process by which life is transmitted to a new human being. It is certainly true that what happens *by natural means according* to the

design of the Creator *within the Fallopian tube* occurs *by artificial means* in a *test tube* as part of a reproductive process effected by a scientific team. Seen from this point of view, that is, with reference to the place where the two gametes join together, the difference is accidental rather than substantial. The zygote in the first place is in a natural context and in the second is in an artificial context. It is equally true that the love between a husband and his wife is at a high level, indeed, extremely high, and even grandiose in character, as is borne out by the fact that their wish to have a child is so intense that they are prepared to accept the very hazardous and frequently frustrating FIVET process.

All this is very true, but the question remains: Can the result of the wish to have a child at any cost be deemed the same as the result of an authentic act of married union? The proponents of the right to have a child at any cost reply in the affirmative. They argue that the result is not the product of a variation in married union but the product of a procreative and married act which is alternative to an intimate sexual relationship.[15]

Taking the married dimension into consideration, such an argument is inconsistent because of the ambivalence it contains. The positive acceptance of the right to a child at any cost puts the giving of the gametes from one marriage partner to another and the interpersonal giving of the two marriage partners to each other on the same anthropological and conjugal level. Out of married love, and because of a wish to have a child, the husband gives his sperm in order to fertilize those ovules which have been removed from the ovaries of the wife. In so doing his aim is to create a zygote in a test tube. The husband and wife thus perform two separate acts, in a context of mutual love, in order to give life to their child one supplies sperm, the other provides the ovules. A team of other people then attempt to unite the gametes with a series of *ad hoc* techniques. Yet this laboratory process cannot be deemed an example of a unitive and procreative act on the part of a husband and wife; here, indeed, we encounter the fundamental difference. The act of married union which takes place with the procreation of a child in mind is, first and foremost, a process by which a husband and wife give themselves to one another. They do so in order to achieve the perfect communion of each other as the outcome of their unitive love. By this married act they reveal themselves as responsible co-partners with God the Creator in the transmission of a new human life.[16]

Natural procreation, therefore, involves a unique act of mutual communication of a husband and wife with each other and in their entirety in order to become " one flesh " (Gn 2:24). From this intimate fusion of these two individuals flows the possible fusion of the gametes, and this last is to be seen as the outcome of the married couple's wish to have a child, whether male or female. Artificial reproduction, therefore, clearly injures this oneness of the conjugal act–it divides the communion of the husband and wife from the fusion of the gametes. In following the path of artificial reproduction the husband and wife manipulate and degrade human sexuality both in relation to its unitive significance and with regard to its procreative significance

Artificial reproduction replaces the language of the innate married love of natural procreation with the language of technological manipulation. In so doing it falsifies the inner truth of that love, a love which is called upon to give itself in the form of personal wholeness.[17]

From a conjugal point of view, the child at any cost contradicts the natural requirements of procreative love.

This is because an artificial separation of the conception of the child from the unitive and interpersonal love of the parents is at work. For this reason the conjugal evaluation leads to an evident opposition to the idea of a child at any cost, if this means a manipulation not only of the bodies of the married couple but also of the person present in the conceived being. The difference between an acceptance

or refusal of the proposal is not based on accidental variants but upon variants which are authentically substantial. John Paul II is completely right when he declares that the reasoning of the Church in this area is based upon a full vision of man: " There is a difference here which is much greater and deeper than is commonly thought; it is a difference which derives in the final analysis from two totally incompatible ways of understanding the human person and human sexuality "[18]

3. The Moral Perspective

In coming to the question of the moral evaluation of the problem, I would like to point out at once that at the heart of the right perspective we do not encounter a debate about the merits or demerits of natural or artificial methods in general. An artificial method in certain cases may be seen as a means by which to help nature, as numerous surgical and medical operations in the health field well illustrate. One need only think here of the transplanting of organs or the removal of organs which are damaged. Certain operations on the reproductive organs are also acceptable when treatments require such action as indirect sterilization, indirect contraception, and indirect abortion, to give the obvious examples. It is not the fact of being *artificial* that makes the use of artificial methods of reproduction to ensure a child at any cost morally wrong: " the use of such means aimed only at facilitating the natural act, or at bringing the natural act, naturally carried out, to its completion, are not necessarily prohibited. "[19] Such is the case with regard to homologous artificial fertilization where the sperm of the husband achieved through a normal act of marital union is helped in its attempt to fertilize the ovule. What cannot be accepted is that which is in opposition to the moral requirements of the creation itself of a new human life.

Creation is the communication of existence to a new human person from the moment of his conception; and in such a process procreation, in itself and by itself, is bestowed with very great value and dignity. The parents–or, rather, the procreators–become, through that unitive and mutual love of theirs which transmits new life, authentic and responsible helpers of God.

The moral law must make clear which conditions are to be allowed in setting in motion the transmission of life to a new human being. For this reason morality must protect human procreation from the mentality which is in favor of invasive technology, from what is artificial and not worthy of those who give life or the person who receives it. The moral criterion to be employed in this process is rooted in the originality of human creation, and this, in turn, derives from the very originality of the human person.[20] The transmission of life is entrusted by the Creator to an act of married union involving total mutual giving which by nature has as it goal the simultaneous giving of life to a child.

One is dealing here with a unique and indivisible act which is at the same time, and necessarily, both unitive and procreative, conjugal and parental.[21] From this act, and only from this act, can a new human life be begun. This is why no man can arrogate to himself the freedom to misunderstand or neglect the true meaning and intrinsic value of the procreation of human life from the moment of its emergence. John XXIII declared, " Laws and methods which are acceptable with regard to the transmission of life in the world of animals and plants may not be used. "[22]

The creation of human beings must be line in with the warm logic of the giving of unitive mutual love on the part of a married couple and not the cold calculation of the production of gametes which are then to be fused in a test tube and kept in a refrigerator. The dignity of the parents and the dignity of the baby require a conception which is the outcome of unitive love and not the product of a technological operation in a laboratory. The Congregation for the Doctrine of the Faith makes clear that " the origin of a human person is in reality the out-

come of giving. The conceived person must be the fruit of the love of his or her parents. He or she cannot be wished for, or conceived, as the product of a biological and medical technological operation. Such an act would reduce the conceived person to the level of being the object of scientific technology. Nobody is entitled to determine the bringing of a child into this world according to criteria of technological efficiency which are themselves assessed in relation to parameters based on control and dominion. "[23]

Morality makes a distinction here between fertilization achieved as a result of technological intervention and fertilization achieved through an act of conjugal love which indissolubly unites the two meanings which it contains: married and parental love. The idea of a child at any cost is the predictable outcome of a mentality of parental right and a distinct idea about the pre-embryonic nature of man.[24] A true moral perspective will not accept this mentality and this idea. Morality disputes that there is a parental right to a child. It does this because the child has the dignity of the human person, and no parent can treat a child as a form of property. Married parents, by divine right, have the exclusive, specific, and inherent right to engage in acts which involve their interpersonal union and consequential procreation. " The child does not come from without to join mutual love; he comes from within their mutual love, and is its fruit and outcome. "[25]

Conclusion

The moral law, therefore, does not deny that the child at any cost is the fruit and outcome of parental and married love. On the contrary, moral law declares that the parents may not have this child because he is a human individual who has been added from outside love by technological means. He has not been procreated within unitive love. Moral law also disputes the idea of the pre-embryo. This idea is ascientific because human life begins at the moment of conception. The embryo is the initial stage of the development of the human being from the fusion of the gametes to two months after fertilization. It is at this stage that one can no longer speak of an embryo–one is dealing here with a foetus. " This change of term is quite suitable, for it brings out a dramatic reality. In looking at the amniotic sack of the two-month-old embryo of a chimpanzee, a gorilla, or an orangutan, nobody could fail to see at a glance that it was a chimpanzee, a gorilla, an orangutan, or a man. The name is changed, and the word foetus is employed because now that the whole form is present, a new term will have to be applied. But the man was already there, before the difference could be seen between him and the monkey. Now this difference is present from the outset, and for this reason one can never talk about a pre-embryo. The rejection by the moral law of the child at any cost is based upon the dignity of the person and upon his right to be procreated by means of an act of unitive love and conceived in the warmth of a mother's womb and not in the coldness of a test tube!

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[1] G. CONCEITI, (ed.), *Bambini in Provetta*, Edizioni Logos, 1986; J. BONJER, *Revolutie uit de Reageerbuis*, Uitgeverij In den Toren, Baard, 1983; C. WOOD and ANN WESTMORE, *TestTube Conception*, Hill of Content Company Pty Ltd., Melbourne, 1983.

[2] JACQUELINE KAHNNATHAN, *Il Bambino Desiderato*, Edizioni Tempo Medico, 1975; ANJA MEULENBELT (ed.), *Het Kind en het Badwater*, Van Gennep, Amsterdam, 1993.

[3] Cf., J. LEJEUNE, *L'embrione: Segno di Contraddizione*, Edizioni Orizzonte Medico, 1992, pp. 1234.

[4] Cf., LEJEUNE, *L'embrione: Segno di Contraddizione*, p. 19.

[5] Cf., LEJEUNE, *L'embrione: Segno di Contraddizione*, pp. 18 and 21.

[6] LEJEUNE, *L'embrione. Segno di Contraddizione*, p. 165. Mr. Davis observed at the time that " if his wife used the embryos without his consent, this would lead to the acquisition of unwanted paternity on his part. Such a situation would cause him great suffering. He did not want to bring a child into the world who would have to live in a single-parent context " (*ibid.*).

[7] LEJEUNE, *L'embrione: Segno di Contraddizione*, p. 91.

[8] Cf. TON VAN DER SANDE, *Baron Zoekt Draagmoeder*, " De Limburger, " Inkijk, 31 July 1993.

[9] Cf. A. KALDEN and P. BEKER, *Het Perfekte Kind Kunstmatige Voortplanting in Nederland*, Uitgeverij Stuberg, 1992.

[10] LEJEUNE, *L'embrione: Segno di Contraddizione*, p. 90.

[11] L. J. GODDY, *A Response of the Diocesan Bioethics Committee of the Roman Catholic Archdiocese of Perth to the INTERIM REPORT on In Vitro Fertilization*, Ethics Committee of Western Australia, December 1984.

[12] Cf. B. HONINGS, " La FIVET: Aspetti e Valutazioni, " in *Attualità della Teologia Morale, Studia Urbaniana/31*, Pontificia Università Urbaniana 1987, pp. 250252.

[13] Cf. B. HONINGS, " La FIVET: Aspetti e Valutazioni, " *op. cit.*, p. 252.

[14] Cf. B. HONINGS, " La FIVET: Aspetti e Valutazioni, " *op. cit.*, p. 255.

[15] Cf. B. HONINGS, " La FIVET: Aspetti e Valutazioni, " *op. cit.*, p. 257.

[16] Cf. PAUL VI, *Humanae Vitae*, no. 8 and John Paul II, *Familiaris Consortio*, no. 32.

[17] Cf. JOHN PAUL II, *Familiaris Consortio*, no. 32.

[18] *Ibid.*

[19] PIUS XII, " Discorso ai Participanti al IV Congresso Internazionale del Medici Cattolici, " September 29, 1949, in *AAS*, 41, 1949, p. 560.

[20] Cf. CONGREGATION FOR THE DOCTRINE OF THE FAITH, *Instruction Donum Vitae*, Introduction, no. 4.

[21] Cf. JOHN PAUL II, Udienza Generale, 16 Gennaio 1980, in *Insegnamenti di Giovanni Paolo II*, Vol. IIIU, /1, 1980, pp. 148152.

[22] JOHN XXIII, *Mater et Magistra*, no. 3 in AAS, 53, 1963, p. 447.

[23] CONGREGATION FOR THE DOCTRINE OF THE FAITH, *Instruction Donum Vitae*, II /B 8.

[24] Cf. CONGREGATION FOR THE DOCTRINE OF THE FAITH, *Instruction Donum Vitae*, II B/ 5 and II B/ 8.

[25] Cf. *Catechism of the Catholic Church*, no. 2366.

CARL A ANDERSON

The Role of the Family in the Child's Psychophysical Growth

The family has been rightfully called " the matrix of identity. "[1] Outside the context of family it is difficult, if not impossible, to understand the developing personality of the human person. For example, in *Childhood and Society*, Eric Erikson suggests that the unfolding of the human personality occurs in response to eight critical periods of development (" ages of man ") involving basic trust versus basic mistrust, autonomy versus doubt, initiative versus guilt, industry versus inferiority, identity versus confusion, intimacy versus isolation, productivity versus stagnation and, finally, integrity versus despair.[2] Yet each of these formative periods occurs either in the context of family or in a context conditioned by family.

However, the family context of personal development is not static. The family itself is a dynamic organism with its own cycle of development. We may understand the life of the family as a progression through seven stages: courtship, marriage, expansion (that is, the time from the birth of the first through the last child), consolidation, contraction (that is, the time when each of the children leave and begin their new families), final partnership, and disappearance.[3] Each of these stages involves developmental tasks which must be resolved for the health of the family as well as of its individual members.

For example, the " marriage " stage involves each spouse in a twofold task. First, each spouse must end his or her primary ties with parents. Second, each spouse must redirect energies formerly invested in his or her family of origin toward the new marital community. Similarly, the " expansion " phase involves another redirection of the roles of both spouses away from an exclusive focus upon one another toward the new parenting roles occasioned by the birth of the first and each succeeding child. The " consolidation " phase requires the continual modification of roles and relationships as the individualization and maturation of each child evolves over time. During this time the spouses assume the role of a middle generation–as both children and parents–as they experience the aging of their own parents, who begin to assume the roles of grandparents. The contraction phase demands that the parents again establish new roles, this time as the parents of adult children. In the phase of final partnership, the couple must reestablish their relationship as spouses alone again and as grandparents who assume new responsibilities within a three-generational family.[4]

It is clear that in order to understand the development of the child within the family it is not sufficient to focus exclusively upon the nuclear family of parents and child since the parents within the nuclear family are themselves constantly evolving their own child relationship with their parents. Even when this may not be the case, these parents nonetheless find their nuclear family relationships conditioned by their own childhood experience or responses to it. Thus the nuclear family is in reality a subsystem of the three-generational family. Yet it may even be more accurate to view the nuclear family as the intersection of two three-generational families since " marriage involves the joining of two families and two ways of life. Each partner brings not only the ways of believing, thinking, valuing, and acting of the family of origin but also issues in relating that were not resolved in the family of origin. "[5]

While it has long been recognized that " the nuclear family has two irreducible functions: the primary socialization of the young and the stabilization of adult personalities, "[6] it is clear that, as Nichols and Everett point out, " the family is an integrative system because of its developmental role in the formation and functioning of persons both while they live within their nuclear family and long after they have left their family of origin. . . The family is integrative because of the family processes that work over several generations and that continue to operate long after one has physically 'left home.' "[7]

Indeed, as important as the nuclear family is–and its importance is too often minimized today–it is still necessary to move beyond the nuclear family to the broader focus of the multigenerational family system. If we are to approach an adequate understanding of the role of the family in relation to children, then we must think of family in terms of at least three generations. This shift in our understanding of " family " requires of necessity a similar shift in our view of " child. " In the transgenerational family, the newly-married spouses do not cease being the children of their own parents, although that relationship is altered as their parents become grandparents and

experience old age.[8] In short, we must focus " on the total family with its strengths and weaknesses, its interaction and communication patterns, and its impact on various family members as the patterns of living shift and change throughout the family life cycle. "[9] We must begin to think of the family's role in the development of the child, not only in terms of the child's growth within the nuclear family of his or her origin but also within the context of the multigenerational family

If we consider approaches to personality development in terms of the structure of family life cycles, we may consider " the family as a system whose various members and subsystems interact much like the organism of the human body, "[10] and like the human person each human family evolves in its own unique way.[11] Within the system of the nuclear family are three subsystems, each with its own interactions and relationships and each with its own influence on the development of the child: the marital subsystem, the parent-child subsystem, and the sibling subsystem. Yet within this system of subsystems the primacy of the marital relationship must be recognized. As Nichols and Everett point out, " Inside the nuclear family, it seems necessary for the adult marital partners to form a solid coalition between themselves and to maintain the boundaries between the generations, that is, between themselves as marital partners and parents, and their offspring, in order to provide maximally for the development of children. "[12]

The primary subsystem of the nuclear family for the early development of the child is the child's relationship with its mother. " Originally the tie between the infant and mother is largely biological in nature, the baby having developed in a symbiotic physical relationship with its mother. "[13] Yet even from the very first aspects of this relationship, it cannot be limited to simply biological development. Arnold Gesell, in his classic treatise, *The First Five Years of Life*, begins his discussion of the mental growth of the child with attention to the development of the child in the mother's womb. Gesell writes, " It is permissible to speak of the individuality of the fetus, for even newborn infants display significant individual differences in their physiological processes, in their reactions to internal and extrinsic stimuli, in their patterns of feeding, sleeping, and waking activity, and in perceptivity. These neonatal expressions of individuality are largely the end products of the primary mental growth which was accomplished in the long period of gestation. "[14] Indeed, for Gesell, " fetus, infant, and child are governed by identical laws of growth. ... From the standpoint of the mechanics of development, not only are the various ages similar, but the diverse fields of behavior are similar. "[15]

The relationship of mother and child is truly nature's masterpiece. " It is because of the characteristics of the infant that the woman is what she is: smooth skinned to accommodate the delicacy of the infant's skin, higher voiced to be in tune with the infant's range of sound, and with a more acute sense of smell and hearing for the protection of the infant. Nature has given woman (the only primate with this characteristic) protruding breasts, a mechanism that puts her eyes within the focus of her child's eyes when the child is nursing; cradle arms in which to hold the infant to her bosom. "[16] This beautiful " language of the body " is the first language in which the beginning dialogue between mother and child is spoken. This language is the context of that profound and lasting emotional attachment and relationship which makes possible what has been described as the psychological birth of the human infant.[17]

As Herbert Ratner has pointed out, " The mother is the baby's trust, hope and security, and it is in the mother's face that the baby finds their eloquent expression and realization. The mother is the wellspring of her child's love for self and for others, for it is here, in the mother-infant relationship in the early months and years of life, that the pattern is laid down for the child's subsequent interpersonal relationships, even the relationship to

God. The significance of the face in a relationship of love is shown by the psalmists in their entreaties to God: " Show us the light of your face, turned toward us! " (Ps 4); " For me the reward of virtue is to see your face " (Ps 17); " I do seek your face; do not hide your face from me " (Ps 27); " Let your face smile on your servant " (Ps 31); " May God show kindness and bless use " and make his face smile on us. (Ps 67).[18]

As Hans Urs von Balthasar has written, " The child at its mother's breast is, first of all, something of a repetition of their bond while in the womb. And yet this unity in love persists even when the mother's face smiles at the child at a distance. Here is where the miracle occurs that one day the child will recognize in its mother's face her protective love and will reciprocate this love with a first smile.... We must marvel as at a miracle at the perfect and immediate intuition which is here operative. Love is understood to be the most pristine source of all. This understanding opens up in the child the dormant bud of self-awareness. The love between a thou and an I inaugurates the reality of a world which is deeper than simple being.... "[19]

The father's nurturance, support and attention are also essential to the child's development, self-esteem and competence. Many middle aged men and women who continue highly dependent relationships with their mother, who are unable to establish close relationships with others and who encounter substantial difficulties in parenting their children are likely to have been paternally deprived in childhood.[20] " Gender difficulties or problems in later family and sexual functioning are much more common among individuals with childhood history of paternal deprivation "[21] Studies have found that " boys with strong father identifications scored higher on measures of internal moral judgment, moral values and conformity to rules than those with weak feelings of paternal similarity. "[22] Boys with weak father identification were found to have less adequate conscience development than those boys with strong father identification. And those boys whose fathers were absent scored lower on a variety of moral indices, including internal moral judgment, guilt after wrongdoing, acceptance of blame, moral values, and conformity to rules.[23] A strong father-son relationship enhances not only the moral development of the child, but also his intellectual development. Boys who experienced at least two hours of contact with their fathers each day generally received superior grades in school and performed approximately a year above their grade level on achievement tests. Boys with low levels of father contact generally scored below their grade level on achievement tests and performed at an average level or below in classwork.[24] Armand Nicholi's study of the case histories of hundreds of male students who left Harvard University for psychiatric reasons found a pervasive characteristic: " a marked isolation and alienation from their parents, especially their fathers. "[25] Studies have found that as many as 50 per cent of adolescents who attempted suicide and nearly as many who succeeded in killing themselves came from homes where the father was absent.[26]

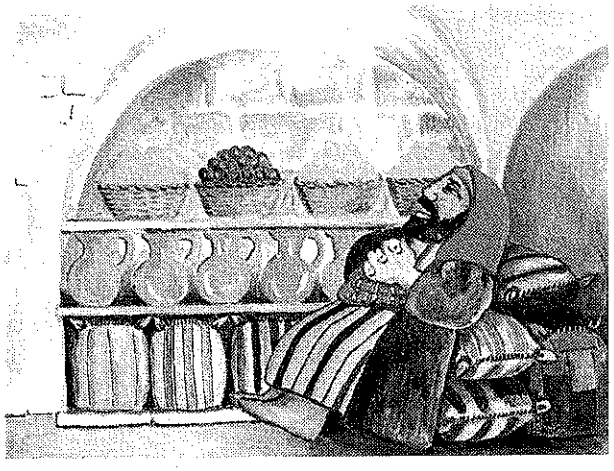
A new study of 47,000 public school students in 121 communities throughout the United States found that children of single parents face greater risks to their health and welfare than did children in two-parent families. Among other findings, children in single-parent homes were found to be more than twice as likely to be sexually active and twice as likely to attempt suicide than those from two parent families.[27] After reviewing the research evidence regarding single-parent households, Urie Bronfenbrenner concludes that the " results indicate that, controlling for associated factors such as low income, children growing up in [father-absent] households are at a greater risk for experiencing a variety of behavioral and educational problems, including extremes of hyperactivity or withdrawal, lack of attentiveness in the classroom, difficulty in deferring gratification, impaired academic achievement, school misbehavior, absenteeism,

dropping out, involvement in socially alienated peer groups, and, especially, the so-called teenage syndrome of behaviors that tend to hang together–smoking, drinking, early and frequent sexual experience, a cynical attitude toward work, adolescent pregnancy, and, in the more extreme cases, drugs, suicide, vandalism, violence, and criminal acts Most of these effects are much more pronounced for boys than for girls. "[28]

It is important to mention here, if only briefly, some of the results of Wallerstein and Kelley's five-year study of divorced families. Upon learning of their parents' intention to divorce, the initial reaction of over 90 per cent of the children was " an acute sense of shock, intense fears, and grieving which the children found overwhelming " Following the divorce " two-thirds of the children, especially the younger children, yearned for the absent parent...with an intensity (which the researchers described as) profoundly moving. " Five years after the divorce 37 per cent of the children were moderately to severely depressed, were intensely unhappy and dissatisfied with their lives, and their unhappiness was greater at five years than it had been at one and a half years after the divorce. Ten years after the divorce 41 percent of the children were doing poorly; " they were entering adulthood as worried, underachieving, self-deprecating, and sometimes angry young men and women. The rest were strikingly uneven in how they adjusted to the world; in the opinion of the researchers, " it is too early to say how they will turn out. "[29]

Although the developmental problems of children following divorce are profound and long-lasting, research undertaken in the United States for the National Center for Health Statistics suggests that as bad as the situation in the single-parent home following divorce may be, the situation of children living with their biological mother and a stepfather in what is currently termed " blended " or " reconstituted " families may be worse. Among children living with both biological parents 5.5 percent were found to have a learning disability; that figure rose to 7.5 percent for children living with their biological mother only; but it increased to 9.1 percent for children living with their biological mother and a stepfather. Among children living with both parents 8.3 percent were found to have a significant emotional or behavioral problem; among children living with their biological mother only the figure was 19.1 percent; and for children living in a " reconstituted " family the number rose to 23.6 percent. Again, among children living with both biological parents 14.6 percent were found to have had one or more developmental, learning or emotional problems; among children living with their biological mother only the figure increased to 24.8 percent; and for children living in a " reconstituted " family the number increased to 29.6 percent.[30]

Significantly, the research found a variety of childhood pathologies occurring with two to three times more frequency in so-called " blended " families than they did in families in which both biological parents were present; and " blended " families consistently sustained higher frequencies of such pathologies than did homes in which only the biological mother was present. These results are consistent with the 1988 National Health Interview Survey on Child Health which assessed data from 17,110 American children nationwide.[31] This survey found " an excess risk of negative health and performance indicators among children who did not live with both biological parents " [32] which in turn were consistent with the findings of the 1981 NHIS-CH survey.[33] Earlier studies have also found negative indicators of child development linked with single parenthood or divorce, including lower levels of academic achievement, aggression, anxiety, stress, depression, and other behavior problems.[34] However, what is new in the more recent studies is that they have " found almost no statistically significant differences in terms of physical health, school performance, or behavioral problems among children living with formerly married mothers, never-



married mothers, or mothers and stepfathers. "[35] Certainly emotional and behavioral difficulties among children were to be expected following the trauma and conflict of divorce. The findings that emotional risk for children appears relatively constant in all " alternative " living arrangements other than that of the traditional nuclear family of two biological parents, suggests a substantial correlation between the physical and emotional health of children and family structure.[36]

Certainly, as Gesell writes, " each child has a tempo and a style of growth which are as characteristic of individuality as the lineaments of his countenance. "[37] It is also true that each stage in the

ured as the body with which it is identified It reveals this configuration in modes of reaction, in patterns of behavior. "[39]

If the development of the child has 'architecture,' then it is an architecture profoundly dependent upon the joint pillars of two biological parents. The judgment of current scientific research to this effect as reflected by the literature in the field is overwhelming. The United Nations is to be commended for the recognition in the Convention on the Rights of the Child that " the child, for the full and harmonious development of his or her personality, should grow up in a family environment " (preamble), that the " Member States shall ensure to the maximum extent possi-

marital and family community Such laws cannot co-exist with an authentic cultural commitment to children's welfare.[41] These laws in many ways reflect a fundamental shift in society's priorities–a shift which no longer recognizes children at the highest level of priority. Such laws also reflect a national disinvestment in family life. Some have described this social trend as a national " parent deficit " in which both men and women are equally engaged in a " flight from the traditional nuclear family. "[42] If so, then this " parent deficit " is in turn the product of a deficient view of what it means to be a person.

Christianity's efforts to understand the human person in light of

child's development has " its own individuality, its own growth task, its own climate, its own way of being. "[38] Yet this individuality is not independent of family, but rather the product of the interaction between an absolutely unique, unrepeatable human being and an equally unique, unrepeatable human family. As Gesell counsels us, we must think of the development of the human child " not as an empty abstraction but as a living process, just as genuine and as lawful as digestion, metabolism, or any physiological process. We must also think of 'the mind' as being part and parcel of a living organism. As such the mind has form, contour, tendency, and direction It has 'architecture.' It is as config-

ble the survival and development of the child " (Art. 6), and that " in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration " (Art. 3).[40] We must now have the courage to insist that those social, economic, and legal structures which encourage both men and women to disinvest in family life or abandon their children must be changed. In particular, we must re-examine laws which facilitate divorce, laws which undermine the institution of marriage as a partnership of mutuality, laws which promote self-sufficiency at the expense of the good of the

the Incarnation–especially those efforts leading up to and following Chalcedon–have provided a vision of the human person which grounds both his integrity and autonomy not in isolation but within a community. The greatness of human personhood in the eyes of the Christian is that " a particular being is itself–and not another one –because of its uniqueness, which is established in communion and which renders a particular being unrepeatable as it forms part of a relational existence in which it is indispensable and irreplaceable. That which, therefore, makes a particular personal being be itself –and thus be at all–is in the final analysis communion, freedom and love. "[43] The human person at

his center possesses an " openness of being " constantly seeking to transcend itself in a movement towards communion with another.[44] The ultimate ground of this relational category of human existence is, in the Christian vision, the Trinity. In our world, its watermark is the human family–that cradle for the transcendental journey which each of us has begun on the way towards a fully human existence–uniquely our own and yet radically dependent upon others.

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When the Child Is a Girl

The " Girl Child " is the focus of attention in the developing countries, like India, where the preference given to a male child is so obvious that " mid-trimester abortions " or " female infanticide " is no longer a secret practice. Often, the birth of a female child is looked upon as a curse because of the practice of the " dowry system " in many urban or rural regions of India. However, a radical change in the social values in elimination of such sex inequality is no doubt growing in upper socioeconomic groups in urban India, where the literacy rate is high and an educated girl child is able to secure gainful employment. She is no longer looked upon as a burden to the family, and in fact the elderly look upon her as a family breadwinner. Unfortunately, this is not true for rural India, where the educational status of the girl child is minimum or nill and " child labor " at home or in the fields is a common practice.

The campaign against Child Labor (CACL) has launched concerted propaganda with the help of voluntary agencies all over the country to initiate change in socioeconomic perspectives, with emphasis on child education and legislation against child labor. It is estimated that 75 per cent of the 17 million child laborers are concentrated in four cities. One of the Coordinators of CACL blames complex socioeconomic reasons as a major factor for child labor, and reasons that " in rural areas, the seasonal nature of agricultural occupations and the poor quality of the soil generate migrant and wage labor. People often flock to cities and, without any skills, remain unemployed. This web of debt compels children to take up work to help their families. " This affects the psychosocial behavior patterns in both the male and the female child.

In many areas, " bonded labor " is generated due to the dominance of a particular community, and it is not a mere coincidence that the largest number of child laborers, and particularly females, belong to certain castes and tribes. Law enforcement agencies often blame child labor as a cause and effect of illiteracy and ignorance, of low wages and employment rather than blaming the poor implementation of the Child Labor (Prohibition and Regulation) Act of 1986, which in fact demands greater clarity on its definition and the real concept of child labor. For example, " ragpicking, " which is common among the female children working in hazardous conditions, is not even included in the act, not to mention the sincere implementation of the " minimum wage act " Here, malnutrition is a major finding, and this seriously affects the physical development and mental health of the innocent children in whom infectious disease has a higher rate of prevalence. Therefore, the ban on employment of teenage females in small-scale cottage industries in villages should be rigorously implemented and the carpet-making industry should be regulated to stitch " child-free " labels on carpets before these are exported. Similar legislation must be defined for moulded-glass factories, where burns are a serious hazard to a teenage female child.

Among the nightmares of teenage girls are sexual abuse and rape, at home alone or when employed in fields, by neighbors or employers When mental strain and stress finally break them down, depressive illness with suidical tendencies becomes manifest. This is a moral issue in a community or society where legislation is least likely to work, whereas religion has a greater role to modulate minds.

" Preconceptional Sex Selection, " or the power to choose the sex of one's child, may become possible in the near future. Already, a document seeking views on primary sex selection (i.e , selection of sex before conception) is circulated by the Human Fertilization and Embryology Authority (ref: *Sex selection public consultation document*, London, HFEA, 1993). The current debate is focused on the likely consequences of intervention for prospective parents, families and society in general and the moral responsibility of parents in particular for the " preference " of a male or a female child before conception " Ammiocentesis, " embryonic villus sampling" and " gender clinics " will no doubt have demographic consequences in altering the sex ratio of population in favor of a male child (ref: Vine G., " The Hidden Cost of Sex Selection, " *New Scientist* 1993, 138: p. 12), and the attempt to alter the inborn qualities of the human race

(ref: Prowledge, TM, " Toward a Moral Policy for Sex Choice, " in: Bennet, NG, ed, *Sex selection of children*, New York Academic Press, 1983; 201-12). Such are the modern advances which now confront us " as the fruits of analysis of the human genome reach the clinic and the marketplace " (ref: Marteau, TM, editorial on " Sex selection, " *BMJ*, 1993; 306: 1704-05).

It is my fervant hope that this International Symposium, " The Child is the Future of Society, " will address these burning issues and suggest practical remedies to prevent existing maladies so that our children will learn and live in peace, enjoy normal pleasures, attain better physical and mental health in our communities.

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Child Health Research: Present and Future

Children at the end of the 20th century enjoy better health and have a longer life expectancy than ever before in history. This is true wherever they live, although major differences clearly exist between developed and developing countries. Smallpox, once one of their major killers, is gone from the planet. Thanks to the contributions of decades of biomedical research, children in developed countries grow up free or nearly free of many disorders. Even in developing countries, the burden of illness is diminished, and the reason children still experience many diseases is lack of availability and access to prevention services rather than lack of knowledge and capability. Polio is on the verge of elimination from the Western hemisphere. Measles vaccine protects the majority of the world's children, although measles remains the major vaccine-preventable cause of child death. Mental retardation and deafness due to rubella and to *Hemophilus influenzae* type b infection are disappearing from the developed world, thanks to vaccines researchers produced for those organisms. Newborn screening programs and treatments, both developed through research, are preventing mental retardation due to phenylketonuria (PKU) and congenital hypothyroidism. Discoveries in nutrition and food supplementation have made rickets, vitamin A blindness, and iodine-deficient cretinism vanish, except in isolated areas of the world. A diagnosis of diabetes is no longer a death sentence for a child or an adult. Through research, in the past 30 years, the prognosis for children with leukemia has improved from a survival time averaging 5 months to a total cure rate of 80 percent. Premature infants are surviving at birth weights thought impossible two decades ago, and infant mortality rates in some countries are now below 5 per 1,000 births, again breaching barriers once thought insurmountable, as a result of research in perinatal medicine.

Among the most remarkable examples of research advances is treatment of hyaline membrane disease or neonatal respiratory distress syndrome (RDS). No story is more dramatic to illustrate this advance than to recall that in 1963 the prematurely-born son of President John Kennedy died of RDS in three days. The most powerful person in the world could only watch helplessly as the best medical care in the world failed to save his son. At that time, an infant with RDS at that birth weight had only a 5 percent chance of surviving. Today, with surfactant and improved perinatal care developed in 30 years of research, the chance of survival at that birth weight with appropriate treatment is 98 percent for any infant, President's child or not.

While much has been accomplished to improve children's health through research, the potential of research to provide such improvement has barely been tapped. New techniques, new knowledge, and new ideas are being pursued worldwide by the largest number of medical scientists ever working on the health problems of children, and we need them all, and more. Not only are there more diseases untouched than conquered, but it seems that each time we cut off one head of the disease hydra, another grows to take its place. The best example is AIDS, but there are others. After years of decline that engendered overconfidence, tuberculosis, and a drug-resistant strain at that, is making a comeback. Injury, violence, and suicide have become the leading killers of children and adolescents in modern society. Unhealthy behaviors–cigarette smok-

ing, alcohol and drug abuse, and sexual promiscuity–create both immediate dangers for adolescents and long-term health and economic problems for them in later life. Turning our research talents to these issues is the only way that we can develop the knowledge needed to solve these problems. They are solvable if society will commit the same resources to support research on these problems that paid off so handsomely in the conquest of other children's diseases, as just described.

Health problems of children in developing nations are unquestionably addressable by research. Of the 13 million annual child deaths worldwide, the great majority occur in developing countries. While 16 percent could be prevented by currently available vaccines, 28 percent are due to pneumonia and 23 percent to diarrheal disease. Although providing pure water supplies and antibiotic treatment availability are eventual goals, immunization is a more immediate and practical and less costly approach. The Children's Vaccine Initiative, developed under the auspices of the Rockefeller Foundation, the United Nations, UNICEF, the World Bank, and WHO, with broad cooperation from industry, is attempting to address this full combination of problems through research.

The plan is to develop new immunogens and combine many of them with existing vaccines in one of a few stable delivery packages for ease of use. Scientists in my Institute at the National Institutes of Health, for example, are using new conjugate vaccine technology and the strongest protective single antigen from the organism to produce vaccines against Shigella, *Salmonella typhi*, *Vibrio cholerae*, and enteropathogenic *E coli*, as well as several types of pneumococcus, staphylococcus, and group B streptococci. The same approach is being tried with *Mycobacterium tuberculosis* in hopes of developing an effective vaccine at last against this ancient scourge. Global cooperation in the research of the Children's Vaccine Initiative represents one of the major components of the future research agenda for children.

Other health problems of children also call us to action in the form of present and future research. Birth defects are now the leading cause of infant mortality in most developed nations, and are a major cause of morbidity and suffering in children throughout the world. New tools and techniques from research, especially the genetic revolution, are allowing scientists to look at the genetic control of early development to discover what goes wrong and how it can be prevented or corrected. Other methods, such as ultrasound imaging and obtaining fetal cells from a sample of the mother's blood, are allowing earlier and earlier prenatal diagnosis at a time when corrective intervention can be more effective. Great promise is held out for the success of approaches such as gene therapy or fetus-to-fetus cell transplantation for correction of genetic and metabolic disorders, provided they take into account ethical and moral judgments in this area.

New techniques of rehabilitation for physical defects and injuries, and the promise of becoming able to induce central nervous system regeneration, are today's frontiers in research that will provide new ways to correct birth defects and injuries in children.

In addition to infectious diseases and birth defects, research must also address other factors contributing to infant mortality. Prematurity and low birth weight are major contributors to this problem and have been highly resistant to attempts at improvement. Research needs to focus on the problems of premature labor and intrauterine growth retardation. Promising leads on the role of silent infection as a cause of premature labor need to be pursued, along with the development of pharmacologic agents, such as prostaglandin inhibitors, that can prevent or arrest premature labor effectively. Preeclampsia persists as a major problem for both mother and infant; hopefully, trials under way testing low-cost preventive methods such as aspirin or calcium supplementation may provide a reliable means of preventing this complication. Cigarette smoking and poor maternal

nutrition before and during pregnancy are clearly identified as the major sources of intrauterine growth retardation, but we must still learn how to intervene effectively to stop the problem resulting from these clearly preventable causes. Sudden Infant Death Syndrome is a major killer of infants in developed countries, and we must persist in our research efforts to find the cause and cure for this cruel killer of babies in their sleep

Related to our efforts to understand and control the genetic and environmental causes of birth defects is research to identify childhood antecedents of adult disease, and find successful ways to intervene to correct the problem or prevent the develpment of the condition. Genetic studies are showing more and more often that certain persons carry genetic predisposition or susceptibility to developing cancer, heart disease, lung disease, diabetes, infections, and other conditions that rob them of healthy years in adulthood and cut short their life expectancy. Interventions in the form of dietary modification, smoking avoidance, and exercise could be particularly targeted to individuals identified as being at high genetic risk. One example is hemochromatosis, one of the most prevalent of all genetic disorders. Identification of the gene for that disease will permit diagnosis of susceptibility in infancy, and initiation in childhood of a diet low in iron plus periodic withdrawal of small amounts of blood should completely prevent any manifestations of this disease that kills millions worldwide each year.

There are behavioral as well as genetic antecedents of adult disease that begin in chilhood. Epidemiologic studies have demonstrated clearly the adverse health consequences of smoking, excess alcohol consumption, lack of exercise, a high fat diet, and obesity. The studies also indicate that virtually all these behaviors begin in childhood or adolescence

Behavioral scientists, in collaboration with physicians and educators, need to work to develop and test effective intervention strategies to encourage healthy behavior from early childhood. It is clear that attempting to modify unhealthy behaviors in adulthood is difficult, expensive, and usually doomed to failure. Even waiting until adolescence is probably too late. Our efforts must be targeted to the formative years of middle childhood if they are to have maximum success. This much-needed research can have a major impact not so much on childhood as on prolonging healthy life and reducing health care costs by preventing or delaying onset of cardiovascular disease, cancer, osteoporosis, chronic lung and liver disease, and other ailments of later years. If we are to reduce health care costs by preventing disease, our research focus must be on children.

I mentioned earlier the epidemic of violence that now represents the major source of death and injury in some population groups. This epidemic not only threatens life and physical health; it also represents a threat to the very core and foundation of society. It serves as a stark reminder that we are never more than 20 years from barbarism, that we have only that time to instill in the next generation the values that keep us functioning and safe in families and communities, and that we pay an enormous and cumulative price if that process fails. Some research efforts are under way, but much more research needs to be done to understand what is going wrong, why we are failing to inculcate values of beneficence and justice and respect for all other persons in our children, and how families, schools, churches, and communities can correct this situation.

There is another extremely important area of research that relates to many of those already discussed–to infant mortality, to child abuse and neglect, to violence, to malnutrition, and to general poor health status of many children. That is medical and behavioral research directed towards solving –scientifically and, above all, *ethically*–the problem of unintended pregnancy and unwanted birth. Few situations present as many problems for children as being born unwanted, far too often to a family economically and emotionally unable to sustain them. This is a global issue affecting us all. In Africa,

where women in many countries average more than seven children, the consequences are seen in images of undernourished children as yet another child arrives too soon after the previous one with resultant extremely high infant mortality rates, and of land returning to desert as it is stripped of wood for fuel to support a burgeoning population. In South America, the consequences are seen in images of young children sent to the cities to fend for themselves because their family has no way to support them, and of rainforests being burned to provide land to grow food. In Asia, the consequences are seen in images of children dying in epidemics of diarrheal disease, and of overcrowding on a scale unmatched elsewhere on the planet that makes survival itself a constant struggle. And in my country, the United States, where over one-half of our pregnancies and one-fourth of our births are unintended and unwanted, the consequences are seen in images of abused and neglected children, of large numbers of teenage children having children, of children growing up without fathers, in rising rates of domestic violence, and in an ever-increasing proportion of the population living in poverty. There is probably nothing we could accomplish through research that would do more to improve the lives, health, and well-being of children than to ensure that they all enter the world as wanted children. Research to this end must address sexual behavior that results in unwanted pregnancy and simultanously pursue the development of improved natural methods for family planning in keeping with the teaching of the Church. This will allow every couple to have only the children they want in a responsible way and even to have them at the appropriate time. It will thus be possible for our science to meet the needs imposed by our beliefs in accordance with the Magisterium of the Church; in a word, we must exert our very best efforts to accomplish this goal.

The newest disease specter to stalk our children is the plague of AIDS. This global threat affects them in three ways: infecting them from their mother before birth, infecting them as adolescents from risky sexual behavior, and leaving them orphaned when their parents die of the disease at a young age. It is important that these problems of children not be overlooked as we feverishly pursue solutions to AIDS in adults. Major efforts must be made to develop ways to prevent transmission of HIV from mother to fetus. With hopes buoyed by data suggesting that the majority of transmission occurs at delivery rather than throughout pregnancy, studies are in progress assessing the effect of HIV hyperimmune globulin given during pregnancy and delivery and to the newborn, and of modified delivery techniques, on preventing passage of the virus to the infant. We also need constant reminders that this is a disease transmitted in adolescents and adults entirely by behavior, and could be prevented completely by changing behavior. Our efforts with children and teens to modify their risky behavior must be intensified and subjected to rigorous research evaluation so we know if they work instead of just believing they work. Children orphaned by AIDS now number in the hundreds of thousands worldwide, and the total is growing rapidly. As our limited social support resources are strained by the sheer numbers of children, we must ensure that they are not abandoned in addition to being orphaned, and find ways to provide effective substitute care while we pursue the vaccine that will eventually bring this disease under control.

Many other needs and great opportunities for research to improve the health of children could be cited, but in point of fact we will do well to find the resources to meet even these. With both nations and organizations directing an increasing proportion of their budgetary resources to the needs of adults and especially the elderly, the needs of children, even though they are indeed the future of society, tend to be put aside in the competition. We who are advocates for children must join our colleagues in attempting to more effectively make the case for an increasing investment in the world's children, and making that investment in research as well as services. We must show clearly the near and distant benefits for both children and future adults of research to improve health and wellbeing, and the costs and dangers of a policy of relative neglect. The decisions we make today will have an irrevocable effect on society in just one generation. In the past we might have been able to ignore children's needs for a generation or two with little impact, but the numbers and demographics and complexities of modern society no longer permit that. The stakes are high, and we dare not risk the consequences of failing to learn through research how to solve the problems here enumerated. Although it should be sufficient justification to do this for children because it is the right and compassionate thing to do, we must also do it because to do otherwise imperils our future as a society.

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The Care of the Expectant Mother

The development of twentieth century obstetrics has been marked by an attempt to curb death at childbirth, by the improvement of increasingly effective diagnostic methods and therapies, and by ever greater knowledge about the physiological realities of pregnancy. It has been recognized that these realities are characterized by an–albeit transitory–state of unity of two interacting conditions of life. To put it another way: the mother-foetus symbiosis.

As is well known, at the end of the last century the lack of effective methods by which to curb infections and prevent hemorrhage led to priority being given to the survival of the mother rather than the child, especially at the moment of actual childbirth. But the gradual ability to control illnesses which can arise during pregnancy and those actually caused by pregnancy–a development favored by the advance of pharmacology, anesthetics, surgery and methods of blood transfusion–have largely eliminated the death of the mother at childbirth and greatly reduced (or at least rendered less dangerous) the incidence of illness.

Clinical research of recent decades has shown how pregnancy, although clearly a physiological condition, involves very great changes in the organism of the woman, and these changes have been very well documented and described by biological research, endocrinology, and psychology. The metabolism and the endocrine balance are changed and many internal mechanisms are altered–for example, the cardiovascular, respiratory, control and uropoietic processes. The pregnant woman thereby finds herself undergoing a very special biological experience, and her condition can sometimes be the direct cause of illness, and thus of " gestosis. " For the same motives, previously present pathologies, such as cardiopathy or nephropathy, can be exacerbated by pregnancy. Furthermore, certain latent pathologies such as pre-diabetes can be brought out by pregnancy and become such full illnesses as diabetes itself. In addition, other illnesses such as obesity or certain kinds of endocrine imbalances can arise, especially after a period of pregnancy.

It should, however, also be remembered that the pregnant woman, like everybody else, can fall victim to other forms of illness (especially of an infective character) while she is expecting a baby. To conclude, it must not be forgotten that the condition of the mother always has consequences of one kind or another for the development and health of the unborn child. Premature birth and problematic utero-placental flow are the two greatest difficulties that the unborn child can come up against.

Over the last thirty years it has clearly emerged that a systematic and careful clinical and laboratory control of pregnancy, in conjunction with effective psychological support, are the best means by which to prevent complications and ensure sound treatment. They " avoid and reduce the damage that each illness or complication –whether provoked, brought out, or aggravated by pregnancy–can cause to the woman; they can lead to the diagnosis of illnesses which had previously been undetected; they can ensure that the mother is in the best possible condition in which to face childbirth; they reduce the dangers of childbirth; and they promote the healthy development of the foetus. " Of all the forms of preventive medicine that exist, that concerning pregnancy is without doubt the most productive, not least because it involves and helps two human beings and not only one.

To move from the subject of prevention to that of treatment, one can observe that the experience of recent decades has shown that during pregnancy it is possible to engage in all kinds of treatment aimed at improving the health of the mother and thus of the embryo-foetus as well.

In this way one can see how looking after the health of the product of conception (at least until the moment of " viability " at about the twenty-fifth week of gestation) involves the treatment of the mother when the mother is ill or unwell. This has meant that the idea of " direct therapeutic abortion " as a means by which to safeguard the life of the mother, which was much promoted by obstetrics in the past, has lost a great deal of ground.

The Idea That the Foetus Is a Patient

I would now like to consider the idea that the " foetus is a patient, " a notion which has come to the fore in recent decades. After being able to achieve a marked degree of control over the death and illness of

the pregnant mother, obstetrics was finally able to pay greater attention to the foetus. In the space of a few decades, greater knowledge about the growth and development of the foetus, the advance of both invasive and non-invasive methods of diagnosis by which to understand the functional condition of the different parts of the foetus, and many other similar steps forward, have all enabled us not only to establish the risk of neonatal or intrauterine illness and death but also to evolve diagnostic methods in relation to the embryo or foetus (at various stages of development) and then to apply more effective and sometimes successful forms of treatment.

This extraordinary advance in obstetrics has given rise to " perinatal medicine. " The stage of pregnancy which comes under the supervision of obstetrics is covered in this sense by " prenatal medicine ". But this advance has not been without certain obvious consequences of an ethical and legal character. This, in turn, has meant that there has been an increased concern with what is in the interest of the foetus, as well as what is in the interest of the mother.

This has arisen not only because of the appearance of new medico-scientific advances and technology in matters connected with inherited illness, pharmacotherapy, and foetal hyperdevelopment, but also because of an ever greater awareness of the impact of maternal " behavior " on the well-being of the foetus itself.

One of the features of the area which is of interest to us here is not only that parameter common to all the research and treatment which this area involves–that is, the assessment of risks and gains. We are also interested in the whole question of the relationship between the mother and the foetus. By this I mean the symbiosis which is present when the embryo-foetus organism–which has, as is well known, its own genetic autonomy –develops and grows within another organism, in this case the mother.

This gives rise to a unique clinical situation where the mother acts as a kind of vehicle for the examination and treatment of the foetus –activity, however, only carried out with the consent of the mother. But at the same time the foetus must not be considered as the only object of the treatment to which he is subject. One need only think here of the use of a medicine which, though aimed at the foetus, is also absorbed by the mother's body–for example, the use of corticosteroid in the prevention of RDS or Respiratory Distress Symptom.

For this reason, any evaluation of the potential risks involved in the use of a therapy or a method of diagnosis cannot be limited to a mere consideration of the unborn child.

It must also assess the risks that are involved for the mother–one thinks here of such things as foetoscopy. Such narrow examples can be more widely applied, and such considerations can arise when there are situations involving a conflict of interest between the mother and the foetus.

This can occur when decisions have to be made in situations when the mother's capacities are limited. Independence and benefit, those parameters of modern medical ethics, could thus come into conflict.

Whatever the circumstances, those who adhere to the " personalist " code of ethics (especially as it is expressed in the medical code of ethics) believe that the embryo or foetus must be treated as a person and, therefore, as a *patient*. This line of thought believes that this rule must be applied whatever the stage of development of the unborn child may be and without regard for the presence or absence of " viability " (the capacity for independent life outside the womb).

A " patient, " by which we mean a person who has the right to be treated and cared for, enjoys the right to be the object of activity promoted by the doctor in line with principles of benefit rather than harm. This reality is present within the " moral status " which is bestowed upon the conceived being from the first moment of existence.

For this reason the doctor who is entrusted with overseeing the pregnancy must employ all the skills of his profession to guarantee that the embryo or foetus grows and develops properly. Obviously enough, in doing this the doctor will act with the requested *cooperation* of the mother. The principle of explaining the role of the treatment will necessarily be upheld and the doctor is required to give extensive information about what is being done, what methods are being used, and what risks may be run by the mother, not least so that her consent may be obtained. Those who follow the personalist way of ethical thinking are not allowed to experiment on the embryo or foetus, unless such action is part of the treatment and is in the direct interest of the unborn child.

Very special care must be employed in the application of the principle of benefit when there is a case of extreme premature birth. Of particular relevance here are just–viable foetuses–those that have undergone twenty-four to twenty- six weeks of gestation. We now have extensive data about the possibilities of survival, death rates, and incidence of illness in relation to such cases. As things presently stand, the general approach is favorable to unborn children at this stage of their development, an approach based upon behavior deemed " active. " Such an approach is even more valid when the pregnancy has gone beyond the twenty-sixth week of gestation (Cervenak and McCullogh, 1992).

It is believed, however, that the action of the doctor or similar figure can only be effective if it is based upon the incontestable validity of a given obstetric handling of each foetal circumstance. For example, such validity is not evident in the case of a caesarian operation where the unborn child is very premature.

I would now like to consider the legal aspects of the whole question. It must be conceded that at the present moment the laws of the various countries of the world provide only an *indirect* protection of the foetus. Italy may be taken as an example. Law No. 405/1975, a law which provided for the creation of family advisers, observes in article one that " in its application to the family and maternity the health service aims at ...the protection and promotion of the health of the woman and of the conceived being. " This is the only explicit legislative reference to this whole area,

but it is only of a general character and does not refer to the citizen as such but rather to the activity of a public service.

Only Article Seven of Law 194/1978 specifically aims at the defence of the unborn child or foetus when a pregnancy is artificially interrupted. This article reads as follows: " When the foetus is capable of independent life, the pregnancy can only be artificially interrupted when those conditions indicated by paragraph A of Article 6 are present–that is, when the mother's life is endangered. The doctor who carries out this interruption must take every step possible to defend the life of the foetus " But everybody knows, sad to say, that such provisions are all too often ignored.

In reality our laws, like those of most other countries, do not prescribe a state of affairs where the mother is obliged to undertake treatment for the benefit of the unborn child she is carrying There is no way by which she can be made to take part in such treatment. For this reason we must ensure, through persuasion and a favorable cultural context, that the mother agrees to treatment which is of benefit to the unborn child Nowadays this whole question is especially difficult in the case of drug addicts or alcoholics who become pregnant and do not want to change their ways. This, of course, involves very great risks for the unborn child. There is also the case of those mothers who are afflicted by sexually transmitted diseases but refuse treatment for such diseases.

There are also examples of mothers who have refused to undergo treatment aimed at the well-being of the foetus.

Needless to say, such refusal has led to the perinatal creation of handicap.

During this short time allocated to me, I have tried to outline the chief elements of the whole question of the protection of the health and life of the expectant mother and the protection of life before birth. The Geneva Declaration of 1924, the Declaration of the Rights of the Child of 1959, and the Convention of the United Nations on the Rights of Children (New York, November 20, 1989) all recognize that the child has the right to an optimal state of health.

The most advanced and human forms of prenatal medicine ensure that this right is also applied to the being who is still in the womb. This is because it is more than evident that most of the serious and permanent damage done to the physical and functional integrity of the individual occurs when he or she is still in the womb. Nonetheless, we still do not have a suitable declaration of rights and guidelines by which to act. The responsibility as to what decisions are to be taken is entrusted to certain public services and to the doctor himself, and the action which is actually taken to promote the health of the unborn child is always and inevitably conditioned and circumscribed by the decisions of the mother.

It is my conviction that for the obstetrician the foetus is a " patient " whatever the stage of development and growth of that foetus may be. I also believe that this reality must be borne in mind when prenatal therapy, and matters relating to it, come into play The doctor must be obliged to obey the requisites of his profession when he looks after the health of the mother, but the same also applies to his relationship to the unborn child The same rules of " consent " as those applied to the born child must be at work, and for this reason the father must also be involved in what decisions are to be taken.

The parents have the right to complete and accurate information about the advantages and disadvantages of certain diagnostic methods, the character and possible consequences of different forms of treatment based on such methods, and the risks that certain diagnostic methods and forms of treatment necessarily involve. But in moral terms parents are also called upon to take part in the protection of the life and health of the foetus. Indeed, everybody must contribute to a general attempt to provide good information and effective support with a view to upholding and defending life.

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Maternal Mortality in Developing World

Introduction

This conference is concerned with the problems of children, but it is clearly not possible to do this adequately unless one considers the problems experienced by mothers. The image of motherhood presented to the world in the Apostolic Letter, *Muleris Dignitatem* contrasts starkly with the reality of its actual condition. The title of this paper is maternal mortality in the developing world; however, I would have preferred the title to be " the scandal of maternal mortality and morbidity in the developing world, " for that is what best describes the situation. Millions of poor mothers throughout the world are not receiving effective health care when and where they need it. It must be said loudly, clearly and often that the health of mothers is a scandal, so that the world will eventually hear and will make a concerted effort to do something effective about the tragedy facing so many mothers.

Maternal mortality in the developing world

It is estimated that 500,000 mothers die annually worldwide from causes directly related to pregnancy and childbirth, the majority of which could have been prevented. Ninety-nine per cent of these deaths occur in developing countries, the greatest number in Africa. By contrast, only 6,000 maternal deaths take place in developed countries. In Canada, for example, there are fewer than 10 deaths per 100,000 live births. Deaths in my own hospital are exceptionally rare and are usually due to unpredictable causes, such as cancer, or catastrophes, such as pulmonary emboli. However, in the hospital that I work at in West Africa, the maternal death rate is about 1,650 maternal deaths per 100,000 live births. One weekend we had four mothers die having their babies.

This means that every time a mother in a developing country has a child, she faces a risk of death 50 - 100 times greater than a mother in the developed world. Mothers in developing countries face this risk an average of 6 - 8 times in their lifetime and in Africa, close to ten times. The lifetime chance of dying in childbirth in a developing country ranges from 1 - 15 to 1 - 70. This contrasts sharply with the developed world where mothers face a much lower risk of between 1 in 3,000 and 1 in 10,000. These extraordinary differences in maternal death rates occurring between developed and developing countries represent the widest known disparity in all comparative statistics of public health. To this tragedy will have to be added AIDS, which in the future will increase this holocaust.

It is difficult to grasp the enormity of the situation from a consideration of these numbers. Their deaths do not take place in a visible and concentrated way, but occur in poor countries, in small villages out of sight. The mother dies often alone, in terror from haemorrhage or in agony from infection or obstructed labour and–yes, it must be said–from induced abortion, to which sadly she resorts in desperation and despair. It has become acceptable because it is easier and cheaper to destroy a new life rather than to allow it to obtain its full potential. The catastrophe of a maternal death may have further devastating consequences, for many of these mothers have growing children at home and families that depend on them. Not only are the lives of the mother and baby terminated abruptly, but the chances of survival of the youngest of the children that the mother already has and leaves behind, decrease dramatically. It is also likely that the family itself disintegrates in the aftermath of the mother's death.

A maternal death

In the twenty years that I have been a practicing specialist in Canada I have never been actually present at a maternal death or have a mother under my care die. I have arrived on the scene a few minutes after it has occurred. Having now worked for over ten years in a mission hospital in Nigeria I have been present all too frequently. A personal experience of the suffering and death of one mother will put these extraordinary figures into perspective.

One Saturday evening, I was called with a sister colleague to the maternity ward, where a young mother at term with her third child had just been admitted in a moribund condition. She had been seen in the antenatal clinic some weeks before and had been well, but for some reason had not returned until

now. When we arrived, she was conscious, but very weak and was pleading with us to help her. The distraught husband was at her side. The women was severely anaemic and jaundiced. Her pulse and blood pressure readings indicated that she was in shock, but she was not in labor. We started to assess her condition with the idea that as soon as she was stabilized we would do an emergency caesarean section (C/S). However, as we examined her abdomen to determine if the baby was still alive, she suddenly died. I recall that moment clearly, as I was holding her hand trying to start an intravenous infusion. Both of us then watched helplessly as the movements of the baby in the uterus ceased. We were unable to do an emergency cesarean section, as there was no sterile equipment.

The husband, realizing what had happened, broke down and wept uncontrollably and called on God and us to help him. For anyone, even hardened missionaries, the tragedy of a maternal death is a profound emotional experience. The sister, who has some thirty years of experience in Africa, close to tears herself, said to me as we walked back to the house, that in her opinion any woman who dies giving birth to a new life, no matter what she may have done in the past, must go straight to God. This mother had unwillingly given, in the words of the Apostolic Letter, a very " special gift of self. "

Maternal morbidity in the developing world

Sadly, deaths in the developing world from childbirth-related causes represent only the tip of the iceberg. It is estimated that for every death, 10 - 15 women suffer long-term damage to their health, frequently from obstetric fistulae. This condition, now unknown in developed countries, affects very young women, (14 - 20 years) and is caused by neglected obstructed labor. The result is that their baby dies and because the bladder and rectum are trapped between the baby's head and the bony pelvis, damage arises which causes holes to develop between them and the vagina. A few days after the birth these young mothers become incontinent of urine and/or faeces. This condition is known as obstetric fistula. They are then treated in a worse way than lepers and are made outcasts by their husbands, families and society, because they are wet, filthy, and foul-smelling. There are tens of thousands of these poor, young, and forgotten mothers throughout Africa. In Nigeria alone it is reliably estimated that there are 80,000 untreated cases and 25,000 are added every year. To be continuously incontinent of one's own excrement is the ultimate in indignity. This condition, common in Europe and North America 100 years ago, has now almost disappeared because there are healthier and older mothers and better obstetrical care.

Grace's story

Let us consider the awful suffering of Grace. Her story is a typical one. At the age of fourteen, when working in a gas station, she became pregnant by a passing taxi driver. She thought about having an abortion, but decided to carry the baby. When she came to deliver, there was no money to go to hospital, so she tried to deliver alone. Grace's labor did not progress, as there was cephalo-pelvic disproportion-i.e., insufficient room for the baby to pass through the bony pelvis. Her mother carried her to a traditional birth attendant (TBA).

After two days, in complete obstructed labor, she became dehydrated, her uterus and bladder ruptured, and her dead baby remained undelivered. The TBA tried a few futile, drastic maneuvers to deliver the dead infant. When it became obvious that she was near to death, the TBA told her mother to take Grace home. Fortunately, a passing women helped Grace deliver the macerated and infected dead baby.

A few days later Grace's obstetric fistulae became evident as she passed urine and faeces through her vagina. The local native doctor

tried to solve the problem by inserting herbs. When this failed they tried " drying her out " by pouring boiling water over her. This compounded the problem by causing extensive burns to the inside of her legs. Grace was now seriously infected, smelling awfully and again close to death.

The villagers managed to contact one of the Medical Missionaries of Mary (MMM's) who then took Grace to one of their hospitals close by. There Grace was resuscitated, a hysterectomy and a colostomy performed and her bums dressed. Her condition improved, but the relatives, seeing what had happened to Grace, decided to take her back to the village. There she lay on her face in great pain, covered by flies for weeks. One of the sisters went to see how she was getting on. On arrival in the village the sister was literally attracted by the awful smell coming from her hut. There she found Grace in a pitiful state. She was then taken to another of the mission hospitals which specializes in the treatment of obstetric fistula. In addition to these awful problems, Grace was found also to be crippled, as she had foot drop caused by damage to the nerves supplying the leg muscles.

Grace has survived but over the last three years has needed many operations, all done under local anaesthetic, to close the vesico and recto-vaginal fistulae, skin grafts, and much physiotherapy. As if this was not enough suffering, the sad thing is that Grace has lost everything, the only baby she will ever have and even the chance of having a husband. Grace is charming and intelligent and has been trained as a theater and ward maid at the fistula center, where she will spend the rest of her life. Eventually, it is hoped to train Grace to be a village health worker and, perhaps, if she can finish secondary school education, to be a nurse. She would be an excellent teacher, as she will be able to speak about her own terrible experience and thus help other mothers before it is too late. Grace will then have some dignity restored to her.

Maternal health in the developed world

In rich countries the situation for mothers and their unborn children is equally tragic. Every year millions of unborn children are being destroyed needlessly by the medical profession through abortion, almost all for social reasons. The numbers are simply staggering. We are destroying our heritage, but not for reasons of economic poverty, but because of the poverty of thought. Some hospitals in Canada are performing more abortions than deliveries. In Bosnia mothers not only have to endure the sufferings of civil war, but reports indicate that they are resorting to abortion, as they do not want to risk delivery without access to back-up specialist care should there be complications.

The fact of the matter is that mothers and children are facing a holocaust arising from poverty, hunger, disease, and ignorance and from inappropriate, inadequate, and destructive health technologies and policies. The tragedy is that most of this mortality and morbidity could be prevented with proper maternity care, *but the world seems to have little care for motherhood*. Unlike AIDS, maternal mortality is not a fashionable problem or politically important. Paradoxically, in the last twenty years the world has made more efforts at ensuring that women do not give birth rather than with providing them with safe, dignified care for themselves and their babies, which to my mind is a means of planning families which is just as effective and more acceptable.

The safe motherhood initiative

Over the last twenty years great efforts have been made to improve the state of the world's children, but much less attention has been given to that of mothers. The Safe Motherhood International Conference held in Nairobi in 1987 drew attention to the awful state of health of the world's mothers. This conference provided the most authoritative call to action with the

objective of reducing maternal mortality by 50% by the turn of the century. Recommendations were made to provide the necessary preventive, routine, and back-up care to reduce maternal mortality and morbidity. The response, however, was not enough; so much so that a further call went out at the World Summit for Children in 1990.

The evidence is that while pregnancy and childbirth may be safer in Latin America and Asia, in Africa the situation has not improved, and the numbers of maternal deaths may even have gone up. For example, two of the most frequent conditions, nutritional anaemia and abortion, contribute to mortality of not only the mother but also of the baby. The first contributes to maternal death from postpartum haemorrhage, and because of its nutritional origin, to low birth weight newborns. The second frequently results in the deaths of mothers from infection and always the death of their babies. Unfortunately, what is now being promoted as safe motherhood is more and more abortion, e.g., the introduction of the medical abortifacient RU 486. One can only speculate as to what will happen to young malnourished mothers who are left to their own devices and to abort at home alone.

To solve the tragedy of maternal mortality requires not the death and despair of abortion but the improvement in the status of women through education, a change in the attitude of men, better maternal nutrition, and prenatal and intrapartum care. All must have the political attention and unprecedented international and national action that the tragedy of AIDS has received.

The role of the Catholic Church

The Christian Church has deep religious and long historical associations with the delivery of health care. The Church, being faithful to her founder, shows compassion for all people, but especially the poor, and comes to their aid, whether they be spiritually or physically sick. The Church has a responsibility for the welfare of the whole human person, even though she recognizes that this responsibility is not hers exclusively. The Church has a rich tradition of ethical wisdom and has expressed Christian values with courage, strength, clarity, and consistency on the most controversial questions of the day. She has been until now one of the largest providers of health care for mothers throughout the world. It was frequently the religious orders that introduced modern midwifery care and built hospitals that have developed some of the finest obstetrical units. It is missionaries that have pioneered special care services in poor countries, e.g., for mothers with obstetric fistula. However, the Church's continued involvement, in particular in maternal health care, is now threatened, which should be of serious concern to all in the Church.

For Catholic institutions and individuals in the practice of obstetrics and gynaecology the last twenty years have been devastating because of the almost universal acceptance of abortion. While there are over 2000 institutions providing care for the sick throughout the world, many of our departments of obstetrics and gynaecology have closed; e.g., in Canada the number of units has declined from 126 to 62, and this decline is increasing. Few Catholic specialists remain, and few are entering. We as Catholics have the serious obligation and responsibility of providing service to mothers and their unborn children. It is simply not enough to talk about their problems any more. Many hold the opinion that the Catholic Church, because of its ethical and moral position, can no longer be relevant in reproductive health care, but others believe otherwise and have ideas. However, to be relevant we will have to be innovative in the way that we integrate the WHO Safe Motherhood Initiative, for example, with the teaching of the Church and, yes, even courageous in the new ways through which we will implement these new ideas, all of which will require the encouragement and moral support of the highest authorities in the Church.

Conclusion

Despite all the advances made in human and technical knowledge, despite all the high standards of living prevailing in some parts of the world, our record as human beings has made this 20th century one of the darkest ages in the history of man. The theme of this conference is " The child is the future of society " However, it is not sufficient simply to talk about that future, but we must be determined to find new ways to ensure it. Both the United Nations and the Catholic Church have decided to dedicate next year to the needs of the family. As health professionals we must therefore address the urgent and pressing needs of the most vulnerable members of the family: children. A healthy family is the basis of a healthy society, and mothers are the key.

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BETTIE FOLEY

Caring for Addicted Mothers and Their Babies

Addiction is defined as a chronic, relapsing disease which affects all sectors of our population. It does not discriminate on the basis of race, creed, ethnic origin, age, sex, or socioeconomic background. The United States of America, like other parts of the world, has prioritized development of treatment programs which serve chemically dependent women in the childbearing years. Haymarket House, located in Chicago, Illinois, was founded by Msgr. Ignatius McDermott in 1975. His commitment to provide service to all in need has resulted in our taking the lead to pioneer gender-specific treatment modalities. These innovative and quality programs serve as models to our state, country and the world.

" Caring for Addicted Mothers and Their Babies " is a significant portion of our treatment services at Haymarket House today. It is this change of focus from the more traditional male model which has made this agency a complex and comprehensive chemical dependency facility.

Haymarket House originated when Msgr. Ignatius McDermott and Dr. James West traveled to Canada to study a social setting model for detoxification. Their trip came in response to pleas from local hospitals whose emergency rooms were filled beyond capacity with the public inebriate.

In 1975, Haymarket House was the first United States social setting, non-medical detox center, and it was designed to serve " the man in the street. " While its continuum of services expanded throughout the next decade, it continued to treat only male clients until 1988, when detox and treatment for women were offered. The next steps for further expansion soon became apparent.

In late 1989, the Illinois Department of Alcoholism and Substance Abuse came to Msgr. McDermott to discuss a new law that would be effective on January 1, 1990, allowing the Illinois Department of Children and Family Services to seize any baby testing drug positive at birth. They requested that Haymarket House consider a post-partum program for such mothers and babies. To Msgr. McDermott and his team, a post-partum program did not seem a sensible beginning. If the motivational force to change one's lifestyle was to produce a healthy baby that would not be taken from her, it made more sense to begin by offering treatment to the pregnant woman.

In spite of the nearly universal reluctance among treatment providers to serve this high-risk population beyond the third trimester, Haymarket House would offer full treatment services for pregnant women. On March 1, 1990, we opened the Maternal Addiction Center. It became known as the " MAC " unit, in honor of Msgr. McDermott, who is better known to all as Father Mac.

From the beginning, we recognized that our client population presented problems never before addressed in treatment. We developed a 60-to-90-day residential program that would triage all medical care while we focused treatment on the addiction, parenting, and life skill needs of our clients. Agreeing to accept a woman at any time during her pregnancy, we found 22 beds filled within a few weeks.

We already had recognized another major obstacle. There was no where to place mothers with newborn, following delivery. She no longer had pre-natal needs, and to recommend that she return to her previous environment would sabotage her beginning recovery. Only a few shelters would consider accepting a recovering mom and her newborn. Fortunately, we were able to build a rapport with these. Their support was crucial, as the relatively few weeks these women had been pregnant and in treatment were not nearly enough time to allow a woman with a newborn, plus three to seven other children, to maintain sobriety and recovery while parenting and providing full financial support to her family.

A longer-term answer to this aftercare dilemma soon took shape. The Illinois Departments of Alcoholism and Substance Abuse, along with the Department of Children and Family Services, began talking with their providers, Haymarket House and Maryville respectively, about a joint effort for a post-partum program.

Just over a year later, Haymarket/Maryville was ready to serve two different post-partum populations. One 16-bed unit was for the post-partum mom who had been to treatment, on the " MAC " or another pre-natal unit. In residence with her baby, she now had the opportunity for an additional six to nine months to integrate parenting with recovery. In time, she might also bring in another pre-school age child and move toward reintegration with society.

A separate, 34-bed unit served the postpartum mom who had not been in treatment before and had

lost custody of her child due to positive drug testing at birth. This residential program offered a 60-to--90-day primary chemical dependency program similar to that on the pre-natal unit. It allowed mom to bond with her baby through visitation and to work to regain custody.

Our commitment to this parenting population was further enhanced early in 1992, with the opening of Sangamon House, a recovery home for women including women with children. This residence is located in the Haymarket House complex and offers structured living in a safe environment for women working toward re-entering society. Our Outpatient Programs, specializing in aftercare, provide this client with a full continuum of services.

Today, Haymarket House offers more than 24 months of services to assist this parenting population in a total lifestyle change. Additionally, we opened a second " MAC " unit and restructured our post-partum program for those not able to parent, to reflect an emphasis on educational and vocational skill building.

In developing these needed treatment programs, no such full-scale model existed for us to follow. Our experience in treating the addicted, homeless, jobless snd medically needy was useful, but we found minimal data regarding issues specific to women, much less pregnant and parenting women. We were aware of the research that had led our state to enact the loss of custody procedure for drug-positive babies. We also knew of the near epidemic cocaine/crack addiction of the 1980's and within it the growing number of pregnant women who were passing their addiction on to their unborn children. We were conscious of the battles brewing between those who wanted criminalization of women using chemicals during pregnancy and endangering their unborn fetus. We likewise knew of those who agreed with the fetal endangerment, but like us, understood the disease of addiction and continued to fight for treatment in lieu of criminalization. Finally, we were fully cognizant of the media focus on " cocaine babies "

All this data helped us to create a multi-disciplinary, holistic approach to treating this chemically-dependent population. Concern for their high-risk pre-natal state led us to extend the traditional 20-30 days in treatment to 60-90 days, with variable lengths of stay. We established a linkage agreement with a high-risk perinatal hospital clinic. We provided 24 hour medical monitoring in a safe environment while focusing on chemical dependency treatment. Transportation was provided for all pre-natal care. Good nutrition, recreational and leisure time therapy, parenting and parental stress programs were integral components. Triage linkages were set up for other medical, dental and psychiatric needs. We imposed a tri-level behavior modification program that would assist our clients to address three main problem areas: addiction, parenting, and life skills. Working through these levels, they would seek to gain identity, confidence, self esteem and, most importantly, empowerment.

As this was a program for pregnant women, it was not long before babies began to be born to these mothers in treatment " MAC " babies, however, did not show the signs and symptoms we had been warned to expect in cocaine-exposed infants. Our clients did report cocaine, or crack, as their primary drug of choice, but not a single mother-to-be said she used " cocaine only. " We found poly-substance abusers and an occasional alcoholic who had no history of any other drug of abuse. Our outcomes were in startling conflict with media reports.

Equally surprising, the physician in charge of the high-risk perinatal clinic that treated our clients began to voice her own lack of clarity as to specific drug effects on the unborn. She soon was to report her own statistics on improved pregnancy and neo-natal outcomes when women are maintained in a safe environment, provided with good nutrition, and receive consistent pre-natal care.

We did see pregnant women with threats of placenta previa and early onset of labor, but with good pre-natal intervention and monitoring, our positive outcomes continued. We became increasingly aware, however, that the population we served had other grave life problems, and our need to expand our

multi-disciplinary team approach was widening. What we had considered long-term treatment, 60-90 days, was only a beginning if we were to assist this population in gaining positive life directions. For the post-partum moms who had custody of their babies and were to continue in treatment in order to integrate parenting with recovery, we needed to expand treatment at least another 6-9 months. We also recognized the importance of drawing from educational, vocational, legal, child protective, family, social service and court systems to join in our support efforts.

We found other surprises. As the babies of our clients grew and developed, they showed little difference from those in our own families. We've had a few, very few, on apnea monitors. However, as with most births which follow good prenatal attention, continued healthy living environments, positive parenting and quality pediatric care, the monitors soon no longer are needed. These babies appear to develop not unlike newborns in the population at large.

It was in the recovery, parenting, life skill areas that problems continued to surface. We now call on a full scope of community experts to assist us in providing the tools our clients need in order to face and solve the complex problems they will meet upon re-entering society. Our commitment to a holistic approach requires full integration and utilization of this broader team to assist with the multiplicity of complex problem areas which our clients present.

Our client population is about 85% Afro-American, undomiciled and without means of financial support. The average age is late twenties to early thirties, and for most, this birth is their third to fifth child. Most report a high school education or GED (General Education Development) equivalent, but few feel confident that their education was adequate for life advancement. Very few have a history of successful employment. Clients generally report never having had quality parenting from which to model. They lack knowledge of how to parent. 80-90% report histories of emotional, physical, and/or sexual abuse. They frequently possess sexual identity problems. Most clients are single, and it is not uncommon for their children to be from multiple fathers. Frequently, the mother does not know who the father may be, as the pregnancies have been the result of exchanging sexual favors for dollars to obtain drugs. Most of our clients have lost custody of some, if not all, of their children. These children often are in placement with other family members, protective custody with the state, or in whereabouts not clearly identified. State Aid has provided most, or all, of their financial support.

The other common thread that our clients present is that, although they may be hesitant or fearful about parenting, they express genuine care and love for their children. They wish these children no harm. Far from being consciously abusive or neglectful as parents, a picture portrayed by media, courts and other systems, they simply do not recognize that leaving a child without appropriate adult supervision while using chemicals constitutes abuse or neglect in the eyes of society. A great deal of education is needed to break through this denial.

To date, our treatment outcomes continue to show the same positive findings. The numbers we have treated and our birth outcomes, however, continue to grow, as does our waiting list for treatment. For the pre-natal unit, we have admitted a total of 839 clients, and nearly 175 have stayed in treatment until the day of delivery. Reports from hospitals indicate the cost of treating a drug-involved child is $1,000 a day. This care frequently requires many weeks of stay. The cost-effectiveness of the pre-natal program at Haymarket House is easily demonstrated. The cost is less than $100 a day.

Until recently, we were able to state that all babies were born drug-negative. A few weeks ago, however, an undomiciled mother of nine, active parent to none, was referred to the hospital in apparent early labor. The hospital stopped her labor and referred her back to us. For whatever reason, she went back to cocaine instead, and within

hours delivered a baby that tested positive for drugs So, all but one of our more than 173 babies have been born drug-negative. This number includes three sets of twins. One boy baby showed a physical defect with the urethra exiting the underside of the penis, but no other physical deformities have been noted.

Three stillbirths have occurred. Two were very early in the program and to mothers in the early stages of detoxification. No maternal deaths have occurred and no neonatal deaths. All but three (3) mothers have chosen to parent their babies. Those three chose to give their babies up for adoption and received counseling for their decision both before and after birth.

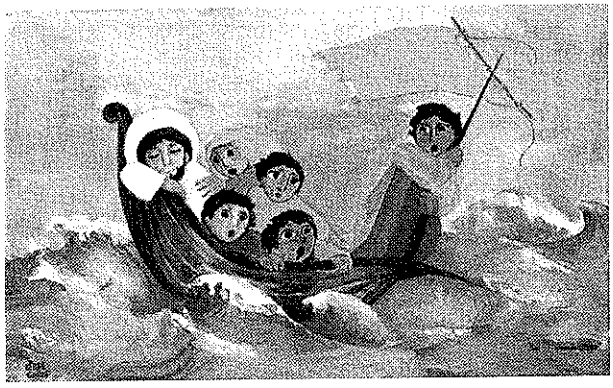
finding a greater rate of return-of-baby custody and thus greater willingness on mom's part to continue in treatment.

Few moms, with babies in residence, leave before completing post partum treatment and participating in graduation ceremonies. Of the few who do not stay, about half have been recommended for discharge because of their seeming unwillingness to do the work that is needed to provide a safe environment for themselves and their babies. In these cases, we work with the child protection agency to assume custodial arrangements.

The women who stay and [sic] graduate speak proudly of their accomplishments. They boast of completing or advancing toward a general education degree, completing one or more college courses, receiving job offers and art scholarships, achieving subsidized and transitional housing grants, making arrangements for follow up outpatient counselling services, procuring a self-help sponsor, succeeding as a speaker for outside meetings, opening a savings account, and obtaining child-care services. Our graduates routinely act as temporary sponsors for women in treatment and also return to run self-help meetings for women at Haymarket House and other locations. Our alumnae group meets twice a month and our membership is near forty (40). These achievements for women recovering from cocaine abuse clearly reflect the remediating effects of treatment.

Experience with scores of their drug-exposed infants also runs counter to the now challenged data reported in earlier research. The Journal of the American Medical Association, January 15, 1992, states that " the current body of research literature does not support the popularly held view that infants exposed to cocaine in utero are severely or even irrevocably brain damaged. Thus there is a danger that we will write off such children while ignoring a host of social problems, such as poverty, violence, inadequate education and unemployment, that may be even more significant causal variables. "

As professionals, it appears that we must collaborate and join in " a concerted, multi-disciplinary effort to address the interrelated medical, socioeconomic, psychological and legal ramifications of this crisis. "* By so doing, we will meet this challenge of successfully caring for addicted mothers and their babies. It is a truism that " The Child Is the Future of Society. " It is only by way of healthy moms that we will produce healthy children to future our world.



Over half of our mothers who remain in treatment until delivery, have been recommended and agreed to continue on in treatment to integrate parenting with recovery. A smaller number today return to supportive family systems, subsidized housing, half-way houses, shelters, other treatment programs or recovery homes. Some 10-15 percent lose touch following delivery but frequently surface later in another of our programs. For the post-partum mom who enters treatment for the first time and has lost custody of her baby, our success rate of program completion is about 50 percent. Today, as we are better able to integrate new systems into our team for a more holistic and comprehensive effort, we are

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" Cocaine Babies: Meeting the Challenge, " *Illinois Bar Journal*, July 1992.

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Aids Epidemic and Children

I. Scope of Problem Worldwide

The World Health Organization estimates thet by the year 1993 over 13 million adults and adolescents (and 1 million children worldwide) will have become infected with the human immunodeficiency virus (HIV).[1] The majority of adult and adolescent cases of HIV infection have been acquired by heterosexual transmission and virtually all of the cases in children have been acquired perinatally. HIV infections are rising in North and South America, North Africa, and the Middle East; it is in South and Southeast Asia that the greatest increases are being observed.

By the year 2000 the World Health Organization predicts that HIV will infect 10 million infants and children (Table 1). The mortality of HIV infection is frightening: by the year 2000, HIV will account for over 2.5 million deaths in children and over 5 million orphaned children in the world. Most of these cases will be from Africa, South, and Southeast Asia, but significant increases in HIV-associated mortality will take place in the United States and Europe. By 1991 over 3000 children in the United States, and approximately 3000 children in Europe, had developed AIDS.[2] There were 4,249 pediatric AIDS cases in the U.S. by the end of 1992. In the United States the largest increase in cases of HIV infection is occurring in young women who acquire the virus heterosexually, thus setting the stage for an alarming epidemic in children. In 1993 6000 HIV-infected women will deliver infants, 800 of whom will acquire HIV infection. It is estimated that there are 20,000 children in the United States with HIV infection.[3]

Table 1 - Pediatric HIV infection by the year 2000*

No. of children infected	10,000,000
No. of children orphans	5,000,000
No. of deaths among children	2,500,000

* WHO, 1992

II. Factors Affecting Vertical HIV Tramsmission

All of the factors affecting the rate of HIV transmission from mother to infant are not known, but it is suspected that the degree of maternal immunosuppression and the mother's viral burden are extremely important considerations (Table 2). For example, in a large prospective study of HIV-infected infants in the United States, the rate of HIV transmission from mother to infant was greater in mothers with the lowest CD4+ lymphocyte counts as compared to those with the highest CD4+ lymphocyte counts.[4,5] Genetic factors are also thought to influence the rate of vertical HIV transmission.[6] The characteristics of the virus, eg, syncytium-forming or non-sybcytium-forming, the stage of placental development and the gestational age of the fetus when first exposed to HIV, the duration and stress of delivery, the newborn's immune capability, and the practice of breastfeeding are all thought to play a role worldwide in vertical HIV transmission. It is a paradox of pediatric preventive care in developing countries that, because of the threat of fatal endemic diarrheal diseases, breastfeeding by HIV-positive mothers must be recommended.[7] In developed countries breastfeeding by HIV-infected women is discouraged, which largely eliminates the possibility of postpartum vertical HIV transmission, calculated to be a 14% risk in a mother with established HIV infections.[8]

Table 2 - Risk for verticle HIV transmission

- Mother's HIV condition
  degree of immunosuppression
  viral cauterization
  genetic factors
- HIV characteristics
  due to external factors
  of a genetic nature
- Placental integrity
- Fetus
  gestational age
  immune development
- Birth
  perinatal
  traumatic

III. Timing of Vertical HIV Transmission and Impact on Diagnosis and Possible Treatment

It is generally accepted that there are three time periods during which an infant can acquire HIV from an HIV-infected mother: 1) prepartum (in utero), 2) intrapartum, and 3) postpartum. The prepartum pe-

riod includes the time from conception to birth; the intrapartum period describes that relatively short timespan during which a child is born; and the postpartum period by definition indicates that period extending after the birth of the child

The direct proof of prepartum HIV infection of the fetus includes virus isolation from aborted fetal tissue.[9] Also, approximately 50% of infants later documented to have HIV infection test positive by HIV culture or the polymerase chain reaction in the first two days of life, which suggests that an established infection has already occurred in utero.[10]

The proof for HIV vertical transmission occurring in the intrapartum period, while plausible, is indirect. First, there are data collected in a retrospective study of twins which suggests that the increased birth trauma of the firstborn of a set of twins is associated with a higher HIV vertical transimission rate.[11] Second, it has been postulated in children with HIV infection who do not test positive for HIV by culture or the polymerase chain reaction until day 9 or later that HIV transmission occurs during the intrapartum period.[12] Possibly 50% of pediatric HIV infection in developed countries occurs during this intrapartum periodo.

Conclusive epidemiological studies and recovery of HIV from breast milk lymphocytes support che concept of postpartum HIV vertical transmission.[8]

The timing of initial HIV infection in the fetus/infant has obvious importance for possible treatment modalities for pediatric HIV infection (Table 3) If infection occurs in the prepartum period, the only hope of reaching the fetus with drugs or immune-based therapy is through the mother's circulation and placenta. To a certain extent, at least in developed countries, this approach is already being implemented by virtue of the fact that pregnant HIV-infected women are increasingly being given zidovudine. Whether or not zidovudine will have any impact on vertical HIV transmission must await the outcome of a National Institutes of Health AIDS Clinical Trials Group protocol which compares zidovudine vs. placebo. High anti-HIV antibodies will soon be compared to conventional IgG antibodies in a similar controlled trial involving HIV-infected women in the third trimester. Production of HIV-specific maternal IgG antibodies via vaccination during pregnancy is the third vertical transmission prevention approach that is being taken by the AIDS Clinical Trial Group.

For prevention or treatment of neonatal HIV infection, should transmission occur during the intrapartum period, drug administration via the mother would afford the best chance for the infant to escape infection The same three approaches mentioned for prevention or treatment of prepartum vertical HIV transmission would apply to the intrapartum period. In addition, the same or different medications could be administered directly to the newborn infant. Thus, by treating the mother for her own sake with these therapeutic regimens, it is possible to build loading doses of agents for the newborn exposed to maternal blood or secretions during the birthing process. Reduction of viral load in vaginal secretions present during birth might reduce the risk of HIV infection in infants, as well. By use of both passive and active immunization protocols, it might reduce the risk of HIV from the newborn's body This latter approach is based on the current prevention strategies for neonatal hepatitis B, where high-titered anti-Hepatitis B IgG antibodies are given to a newborn infant, followed by active immunization with Hepatitis B vaccine. In the case of HIV infection, the anti-HIV IgG could be given to a pregnant women near the time of delivery of her infant and an HIV-vaccine could be given to the infant of the first day of life. Obviously, this approach would be effective only if the time of transmission occurred during the intrapartum period rather than the prepartum period.

Table 3 - Strategies to reduce vertical HIV transimission

- Reduction of viral concentration
  - antiretroviral therapy
- Increase in mother/child immunity
  - active/passive immunization
- Reduction of intrapartum exposure
  - vaginal depuration
  - a c section
- Reduction of post-partum exposure
  - interruption of breastfeeding where possible

IV. Immunopathogenesis of Pediatric HIV Infection

Whereas the time course of progression of HIV infection to AIDS is well delineated in adults and can be correlated well with immune system collapse in organized lymphatic structures and blood immune cells,[13] parallel observations in infants and children are made more dififcult by two different courses of pediatric HIV infection. " Rapid progressors " and " slow progressors " are descriptive terms that are used for the two known presentations of pediatric HIV infection. Rapid progressors are HIV-infected children who present with overwhelming secondary bacterial, viral or fungal infection, and encephalopath. Survival in this group is usually less than 3 years.[14] Slow progressors in pediatric HIV infection resemble adults with the infection in that they often live for 8-12 years or longer, sometimes with minimal symptoms.[15 16] Rapid progressors are thought to represent children who acquired HIV infection in the prepartum period, whereas slow progressors are those who acquired HIV infection in the intrapartum period. The progressive decline in immune function that leads to a state of AIDS in children has been better observed in the slow progressors Indeed, the rapid shifts seen in the CD4+ lympocyte population in children under two years of age may be contributing to our imprecision in correlating immune system assessment and progression of disease in infants under two years of age. Substantial progress hasbeen made in the definition of normal immunity in children from birth to 2 years of life by publication of normal CD4+ lymphocyte counts in children.[17] Still, in children with rapid progression of HIV infection, it is more difficult to gauge the level of immunity, as reflected in CD4+ lymphocyte counts, with disease progression. Other assessments of immune system paralysis, and concomitant increased HIV viral burden, are being made with quantitative HIV cultures and by polymerase chain reaction determinations of HIV DNA or with HIV p24 antigen (routine and acid-hydrolyzed) measurements. In children with far advanced disease, it is possible to document defects in T lymphocyte, B lymphocyte, and polymorphonuclear and mononuclear phagocyte function.[18] Similar to infants with congenital genetic defects in immune system function, HIV-infected children with immune dysfunction become unusually susceptible to opportunistic infections.

V. Future of Pediatric HIV Infection and AIDS

In a very real sense children are innocent victims of an infection acquired by their parents. Since the spread of HIV infection in young adults capable of producing children takes place by sexual transmission and intravenous drug abuse, control of HIV infection in children demands control of the infection in adults. Control of sexual activity and illicit drug use have always been difficult in humans, but, in the case of HIV infection and AIDS, control is essential for elimination of the infection. Perhaps the greatest hope for children yet to be born and for those unfortunate children already suffering from HIV infection and AIDS is the development of better treatments and protective HIV vaccines. An intense effort toward these goals is already underway in private corporations and university centers throughout the world. The use of anti-retroviral drugs in children in open label and controlled

studies has demonstrated an improvement in the quality of life in HIV-infected children, but the children all eventually succumb to progressive and relentless suppression of host immunity and opportunistic infections. Development of antiretroviral agents that can cure established HIV infection is the hope of a legion of researchers in industry, government, and university centers worlwide. The fondest wish of every pediatrician who cares for infants and children with this dreaded disease is that both vaccines and drugs capable of curing and preventing HIV infection will soon be discovered and used immediately throughout the world.

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RITA LEVI MONTALCINI

Ontogeny and Plasticity of Neuronal Circuits

" We are individuals built on an underlying prescribed form, but far more the products of training than of determination. "–Walter Gilbert

As an introduction to the topic which I plan to discuss, the ontogenesis and plasticity of neuronal circuits, it is important to explain why in an international conference aimed at considering the manifold problems of childhood on the eve of the third millenium and the most important, fundamental part children will play in the future of mankind, I shall explain the choice of this particular scientific argument, which may not be familiar to a large segment of the audience.

The reason for this selection is that it offers an opportunity to consider, in the light of recent progress in our knowledge of that extraordinary organ which is the brain, how it is built and some of its wondrous structural and functional properties which are directly related to behavior, and particularly, child behavior. It is from this knowledge that we hope to understand how the brain works and how we learn, and in turn to help the child make the best use of his most priviledged possession, the brain. Perhaps of even more importance is that parents, teachers, instructors and all those in charge of children become aware of the tremendous importance oth role in raising the child from the dayof birth through all the subsequnt steps of early and late infancy to adolescence.

Even before considering the elementary processes which take part in the formation of the central nervous system, it is important to spend a few words on the fundamental unit of the nervous system, the nerve cell, also known as the neuron.

Neurons, or nerve cells, are the building blocks of the brain. Although they have the same genes, the same general organization and the same biochemical apparatus as other cells, they also have unique features that make the brain function in a very different way from, say, the liver. The important specializations of the neuron include a distinctive cell shape, an outer membrane capable of generating nerve impulses, and a unique structure, the synapse, for transferring information from one neuron to the next.

The human brain is thought to consist of 10^{11} neurons, about the same number as the stars in our galaxy. No two neurons are identical in form. Nevertheless, their forms generally fall into only a few broad categories, and most neurons share certain structural features that make it possible to distinguish three regions of the cell: the cell body, the dendrites and the axon. The cell body contains the nucleus of the neuron and the biochemical machinery for synthesizing enzymes and other molecules essential to the life of the cell. Usually the cell body is roughly spherical or pyramid-shaped. The dendrites are delicate tube-like extensions that tend to branch repeatedly and form a bushy tree around the cell body. They provide the main physical surface on which the neuron receives incoming signals. The axon extends away from the cell body and provides the pathway over which signals can travel from the cell body for long distances to other parts of the brain and the nervous system. The axon differs from the dendrites both in structure and in the properties of its outer membrain. Most axons are longer and thinner than dendrites and exhibit a different branching pattern: whereas the branches of dendrites tend to cluster near the cell body, the branches of axons tend to arise at the end of the fiber where the the axon communicates with other neurons.

The functioning of the brain depends on the flow of information through elaborate circuits consisting of networks of neurons. Information is transferred from one cell to another at specialized points of contact: the synapses. A typical neuron may have anywhere from 1,000 to 10,000 synapses and may receive information from something like 1,000 other neurons. Although synapses are most often made between the axon of one cell and the dendrite of another, there are other kinds of synaptic junction: between axon and axon, between dendrite and dendrite and between axon and cell body.

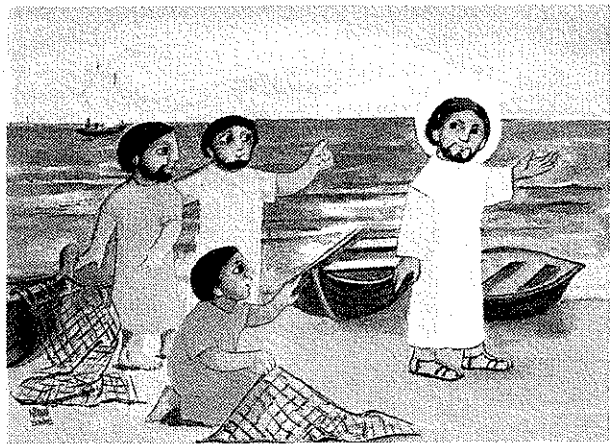
At a synapse the axon usually enlarges to form a terminal button, which is the information-delivering part of the junction. The terminal button contains tiny spherical structures called synaptic vesicles, each of which can hold several thousand molecules of chemical transmitter. On the arrival of a nerve impulse at the terminal button, some of the vesicles discharge their contents into the narrow cleft that separates the button from the membrane of another cell's dendrite, which is designed to receive the chemical message. Hence information is relayed from one neuron

to another by means of a transmitter. The " firing " of a neuron–the generation of nerve impulses–reflects the activation of hundreds of synapses by impinging neurons. Some synapses are excitatory in that they tend to promote firing, whereas others are inhibitory and so are capable of canceling signals that otherwise would excite a neuron to fire. (Charles F Stevens, *The Neuron. The Brain*, A Scientific American Book, 1979).

" In the cortical layer their are about a million billion connections. If one would count them all, one per second, it would require 32 million years to finish counting. Another way to visualize the tremendous number of connections present in this extraordinary structure, is to think that in a tiny piece of brain, only as big as the tip of a match, there are about a billion connections. Here I have only considered the number of connections; if one takes into account the variety of ways in which they can be combined, the number becomes astronomical–in the order of 10 followed by millions of zeros. In the whole universe, the positively charged particles are on the order of 10 followed by 80 zeros. " (Gerald M. Edelman, *Bright Air, Brilliant Fire On the Matter of the Mind*, Basic Books, 1992)

Up to now, we have considered nerve cells as the morphofunctional unit of the nervous system, be this of a worm, lower or higher vertebrates, or even Homo Sapiens. While this unit does not substantially differ from lower to higher animal forms, a dramatic difference exists at the level of the organ as a whole The central nervous system of a worm consists of a few neuronal aggregates interconnected by a limited number of fiber tracts. The number and complexity of nerve cells and interconnecting fiber tracts increase progressively from lower to higher vertebrates In primates, and most of all in Homo Sapiens, the number of fiber tracts is astronomically high and their interconnections of forbidding complexity. This complexity was first recognized and described in great detail at the end of the last century by the founding father of neurobiology, Ramon y Cajal, in his monumental work " The Vertebrate Nervous System ". According to a traditional view which prevailed until a few decades ago, the fully developed nervous system in higher vertebrates was considered as a completely rigid and unflexible anatomical construction Today, it is generally acknowledged that although proliferation does not occur after birth (or ceases shortly after), the nervous system is endowed with tremendous plasticity, accounting for learning, memory and higher cognitive functions. The term " plasticity " refers to the capacity of the nerve cell to properly adapt its own activity by modifying its structure and function whenever necessary. However, before considering neuronal plasticity, I shall briefly mention how the nervous system forms.

One of the most remarkable features of the adult nervous system is the precision of this wiring. No aspect of the complicated structure, it would appear, has been left to chance. The achievement of such complexity is even more astounding when one considers that during the first few weeks after fertilization many of the sense organs are not even connected to the embryonic processing centers of the brain. During fetal development, neurons must be generated in the right quantity and location. The axons that propagate from them must select the correct pathway to their target and finally make the right connection.



How do such precise neural links form? One idea holds that the brain wires itself as the fetus develops, in a manner analogous to the way a computer is manufactured: that is, the chips and components are assembled and connected according to a preset circuit diagram. According to this analogy, a flip of a biological switch at some point in prenatal life turns on the computer. This notion would imply that the brain's entire structure is reordered in a set of biological blueprints –presumably DNA–and that the organ begins to work only after the wiring is essentially complete.

Research during the past decade shows that the biology of brain development follows very different rules. The neural connections elab-

orate themselves to form an immature pattern of wiring that only grossly approximates the adult pattern. Although humans are born with almost all the neurons they will ever have, the mass of the brain at birth is only about one fourth that of the adult brain. The brain becomes bigger because neurons grow in size, and the number of axons and dendrites as well as the extent of their connections increases.

" Workers who have studied the development of the brain have found that to achieve the precision of the adult pattern, neural function is necessary: the brain must be stimulated in some fashion. Indeed, several observations during' the past few decades have shown that babies who spent most of their first year of life lying in their cribs developed abnormally slowly. Some of these infants could not sit up at 21 months of age, and fewer than 15 percent could walk by about the age of three Children must be stimulated–through touch, speech and images–to develop fully Based in part on such observations, some people favor enriched environments for young children, in the hopes of enhancing development. " (Carla J Shatz. *The Developing Brain*, Scientific American, Special Issue, Sept 1992)

The precise wiring of brain circuits, which in the adult organism accounts for the processing of sensory information into coherent patters of activity, is the result of the refinement by activity and practice of the only approximate wiring which takes place in the prenatal period in the developing brain.

Two dramatic examples of the importance of function for the development of normal behavior are reported by Kandel et al. (*Principles of Neural Science*, Third Edition, Elsevier Science Publishing Co., Inc., 1991). In one instance, a study was carried out on babies raised either in a nursing home annexed to a women's prison, or in a foundling home. In the former, the babies enjoyed the affection of their mothers, even if only for the short time periods allotted by prison rules, while in the latter, the orfans lived in almost entire segregation from the outside world, cared for by nurses, each in charge of seven babies. In subsequent years, in contrast with those raised in the nursing home, most of these children were withdrawn, displayed little curiosity or gaiety, and were prone to infection. The same withdrawal syndrome was described in newborn monkeys, isolated for six months to one year from their mothers.

Another equally impressive evidence of the effect of sensory deprivation in altering the development of neuronal circuits came from studies of the visual system. Experiments performed in newborn kittens and monkeys by two outstanding neurophysiologists, the Nobel Laureates Torsten Wiesel and David Hubel, showed that following visual deprivation (the eyelid of one eye was sutured for two to six months) the animal permanently loses sight in that eye Histological studies of the visual cell centers has shown that visual deprivation results in the failure of fibers from the deprived eye to make the correct connections from the retina to medial and higher visual brain stations.

A long list of other behavioral and structural-physiological experimental data give evidence for the fundamental role of activity in the molding of neuronal circuits and their adaptation to their proper function during early postnatal stages. However, other studies performed in higher mammals and primates in late developmental stages and adults, show that in fully developed neuronal circuits, neuronal plasticity still persists but is restricted to the production of axonal branching and reinforcement of the function of synaptic endings. In our species, the capacity to learn and acquire new information which persists into old age, results from the still existing, though limited, branching and reinforcement of active synapses.

Results of experiments such as those I have briefly mentioned above, stress the tremendous importance of the parent-child relationship in this most critical period of the child's development. The messages that children receive from those who are responsible for their care and guidance are vividly absorbed and actually mold not only the somatic, visceral and cognitive systems, but also, and perhaps to an even greater extent, also the emotional and ethical formation of the child. The importance of this influence on the vulnerable child cannot be underestimated, since it determines the manner in which he will face problems during his entire lifetime.

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CHRISTINE BOUTIN

Bioethics and the Child

It is a very great honor for me to be here today, and I would like to thank you very much for your invitation to take part in this eighth international conference.

The child is the future of society The child is a promise made to us about our future. The child is the bearer of hope and we are responsible for him because we are members of an immense human chain which connects the generations to each other. Acting on the basis of what we have left him, tomorrow's child will himself be able to lean upon those who are our descendants. The healthy evolution of our society depends upon how we take care of him and look after him, and whether we manage to ensure that he has a sound cultural, social and family development and upbringing.

I would like to thank you, therefore, for having dedicated this conference to the child. In so doing you have stressed the very great role that he plays within our society.

I was asked in particular to talk to you about bioethics–that is, about ethical considerations relating to a whole range of techniques and methods which are presently used to intervene in the most basic processes of human life.

When one speaks about bioethics one is referring above all else to the smallest of the small, to what we call embryos.

It is they, indeed, who are the main objects of medical and scientific techniques of assisted procreation.

Some people will be surprised that a Member of Parliament who is not a doctor is concerned with human biology.

Nonetheless, as a woman and a Member of Parliament, and bearing in mind that essential legal maxim that " nobody can be both judge and judged, " I would like to make absolutely clear, as indeed is my duty, what kind of situation we have before us.

Without being too alarmist, I think that we have never had to deal with such a serious problem as this, with all the implications that it has for the future, at least since the discovery of the atomic bomb. New biological techniques constitute a similar danger to that discovery, but a danger which is much more sinister. They do not make a noise and on the whole people do not know about them or realize how destructive they are. Yet their potential power does not lie only in the hands of scientists or politicians. Indeed, it is powerfully influenced by how our consciences will deal with their character and consequences

Over the last twelve years a very rapid advance in scientific and medical knowledge has taken place in this area. With each now leap forward greater risks have emerged, and we are constantly called upon to try to forecast what the consequences of each new discovery will be for future generations. The campaign I have been waging in France has been directed towards ensuring that children are guaranteed their rights, and that the embryo and man himself are not reduced to being mere things. At the present moment we are being driven towards human, philosophical, social and legal dead ends by attitudes and approaches which unfortunately do exactly the opposite.

Exactly one year ago, the members of the French parliament were called upon to debate and vote upon three government bills This legislation sought to fill various gaps that had arisen in relation to the legal guidelines to be followed in this whole area. After the first reading of these bills, I immediately realized that the embryo was not talked about at all–a telling sign of its lack of recognition. The deliberate silence of the legislature on this subject and its obvious refusal to consider the embryo as a human being are the outcome of two phenomena in particular: on the one hand the rise of scientistic thought according to which progress in the narrow sense justifies everything and on the other the dominance of the *right to a child* (I) over the *rights of a child* (II).

I. The Right to a Child

Leaving aside the legitimate scientific hope of finding a solution to the consequences of human sterility, the realities of artificial procreation–and in particular in vitro procreation–have opened up a dangerous breach, perhaps without even wanting to do so. The danger is that the child will be reduced to the level of a thing right from the beginning of his existence. Indeed, in recent years we have heard of the " right to a child, " and this notion has been invoked to support the principle and reality of unlimited access to these new techniques. The idea here is that one has the right to have a child when one wants and how one wants.

This way of thinking and acting

reduces the child to the level of a thing and it so does so from two points of view–in terms of actual facts and in terms of mentality.

a) *In terms of actual facts.* When " in vitro " fertilization (FVT) takes place, the child is, above all, something " manufactured " in a laboratory, and manufactured just like any other consumer product which follows " quality controls. " When such fertilization takes place what really counts is the end product. The survival of the embryos considered in their individuality is not of primary importance (indeed, most of them die during the operation).

On the contrary, what really matters is that *in the end there is a birth.* Once the embryo is " produced, " it is transplanted, along with some of its siblings, into the womb of a woman, who may or may not be its natural mother. But the embryo may also end up elsewhere. It may be conserved at minus 196 degrees in a special liquid ready to be used if the first experiment fails. It may be given to another couple. It may be used for research. Or it may be simply destroyed. This power of life and death over an embryo necessarily reduces it to the level of a thing, to something which can be used of, or disposed of, at will. In this way (and the observation is by no means extreme) the three elements characteristic of property according to Roman law–*usus, fructus,* and *abusus*–come to be fulfilled.

b) This reduction of the child to the level of a thing is also the direct outcome and product of a distinct *mentality.*

The embryo is increasingly seen not so much as a person with certain goals and purposes but as an object to be used, as a consumer product created to satisfy the needs of a sterile couple or of a couple which finds it difficult to have a baby. The child's need to lead a normal life with both his parents, whether they are his foster parents or his natural parents, seems to be pushed into the background. This change in perspective has its obvious consequences. After all, there is an ever greater justification of the fact that the child is an object. Some people even think that they have the right to choose and decide upon the characteristics of the child, to shape and mould it in line with their own preferences and according to what modern technology has to offer. In this sense one can see how " from the wish to have a child to the wish to have children whose birth has been decided there is but a small step to the process by which human life is programmed. "[1]

The question is by no means simple. The suffering that the infertile couple experiences is an authentic proof of their desire to have a child, and this suffering is used to justify the attempts made by doctors to find a solution to the problem. However nothing can justify the child's being treated as the outcome of a " prenatal project " or as a scientific object. This concept of " parental project " comes from the approach of French legislative measures which take into consideration only the identity of the parents and the satisfaction of their wishes. This way of looking at things means that the embryo, whether it is born, terminated, put in a refrigerator, or destroyed, is not seen in the right light, its true identity is not recognized. This attitude explains why French legislation is presently hostile to the idea of giving the embryo a legal status. The embryo is seen as a kind of white paper upon which a project is outlined. If the authors think that the project has been done badly or believe that a different project should be begun, then they are free to do as they will. The wish of the parents overrides respect for a human being at a time when that being is too small to express an opinion. The dominion of adults is thereby fully expressed–to the disadvantage of the embryo.

Behind this wish of wounded parents we can see the search for happiness, and the possession of happiness is something that the mentality of modern times considers as a right. The right to happiness is an alibi which strikes science at its weak point–the unending thirst for progress and scientific achievement. The " happiness-alibi " is the great redeemer of science. But too often it is used to justify the use of unacceptable methods and techniques. So it is that from the baby-object of the parental project we pass to the baby- object of science, which is, after all, the natural outcome of a scientistic way of considering the problem.

Now it should be pointed out that scientism is the enemy of science. While science recognizes that the reality it works with is merely one part of total reality, scientism thinks that it knows everything and that what it does not know about is not worth considering at all.

c) *The French experience: legislative measures steeped in illusion.* French laws are like those of England and Spain in that they have conceded the supremacy of science over the human being. The question is very simple: " Is science at the service of man or is man at the service of science? " Legislation often reflects mentality, and contemporary mentalities seem to be heavily shaped by a materialistic vision of the world.

It is impossible for us to really understand why man holds science in such high esteem and why he no longer defends his foremost right –the right to life. But it is certainly true that in present-day Europe we are witnessing a massive advance in individualism and materialism, and these forces encourage us to dedicate ourselves to the satisfaction of our desires and wants alone. Only by using these approaches is it possible to justify most of the twisted mentalities which work against man in all his universality.

Two principles which have been partially adopted in France well illustrate this way of looking at things. The embryo has no legal status and is in the hands of its creators–they can put it in a refrigerator, give it to research, or destroy it. This is why I proposed a clause which recognized that " a human being is a person from the moment of conception " and sought to forbid embryo research.

Unfortunately, this initiative was rejected. Indeed, scientific research on embryos has been authorized when, in exceptional cases, they are given to science. But as one well knows, exceptions are the gateway to barbarity. These cases clearly show that there is an intention to treat the embryo as a thing; the proof of this is to be found in the fact that the embryo is allowed

to become mere material for scientific research and nothing else.

One is certainly dealing with the development and impact of a mentality, but notions which are apparently enlightened also have their role to play. These notions have the ability to create a kind of comfortable and reassuring consensus. I am referring here to those false and fine sounding sentiments which evoke anonymity, consent, and free cost. In France these three principles have been presented as the fundamental bases, if not the philosophy, of the bills adopted on their first reading by the National Assembly. What rebuke can be levelled at these words? After all, they evoke justice and generosity. But the reality is that it is not so much the presence or otherwise of human principles in the action itself.

The idea of free cost which a gift implies is often likened to altruism. When free cost is involved, a feeling of generosity is evoked in many people, and this feeling is indeed a moral sentiment. However one must be careful not to see having as a product of being. As long as there are gifts, for example, one must suppose that somebody has something to give. One can give that which one has, but one cannot give that which one is. Within the body there are organs which can be treated as possessions and for this reason they can be given–I am thinking here of organs and blood–but we must be careful about using this approach to the rest of the placentas and aborted foetuses–the so-called refuse of hospitals and clinics. I often wonder why there is so much systematic resistance to the idea of installing a system of control and regulation in each of these facilities.

Without wanting to be an alarmist in my approach, I would merely like to emphasize the dangers that lurk behind the careless use of the word " free. " The term hides a number of fundamental realities from our gaze and for this reason should be considered by us with the utmost prudence.

2) The anonymity that is involved when sperm is donated–a process especially evident because it introduces a third party into the

a notion itself which is dangerous as the way in which it is put into effect.

1) Free cost, for example, is seen in France as a way of approaching every problem. It is thought that when money is eliminated, we are no longer in a market economy and so everything is good and right. In this way the exchange of gametes and embryos is justified–they are seen as gifts, as presents. This ideology of free cost is harmful for a whole variety of reasons. Above all, everything becomes justified through an erroneous belief that what is free is good. But what is right is not a question of whether something is free or whether one has to pay for it, the real criteria are human person. It would be very dangerous to put blood, organs, sperm, ovules, and the embryo itself on the same level!

In addition, we should remember that free cost is always relative. It is certainly real enough for the donor, but the people who take part in organ transplants generate a large amount of expenses which constitute a by no means negligible financial burden. Indeed, one should point out that economic interests which are not subject to any kind of control act in the wings and foster and promote this notion of free cost.

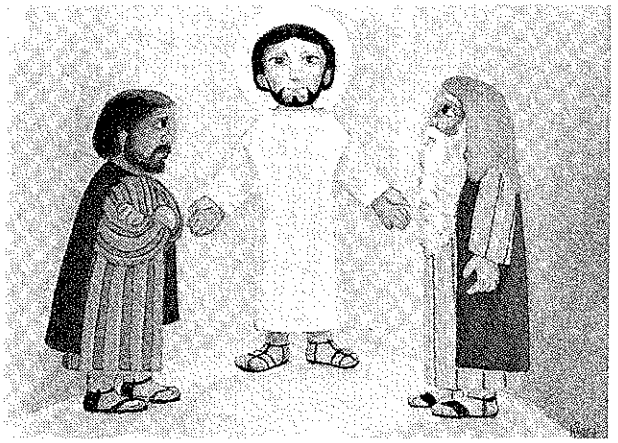
What happens in the hospitals and clinics is often by no means open and accessible. I am thinking in particular of what happens to act of artificial fertilization–has received significant approval from members of the French parliament. I myself opposed such a positive assessment. The question becomes intricate and subtle if one considers the real character and consequences of allowing a third party to engage in fertilization. The anonymity which is operative in such a giving of sperm means that the child is not allowed to know the identity of his genetic father. There is a choice of the lesser evil involving the desire of a family to conserve an affective stability based on the keeping of the secret; the wish of the sperm donor who has no desire to establish a legal relationship with the child and has merely performed an altruistic act; and the

wishes and well-being of the child, who will never know his origins.

The interests of the family and the sperm donor have been upheld in the name of anonymity. But no weight at all is given to what such a decision means for the child himself. In considering this whole area, I would like to emphasize the very great importance of the well-being and welfare of the child himself. After all, it is the child who is the central subject of this choice and initiative. A distinction should be drawn between telling the child what his real genetic origins are –that is, the identity of the sperm donor–and acting upon the legal consequences. The abolition of anonymity, which I would prefer, does not in fact compromise the rights of the donor. When his identity is revealed, the legal rights of parentage of the sterile couple are by no means called into question. But in informing the child as to his real genetic origins one is meeting the need he feels to know where he comes from, and this should take precedence over the interests of the other people who are involved. This is the attitude also adopted by those countries which are in favor of allowing the identification of the genetic father, and I myself strongly favor this course of action.

In addition, the maintenance of secrecy at any cost goes against the unanimous advice of psychiatrists. A very extensive range of experience and knowledge has been acquired in the similar field of adoptions, and everything suggests that a refusal to tell the child about his real origins can have a pathogenic effect on the child. Many French associations which are supported by people who have experienced full adoption but have not been allowed to know their real parentage now call for the abolition of this secrecy which surrounds their birth. We should therefore be very careful not to produce a future social problem which has similar, but much more serious and potentially dangerous, consequences.

A possible decrease in the number of potential donors is often cited as an argument in favor of the maintenance of anonymity. The argument certainly deserves to be considered.



But even if such a development occurred, it would be of secondary importance in comparison with the need to protect the child. What is more important, defending the dignity of the child or ensuring that a technique has a high success rate?

In addition to these psychological and ethical dimensions to the question, there also exists a notable legal problem.

The United Nations Convention on the Rights of the Child of November 20, 1989 declares that " the child has the right to know who his parents are and to grow up with them " (Art. 7).

France has ratified the Convention but has given opposite expression to this specific principle in its internal legal system!

Other legislatures have paid greater attention to the rights of the child than that of France. In Germany, for example, the abolition of anonymity is based upon the constitutional principle of " respect for the dignity of the person " It is maintained that anonymity deliberately deprives the child of the chance to know his origins and that he is thereby denied something which in large measure distinguishes man from the animals. On the other hand, the dignity of the donor requires that he is not treated as a mere means, as the provider of primary material, as something reduced to the level of an agent who performs a mere biological role.

The rule of anonymity with regard to the donation of sperm or ovocytes is very appealing inasmuch as it allays the worries of the donor and the couple, who are, after all, the only protagonists of the whole event who are able to express an opinion. But such anonymity entirely neglects the child who is nonetheless the principle and preeminent protagonist of such artificial insemination. Once again we can see how powerful is the desire of adults to determine the fate and destiny of the embryo.

You will, of course, understand that I advocate respect for children. I believe that they should be given the chance to know their biological origins, even though this should not be forced upon them. This position will certainly not be lacking in

consequences for donors. The very great difficulties that we encounter when we try to establish a scale of priorities by which to evaluate the consequences of medically assisted procreation involving a third party encourages us to ask very serious questions about the legitimacy of these methods. Might it not be that we are going too far in this " construction of life " given that we are no longer able to supply suitable and satisfactory human solutions to the problems it raises? The fact that the legislative responses to the question of donation are so difficult and complicated is, in my opinion, a further example of how right the Catholic Church is to stress the need for clarity and clarification in this area. I sincerely believe that the Lord encourages us to take a distinct direction characterized by simple and clear stances when we are faced with the new problems raised by advances in scientific methods and techniques. But whatever may be the stance we should adopt in this case, we know that it will be cruel in the impact it has on the dignity of the child.

3) Consent is the third notion frequently invoked as an ethical consideration by the sponsors of these French legislative measures. The notion is usually applied to the donation of organs. It is different from the ideas of anonymity and free cost in that one is not dealing with being blinded by the nobility of a principle without understanding its consequences, but of being the victim of the erroneous adoption of a principle. I would like to explain what I mean.

In order to justify the donation of organs the law makes reference to the need to obtain the consent of the donor, something which is based upon the principle of respect for each person's decisions and wishes. But what has happened in this specific area is that we have gone from the expression of explicit consent to the supposition of tacit consent–that is, that the voluntary expression of consent can only take place when there is a refusal to donate the organs of one's own body. In other words, doctors can take anything they need from the body of a dead person, unless the person explicitly states, when he is alive, that he does not consent to such an action.

Such measures have been enacted to facilitate the taking of organs from a body, and they have been based upon the argument that a life could thereby be saved. It is certainly true that the lack of organs causes much suffering to those who are waiting for a transplant operation. Nonetheless, nothing can justify the failure to ask for the explicit consent of somebody before the removal of organs after death.

Precisely because the body was once a loved and living person, it merits full and complete respect. I would like at this point to quote the opinion of Professor Jacques Testart, the biological father of France's first test-tube baby.

Although he is not a Catholic, Testart has sought to warn us about the dangers of the systematic removal of parts of the body: " A society which does not respect ovocytes or bodies is on the road to barbarity. " Our selfishness and the satisfaction of our wants exercise greater influence today than the defense of the essential interests of man considered in his entirety. The child and his inherent rights are both victims of an ostracism which is currently undermining our society. For this reason the second part of my paper will be dedicated to a brief exposition of the rights of children. These rights must be upheld if they are not to suffer neglect, indifference, and elimination.

II. The Rights of the Child

In talking about the interests of the child we are talking about the recognition of two essential subjective rights:

a) the right to life; and *b)* the right to have the benefits of the presence of undivided motherhood and fatherhood.

a) *The Right to Life*

The right to life is the first right of man, for if this right is not upheld, what use are all his other rights?

Indeed, this right is essential to all the other rights of man. When does this right begin to exist? It should be emphasized that the question is not merely philosophical but of an ethical-legal character. Indeed, no experimental evidence allows us to believe that the embryo lacks a spiritual soul. And it is precisely for this reason that the philosophical debate about the starting point of personality will always remain open. What is of crucial importance here is the means by which we decide what *approach we should adopt towards the human embryo*

Taking everything into consideration, man must be treated as a person from the beginning of his biological life–that is, from the moment of fertilization of the ovule. Biology teaches us that the development of man begins at the moment of fertilization and that such terms as embryo, foetus, baby, adolescent, adult, and elderly person merely describe different stages in the development and evolution of the same individual. We are " potential persons " because we go on evolving until the moment of death. This is why we must reject the idea proposed by the French National Ethics Committee, which only considers the embryo and allows the embryo to be given over to medical research, invoking as a justification the notion that embryos are not complete persons, but merely potential persons! Genetic analysis teaches us that in looking at the life of a man we are not observing different living beings but only seeing the evolution of one and the same individual.

I would like to take advantage of this reference to the French National Ethics Committee to express my deeply felt reserve about similar institutional initiatives which are becoming ever more common in the world and which are gradually managing to achieve the status of social and moral norms. Though unacceptable, they manage to obtain this position through the acquiescence of weak majorities and the influence of minority opinions. My appeal is simple: that great care and much attention should be paid to the development of this " procedural " morality. It must not be accepted, even though it is gradually spreading throughout the world. The danger is so great that this subject should be considered

at length, but this would not be appropriate here and so I will leave the question to one side. But my injunction is deeply felt–we must be very careful

b) *The Right to Have the Benefits of Undivided Fatherhood and Motherhood*

Dissociation is a marked feature of most of the new methods of artificial procreation.[2] Such forms of dissociation are produced in a kind of chain reaction, and operate at a number of different levels:

– basic dissociation between sexuality and procreation. This prevents the child from being the fruit of an act of love which unites his parents;

– dissociation of biological parenthood from the raising of children (insemination with the sperm of a donor, substitute maternity);

– dissociation of the location of conception from that of birth, and of the time of conception from the beginning of pregnancy (FVT, transfer of the embryo after being kept at a low temperature);

– dissociation of the different components of the female reproductive function (donation of ovules and embryos, renting of the womb), and thus the fragmentation of the functions of the mother (ovule mothers, womb mothers, bearer mothers, social mothers, and so forth);

– dissociation of the functions of the father which give rise to social fathers who are not fathers from a biological point of view, and biological fathers who are not recognized as being social fathers (the anonymous donors of sperm).

With this series of dissociations the very notion of what a human being is–that is, a unique being, ends up by dissolving in the schizophrenia of multiple origins. In having " many parents " the child ends up by running the risk of having none at all, of becoming in a very real sense " nobody's son. " It is for this reason that we believe that the law should discourage or prohibit the employment of gametes provided by a third party, something which is at the root of this increase in the number of parents. But we also believe that the donation of ovules, and substitute motherhood, are especially serious developments–these phenomena break that fundamental bond which unites the child to his true mother, and this in a context where his identity has already been weakened by the absence of a biological father. Is it really possible to believe that children of future generations who have been detached from their real parents will be able to find peace of mind within an " artificial family "? We know that such a thing is not possible, and it is for this reason that we must fight against this laceration of the child's identity.

Conclusion

I have now come to the end of my paper. I have sought to demonstrate the very great dangers and risks which we face in dealing with the subject matter of bioethics. A window is being opened onto the future and we must think about how our societies will develop and evolve. At the center of this evolution we find man himself. What we do will have implications which will go far beyond our present horizons.

Whether one is dealing with an advance or a deviation, our actions will have direct consequences for the generations to come and their impact will become increasingly felt, and at a quickening pace. It is for this reason that we must be very careful about the risks that we are presently running, especially with regard to the whole area of bioethics. If we allow things to go their own way, we will find that there will be a chain reaction over the generations and that the problems will multiply and intensify in exponential fashion.

If man is no longer treated with the respect that his very essence deserves, he will evolve in a context which is increasingly lacking in humanity. If, in the end, he is separated from love, I fear that he will move towards catastrophe, towards his own death.

We should not shut ourselves up in a kind of black and sterile pessimism. What we have to do is to point out that there is a threat to our societies and to humanity. The child has a very special and fundamental position in our world, and this is a reality which nobody disputes. But this belief is often not enough to defend the essential interests of the child. Frequently, we are not sufficiently aware of the very deep wounds which strike at the dignity of children.

For this reason, profoundly convinced of the values Christ communicated to us and as a member of the French parliament, I will continue to demand that children be granted their right to cultural, social and affective balance and well-being. This right can only be guaranteed if we direct our attention towards the smallest of the small, the weakest of the weak, he who cannot express his opinion–the embryo. Our children are the hope of our nation.

Let us supply that love of which children have so great a need. When Christ asked that the children be suffered to come unto him, he showed how much he was concerned about their happiness and welfare. We must not allow our society to lead our children down a path where there is no love. On the contrary, we must accompany them and give them everything that we believe is in their best interests so that they can face up to the world–and by this I mean the Truth.

Dr. CHRISTINE BOUTIN
Member of Parliament for Les Yvelines, France, and the Center Union's Bioethics Spokesperson

[1] JEAN-LOUIS BAUDOUIN and CATHERINE LABRUSSE-RIOU, *Produire l'Homme quel Droit?* (Paris, PUF, 1987), p. 177.

[2] ANNE-MARIE DE VILAINE, " L'Homme-Cobaye, la Femme-Cobaye, les Bebes Eprouvettes et les Enfants de la Science, " in *Genetique, Procreation et Droit*, (Actes du Colloque, Paris, Actes Sud, Hubert Nyssen, 1985), pp. 557-558.

EMMANUEL SAPIN

The Newborn Child at Risk: The Surgical Dimension

The paediatric surgeon is faced with two kinds of distinct situations: the newborn child he must operate on either has one or more congenital malformations from birth, or the child is too premature and/or weak. The weakness or lack of development of the newborn child can involve very great risks to his life. In such cases a surgical operation can either be directed towards solving certain fundamental and dramatically important problems

– as happens in the majority of instances

– or to avoid an otherwise inevitable worsening of that child's condition

This last state of affairs involves a distinct difficulty. Might not a serious operation on a child who weighs between six hundred and a thousand grams be the start of very intensive care and treatment? Should the risks to the child's life, not to mention the risks to his digestive, respiratory and at times neurological faculties, interfere with decisions as to what course to adopt?

It should be underlined that many of these premature children find themselves exactly in such a predicament because they are the products of artificially induced or stimulated pregnancies. The whole question, therefore, is directly linked to the great scientific steps forward that medicine has achieved. Such a newborn child has many organs which have still not been fully developed, and he is thus completely dependent upon intensive care. Should we not, perhaps, direct our gaze towards the excesses that modern technology has spawned? Should we accept the whole phenomenon as the price to be paid for an inevitable and inescapable advance in medical knowledge and methods? And what will be the economic consequences and criteria of a question which still presents us with moral problems?

Should we not consider this small premature being as a person in danger, as somebody that each of us should help to the best of his ability? In order to provide answers to what is a very real and pressing problem, I have addressed myself to the whole question of treatment. I have developed an approach based on a variety of methods including surgery and I have sought to combat the pessimistic attitude of certain doctors.

They have cast doubt on the value of operating on children who have suffered severe damage to their digestive apparatus because of ulcer-necrotizing enterocolitis. Over a timespan of five years, I operated on eighteen children weighing less than a kilo who were victims of enterocolitis, and I did this at the hospital of St. Vincent De Paul. Thirteen children survived this operation and twelve are presently in good health; the minimum regression period is two years and a half.

Such surgery is only a partial response, but at least it has the advantage of providing clear statistics and cold objectivity. What seems mere therapeutic sound and fury to some we consider a question of medical and surgical duty.

Other situations are not completely comparable and their excesses obscure the presence of an approach based on the feeling that an urgent situation needs to be dealt with through professional expertise and the use of medical progress.

The second situation that a paediatric surgeon has to face in relation to children at risk is that of congenital malformations. The majority of such cases can be spotted through the prenatal diagnostic use of echography. Every week I meet expectant women–often but not always accompanied by their husbands–who have undergone echographic analysis and have been informed that the foetus has a malformation which could lead in the future to pernicious consequences for certain organs.

Prenatal echography has made great leaps forward over the last fifteen years. Advance has been achieved both with regard to its technical and technological dimensions, and because of the greater experience and ability of the specialists in this discipline. It is now much easier to identify and locate prenatal malformations.

I would like to provide a systematic outline here of the various situations which arise.

One is an anomaly in the formation of an organ which has occurred very early on–that is, during the first two months of the embryo's life within the womb. The organ in question can turn out to be unusable or even entirely absent. The great fear when this occurs is not only that the baby will have a severe defect, but that other organs might have been affected and that as a result there is more than one type of malformation. A chromosome anomaly can cause such a

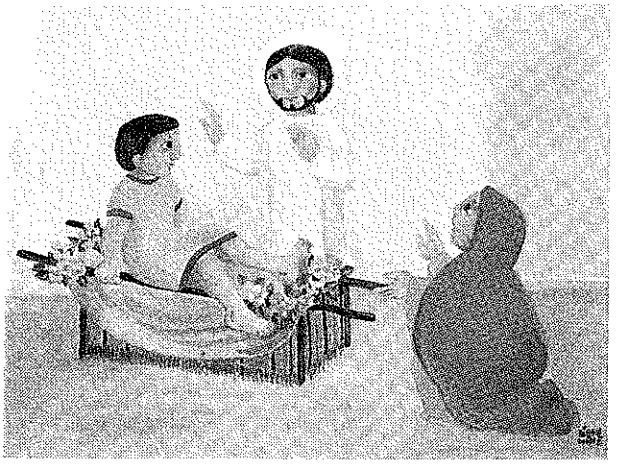
condition. At times the situation is so serious that the embryo or foetus does not survive because a spontaneous abortion takes place.

If such an abortion has not taken place, the surgeon may be called upon to operate. He should act in conjunction with the gynecologists in deciding what course of action should be taken, but he should also pay great attention to the parents –explaining to them what is wrong and making clear what such malformations will mean for the future of the child. The parents should be told the truth, but a certain degree of prudence is also required–they should be told only what is certain, something, however, that is often more than possible nowadays

By this I mean that it would be dangerous to tell the mother and the couple about all the fears that might be raised in the mind of a doctor when he sees the results of a prenatal echographic examination. Nonetheless, most of the time the parents sense the presence of apprehension; they see that there is hesitation and uncertainty. Their questions, in such a situation, should not be avoided. Clear and concise answers should be given, and all forms of professional mystification and the use of obfuscating terminology should be avoided. Where an uncertainty about the real condition of the unborn child is present and where serious risks are more than evident, a further examination of the mother and her child should be proposed. The aim should be to clarify the situation and predictions about future complications should be avoided. It seems to me that given that we are on the threshold of a new era of prenatal and gene therapy, such examinations are very useful in providing reassurance. For example, it is very easy to eliminate the possibility that an illness such as mucoviscidosis might be present when we are confronted with images of abnormal intestinal formation in the child. Trust must exist between the parents and the doctor. For this reason, sincerity is of the utmost importance in explaining how matters lie.

This does not mean, however, that all responsibility should be placed on the shoulders of parents already weighed down with worries. Time should be taken in explaining to them what the situation really is and in listening to their questions. Some parents do not ask very much; others, besieged by anxiety, talk at great length. In this latter situation it is very important for the doctor to listen and to be very clear in his answers–such is the basis for a relationship grounded on trust. The answers that have been given have even at times encouraged the parents to decide upon abortion. In France abortion is legal in certain circumstances. The surgeon never suggests the option of abortion, but when it is legally permissible, he informs the parents of this aspect. But the surgeon should not have such a role–he is called upon to give a specialist opinion. On the other hand, he should never avoid questions, whatever the price of truth may be.

I remember that I once diagnosed a very serious diaphragmatic hernia. The mother, after being told about the malformation and the risks that this involved for the child, informed me that she had recently lost her twenty-eight-year-old brother in a car crash and she did not feel that she could face the birth or death of a foetus in the final stages of pregnancy in the knowledge that the child would almost certainly die at birth. She asked me what I would have done if I had told my wife the same thing. I told her that we would have kept the child, come what may. In the end, she decided to have an abortion, but I later learnt–because I had won their trust and friendshi–that it had been very important for them to have met a specialist who had advised them to keep the child. But was I really of such help? For them the child had survived and they had even given it a name. They even got married a few months later. This is only a story and by no means justifies the abortion. But I still bear this painful scar, even though we are now some two years from the event.



People who are not directly involved whit the child and only have a professional interest in such malformations often declare: " This is broken; it would be better to make

another." Now "another" is another, not the original. What has happened to respect for the individual? This brutal phrase expresses a certain attitude; after all, abortion is a legal process. Can one impose suffering and death on an unborn child and all their terrible consequences, so permitting a life of hell and trial? In this line of thinking an operation (and thus the absence of an abortion) is seen as an act by which a terrible life not worth living is imposed upon an unborn child. We are dealing here with a social problem, with a crucial global problem which is well revealed, or rather illuminated in all its importance, at these moments of moral suffering. Technological advance has given man great power, and his new abilities involve great opportunities for moral right and wrong. Medicine has discovered the causes of death, suffering, and illness, but it cannot give them real meaning.

The advances in the field of prenatal diagnosis, both with regard to echographic examination and in relation to the analysis of amniotic liquid, foetal blood, and fetal urine from the trophoblast, enable us to identify malformations with a certain degree of certainty. Nowadays we are also able to have a good idea of how serious many of these malformations are. All this also enables us to make a diagnosis both about the survival chances of the child and about his physical well-being and future capacities.

Leaving aside cases of serious malformation which arise early on in the life of the child within the womb, one should also observe that certain anomalies only have repercussions later on–the organ has already been formed normally during the first two months of gestation. During the remaining seven months of pregnancy the foetus will grow but at the same time certain organs will develop their functional capacities both through histogenesis–the specialization of the tissues –and through the progressive and gradual development of the functions of each organ.

Indeed, it should be stressed that there is no special day or magic moment when the organs begin to work–the kidney produces urine, the intestine manages to digest, the liver, the lungs, and so forth. Such functional development takes place during the pregnancy and allows the child to be almost completely independent after birth. In addition, everything is done to ensure that the child can adapt to his new environment. His intestine, for example, is an essential part of the growth of the foetus–about 90% of his growth is guaranteed by placental exchange. The organs become gradually more functional–the foetus is able to absorb the amniotic liquid quite early on, the intestines also begin working in various ways before the moment of birth. This growth is not true of everything at the moment of birth but varies according to which organ you consider. Neonatal yellowing is a late but normal adaptation of the liver to new nutritional conditions. Though a chick walks upward from birth onwards, the same may not be said of a young human being. Furthermore, there is always the question of cerebral development; the child needs a certain time before he can learn how to speak. Many other elements are also involved in this last area of growth. If an obstacle to the digestive process or the urinary system makes its appearance, it will act as a dam, with varying degrees of impediment and damage. The kidney, for example, which is quite high up in the body, will be damaged according to how early the obstacle appeared or how large it is. Thanks to echography (and to the related biological examination of the foetus) we are now able to forecast the future effectiveness of the kidney or kidneys of the unborn child. This has two direct consequences. On the one hand, the parents must be informed of the situation, and, if necessary, they must be reassured and have their worries allayed. But there is another aspect to the question. If the discovery of the anomaly is made early on and if successive echographic examinations reveal that the situation is getting worse, then it is very difficult–being fully aware of the very serious consequences of the damage that has been done–to merely sit back and watch the child's state of health getting worse and worse.

For this reason, various suggestions have been made to the effect that certain limited forms of treatment should be attempted during the life of the foetus while it is still within the womb.

One example of this is diaphragmatic hernia, a condition which involves the almost total absence of one or both of the cupolas of the diaphragm, that part of the body which separates the abdomen from the thorax. This anomaly involves the raising of a part of the viscus (which is usually interabdominal) into the thorax. This anomaly is usually associated with a developmental failure on the part of the lung, something which is at the center of the damage caused by this malformation. But this condition can be diagnosed very effectively through the use of prenatal echography.

We carried out a general study of this malady by analyzing the success or failure of operations carried out on a large number of babies when this anomaly first appeared in their development. More than half of the babies subsequently died during the postbirth period. We were able to use the data collected from the echographical examinations made during the pregnancy to reach certain conclusions about the seriousness of different levels of malformation. As in the case of unborn children where various criteria produced pessimistic forecasts, the survival rate of children where the very best and up-to-date methods of intensive care and surgery had been used was significantly below 10%. These data led us, in certain cases, to effect a surgical operation on the hernia before the child was born: the foetus is partly removed from the womb, operated upon, and then reintegrated into its amniotic liquid. The birth takes place as late as possible so that the lungs, which are initially damaged by the intestine, have sufficient time to grow. The medical team of Michael Harrison has had much success in the United States of America in carrying out such operations. We achieved similar satisfaction at the St. Vincent De Paul Hospital in Paris with the birth of Alessandra, who is now over two years old.

All these elements of prenatal diagnosis well show how the foetus and the embryo are complete beings–when they are ill they should be treated and helped, not destroyed. Some people believe that this small embryo is nothing else but a handful of cells which are beginning to differentiate themselves, organize themselves, and acquire specific characteristics; the embryo is thought to be a collection of harmoniously (or, in aesthetic terms, perhaps unharmoniously) organized cells, and nothing more. But these cells renew themselves in the same way as all those cells which go to make up a human being from his conception to his birth and from his birth to his death. One is, indeed, dealing with the very same person. It is not these material molecules which define the life of a person–that role, on the contrary, is played by something which is above the material.

I have seen the echographical examinations of numerous babies who are still in the womb and I have followed these children after their birth; in addition, I have operated on very premature babies who at times weighed no more than seventy grams and I have operated on children still in their mother's womb. I can assure you that in all these cases I have been dealing with somebody and not with an impersonal living being or part of a human clone. It is certainly true that this somebody did not have a name, but the same is true of children born after a successful pregnancy. The difference, essentially, is of a psychological rather than an ontological character–it is something which is in our minds.

The absence of complete development on the part of the organs, whether the brain (which today does so little) or others, does not undermine the truth of the fact that one has before one self human being in all his wholeness. It is very obvious that one becomes more attached to someone one knows well–knowing someone is a pathway to love–but this does not mean that this small being who is not yet known should be denied the right to life.

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ANTONIA NOVELLO

Breastfeeding: Ancient Wisdom, Modern Challenge

Imagine: the unveiling of an astounding new feeding system. It can save a newborn's life; act as an infant's first immunization; prevent diarrhoea; maximize a child's physical and intellectual potential; offer food security; bond mother and child; space births; benefit mother's health; save money; and is friendly to the environment. This remarkable system can provide a baby with a nutritious, satisfying meal and fulfill all daily requirements for vitamins in perfectly regulated doses, while helping protect the newborn against disease and infection.

Imagine that the feeding system is portable and immediately available wherever it is needed, and that it dispenses food in exactly the right quantities. What's more, this ready-made food requires no packaging, no storage, no refrigeration, and no preparation. Mothers who learn to use the new feeding system according to the directions will find that not only does it help reduce their risk of breast and ovarian cancer, post-partum hemorrhage and anemia, but it also acts as a natural means of spacing births. Imagine the price that could be asked by the creators of such a system!

Your Holiness, Your Eminences, ladies, gentlemen, honored colleagues, and friends: I am pleased to be able to introduce the extraordinary new feeding system I have just described–BREASTFEEDING, a system as " new " as the human race.

Breastfeeding is an important natural resource, and it deserves our special attention today because the trend away from its practice is a widening drain that can swallow a child's potential to survive and thrive. Unwittingly, every culture that abandons breastfeeding is inviting upon itself sicklier children, weaker mothers, poorer families, strained national economies, and more polluted environments.

If there is any one thing more confounding than humanity's steady reluctance to accept breastfeeding's numerous benefits, it's the parallel history of our *relentless* misunderstanding of its practice. The search for human milk substitutes dates back at least to the 8th century B.C., when mythology depicted a wolf suckling Romulus and Remus on what would be the site of Rome.

Renaissance Europeans spent time selecting the women who would nurse their babies, believing that physical and moral characteristics were passed along through breast milk; even the great Michelangelo credited his talent for sculpting to his wet nurse, the wife of a stone cutter.

Point to nearly any year in history, and you will find that some misunderstanding about breastfeeding has prevailed.

One would hope that we are wiser today. But as our medical knowledge grows, so, ironically, does acceptance of infant formula–a product declared inferior to breast milk even by those who manufacture it.

Despite all our sophisticated understanding of the human body, knowledge about the physiology of breastfeeding is remarkably *uncommon* today, even within the medical community!

In some places, whole generations of young mothers have never seen a woman breastfeed; as a consequence of that lack of knowledge and acceptance, an important childcare practice is often considered old-fashioned and no longer necessary.

Among some of the world's most highly educated health care practitioners we still find many who are not fully aware of the most basic facts regarding breastfeeding: that nearly *all* women can breastfeed; that mother's milk *alone* can supply more than adequate nourishment during a baby's first four to six months; and that nothing can even come close to providing the unique, positive biological and emotional influence that breastfeeding provides.

Regardless of where a baby is born, whether in a developing or an industrialized country, the natural process of childbirth takes exactly the same course. For unless humans intervene with nature, breastfeeding will play its critical part in the last stage of the birthing process.

Infants are born with rooting and sucking reflexes that are particularly strong immediately after normal delivery, a time when the mother is usually anxious to see and touch her child. We now know that permitting the infant to suck at the breast *immediately after birth* helps to strengthen initial mother-child bonding and stimulate the flow of breastmilk.

But modern medical science also informs us that the infant's sucking movements are also designed to stimulate the release of oxytocin, a chemical which acts to expel the placenta and aids uterine contraction during the third stage of labor.

Does the end of breastfeeding really matter, here in the industrialized world, where infant formula is plentiful and women's jobs often take them outside the home?

Today's scientists, women's groups and religious leaders, UNICEF, the World Health Organization, and the Catholic Church, all respond with a definitive "*yes–it does matter, everywhere in the world*–whether industrialized or developing! *It does matter!*"

It is a fact that in some countries the annual cost of formula feeding is close to 400 per cent of the average family income; in others, breastfeeding saves US$350 per birth in expenditures related to breastmilk substitutes, while in still others, a 25 per cent reduction in the number of breastfeeding mothers would add an additional US $40 million in diarrhoeal treatment costs.

In addition, let's not forget to mention the benefits to the environment when the waste load of 430 million empty tins generated by every 3 million families that bottle feed is lifted.

So you can see–*it does matter a great deal!* But high costs and environmental concerns aside, there is one compelling, overriding issue we must all face.

Babies are dying. The World Health Organization estimates that over one *million infant deaths each year* in developing countries can be traced to a lack of breastfeeding. Some–mainly babies whose parents can't afford fuel for boiling water and can't read the instructions and warnings printed on packaging–die of infections from drinking formula diluted with contaminated water. Others die because their mothers leave the hospital expecting to depend on infant formula, not realizing until it is too late that their entire family income would not be sufficient to keep the baby's needs supplied. Without knowledge of how to get breastmilk to start flowing again when the dreaded signs of infant starvation become apparent, mothers find their babies under attack from malnutrition and infection.

Breastfeeding plays a leading role in the health of a mother as well. For as long as amenorrhea is present, breastfeeding will provide natural assistance with birth spacing. Exclusive breastfeeding is responsible for reducing total potential fertility by 30 per cent in Asia and 16 per cent in the Americas. In the countries of West Africa today, there would be an estimated 34 million more births a year if it were not for the prolonged breastfeeding that prevails in that part of the world.

Worldwide, the art of parenting, too, appears to benefit from breastfeeding. Published studies conducted in wealthy nations have demonstrated that breastfeeding mothers exhibit less anxiety a month after giving birth than do their bottle-feeding counterparts, and they have been shown to have a lowered risk of both pre-menopausal breast cancer and ovarian cancer as well.

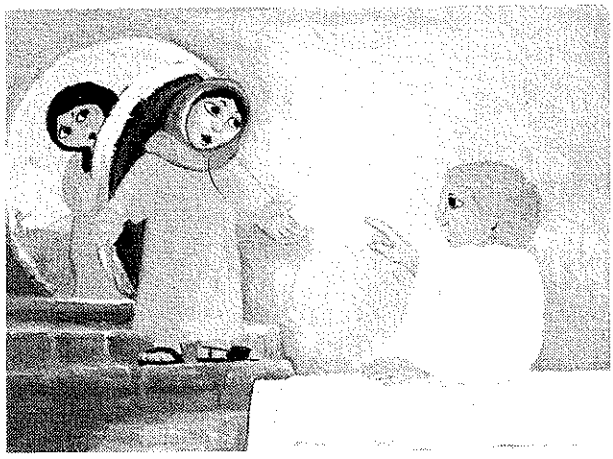
In addition, recent studies point to several advantages later in life for children who were breastfed during their first months and years: they are found to be more assertive and outgoing, to exhibit higher self-esteem and to move along the developmental scale more rapidly; in industrialized countries, breastfed babies are ten times less likely than bottle-fed babies to be brought back to the hospital for bacterial infections in the first year of life. One remarkable study measured the longterm effects on premature infants who were fed breastmilk through tubes, finding that years later, the children scored higher than their peers on intelligence quotient tests by an average of eight points.

Most surprising of all, children who are breastfed for at least four months tend to have overall reduced rates of childhood cancers, including leukemia and lymphoma. Compared with those who were bottle fed, they are also less likely to show symptoms of asthma and dermatitis, to suffer from gastrointestinal distrubances, and to contract middle-ear disease; and they have a lower risk of childhood diabetes. The exclusively breastfed child is also not so susceptible to food allergies, is less prone to adult obesity, and is only half as likely to have diarrhoea.

Such compelling arguments in

favor of breastfeeding beg the questions of when and why we chose to abandon the practice. Today, we have become accustomed to asking medical science for the answer to our most baffling questions. With all we have learned about the benefits of brestfeeding, why would the twentieth century opt for a substitute that costs babies their health and diminishes their potential?

Perhaps we might ask where to place accountability for this dangerous shift in attitudes and practice. Does blame belong to the marketers of commercial formulas, to the hospital practices that separate mother and child, to the lack of family and peer support, or to the lack of supportive employment policies for discouraging mothers from



exercising their right to breastfeed? Or is it, in reality, a *lack of knowledge and understanding*–on the part of so many? I am afraid to say that *we all share the blame*, and all these factors play a part.

Too many hospitals have developed an infant formula habit, taking the decision about how and what to feed a baby out of the hands of the mother; hospital practices that inform women about the benefits of breastfeeding and offer help and encouragement have been replaced with the unhealthy assumption that bottle feeding is the norm, and that breast milk is not sufficient nourishment.

The demands of today's workforce certainly contribute to many individual women's decisions not to breastfeed as well, but statistics disclose that it is *not the fact that she has a job* that forces a woman to have to choose between her job and breastfeeding, but *an employment policy* that either supports or prevents her from doing both successfully.

In some countries, infants are brought to the workplace to be fed and employers accommodate mothers who want to return home to breastfeed by providing flexible lunch hours. In others, by contrast, bottle feeding is an accepted norm. The result of these cultural differences is that women in paid employment may breastfeed longer than mothers at home.

Education, too, weighs heavily on a woman's decision-making. Breastfeeding is more prevalent among women who work outside the home than those who do not. *Cultural mores, education, knowledge, and understanding* are the factors that lead women to decide to breastfeed, and *support* is the factor that allows them to do so successfully. With so many determining conditions beyond their control, many women–especially the poor and uneducated– are thus compelled to make infant feeding decisions on the basis of uncertainty, necessity, misinformation, apprehension, inimidation, and fear.

Women are being denied the very tools that can help them to improve the health and longevity of their children–and their own health and well -being–by those who should care most about them: their families, peers, communities, employers, and most ironically, by their hospitals and health care providers.

All women deserve and have a right to demand the facts, a right to be supported in making life-affecting decisions, and especially the right to be protected from harm to themselves and their children.

But those rights are not always upheld. *Incredibly, the closer you live to a hospital today, the more likely it is that you will be discouraged from breastfeeding.* Yes, it is true that health care providers *with access to important information* agree with medical science and human development experts that breastfeeding is best. But hospital workers are short of time to help mothers initiate breastfeeding, and the practice often competes for the attention of budget-conscious health care institutions that receive breastmilk substitutes from manufacturers in great quantities and at very low cost.

Too many hospitals routinely separate newborns from their mothers immediately after birth and begin bottle-feeding automatically. To the hospital, these practices may seem efficient and economical, but in reality that is a short-sighted approach that doesn't take into account the *human* costs –the long-term health and well-being of babies and mothers, and the right of every woman, when she is

truly informed, to decide to breastfeed

In today's complex world, where women perform vital roles in and outside the home, entire societies will have to work to remove the obstacles to breastfeeding. They will have to make a fresh start in recognizing breastfeeding as one of life's true miracles not as something outmoded, only to be practiced behind closed doors.

To reverse the trend toward the hospital-based marketing and promotion of breastmilk substitutes, and to restore the right of all women to information and support regarding breastfeeding, UNICEF and WHO have launched the " Baby-Friendly Hospital Initiative. " The aim of this dawning movement is to give breastfeeding a new and high level of support in the environment where it is most endangered and discouraged–the urban hospitals of the world.

Hospitals that join the initiative will be committed to two responsibilities, very much intertwined:

(1) to ensure that all mothers are given complete facts about why breastfeeding is beneficial and how it can be accomplished; and

(2) to guarantee that channels of misinfomation are eliminated, including negative propaganda about breastfeeding, subliminal advertising of infant formula, the availability of free and low-cost supplies and samples, the perpetuation of cultural tabos that complicate or diminish the benefits of breastfeeding, and a full transition by health care providers away from the attitudes and practices that can encourage and perpetuate a bottle-feeding culture.

In short, the Baby-Friendly Hospital Initiative encourages health care institutions and providers to *promote, protect and support*, rather than inhibit, restrict or belittle the practice of breastfeeding.

Today hundreds of hospitals around the world, in developing and industrialized countries, have been designated " baby-friendly, " and hundreds more have put themselves on a schedule for revamping their practices to meet the criteria.

To succeed, we will have to depend on pledges like the one made early on by the Vatican, which declared its intention to consider supporting the Baby-Friendly Hospital Initiative with the critical help of the world's 13,000 Catholic health care facilities.

No doubt, the campaign will also rely on the world community's recognition of the multi-dimensional roles that women play, and of their inalienable rights to look to all of society for the full support that should naturally accompany their extraordinary and demanding functions in the human family.

I would like to end my time with you with this modest proposal: that we all take stock of our present and future in the light of what we've talked about here today Ladies and gentlemen, by the grace of God, when the women and girls in the developing world who first took their cues about bottle-feeding from the medical community look to us *again*, let them see in our actions a firm correction of mistaken messages.

Let them see in our actions a world where truth, love, compassion, support, and protection are within closer reach. A world that affirms the dignity and greatness of *womankind* equally with that of *mankind*.

We at UNICEF are giving the world a challenge to renew our confident reliance on mothers and on mother's milk. What better place to affirm the importance of that process than here, in these hallowed halls that recall the holiest of blessed mothers–from which countless millions have drawn the greatest strength and inspiration?

As has been said, *tempora muntatura, noes et mutamur in illis–times change, and we change with them, too*.

As a woman, as a pediatrician, I urge you to make a change by joining forces in working for the greatest of all causes–our children, our future.

Dr ANTONIA NOVELLO
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New York, USA

URBAN JONSSON

Child Malnutrition in Developing Countries

Introduction

Sixty years ago, in 1933, Cecily Williams published her discovery in what is now Ghana that a severe form of oedema in young children most likely was associated with the monotonous maize diet. Very few people, including herself, knew then that she had discovered one of the most serious problems in the world. The problem is serious because we now know that malnutrition affects hundreds of millions of people–and innocent children most severely. Malnutrition is also one of the most embarassing problems in the world today. It is embarrassing because the world has the knowledge and the means to solve the problem. The major aim of my presentation today is to show that there is progress and that there is hope. Progress has been made on the scientific aspects of the nutrition problem, while more progress is required on the ethical and political side.

The Problem of Malnutrition and its Consequences

Protein-energy malnutrition, iodine deficiency disorders, vitamin A deficiencies and iron deficiency anemia are the four major forms of malnutrition in developing countries.

Protein-energy malnutrition (PEM) manifests itself in underweight. Already mild PEM doubles the risk of dying of several childhood diseases; moderate malnutrition triples the risk. PEM therefore contributes to about one-third of the 13 million children dying each year. Overall, the percentage of underweight children fell in the 1980s from about 38 per cent in 1980 to 35 per centi in 1990. But due to rapid population growth, the total number of underweight pre-school children actually increased from around 164 million to 193 million in that period

These global figures mask large disparities between regions In Southeast Asia, many countries are improving rapidly and–if present trends continue–will meet the goal set at the 1990 World Summit for Children of halving protein-energy malnutrition (PEM) by the year 2000. The same is true for some countries in South America and the Middle East. South Asia is improving slowly–too slowly to reduce malnutrition by half before decade's end As a result of its large population and high prevalence of malnutrition, this region accounts for half of the world's underweigh children.

Sub-Saharan Africa is another story entirely. It is the only region which has shown a deteriorating trend, although a few African countries show some improvement. The deteriorating nutrition situation there is partly the result of severe famines associated with drought and wars, but can also be attributed to a complex of factors including, in some countries, longstanding, intransigent poverty; authoritarian and inefficient governments; the lack of empowerment of women on whom many food-related burdens fall; low commodity prices, and unpayable foreign debt.

Over 1,5 billion people live in areas where the food and water normally consumed contains insufficient iodine to meet optimal requirements, putting them at risk from iodine deficiency disorders, IDD. Over 500 million people have goitre, and enlarged thyroid gland indicating inadequate iodine intake. Six million women with goi tre become pregnant each year. In about 30,000 of these pregnancies, fetal demage due to inadequate iodine is so severe that the fetus dies or is still born. In about 120,000 pregnancies the development of the fetal nervous system is so disrupted that the child is born a cretin. 1.2 million iodine deficient mothers will have babies whose IQ will be reduced by around 10 points, many will have a squint or be partially deaf. Some 50 million young children deficient in iodine will have a reduced ability to learn at school. 150 million adults may have reduced mental alertness and apathy due to inadequate iodine intake.

Vitamin A deficiency is caused by an inadequate intake of vitamin A-rich foods. Frequent and severe infections decrease vitamin A stores and increase the risk of deficiency. The total number of pre-school children living in areas where they are at risk of vitamin A deficiency is estimated by WHO at around 190 million The prevalence of clinical signs of vitamin A deficiency is reasonably well known, and a number of countries, notably in South East Asia, have already virtually eliminated clinical signs of vitamin A deficiency, including blindness. Partly because of the difficulty of measuring, the prevalence of low serum vitamin A

(indicating sub-clinical deficiency) has only been estimated in a relatively few countries.

Iron deficiency anemia is the commonest nutritional disorder in the world and affects over one billion people, particularly reproductive aged women and preschool children. It also ha a serious impact on school children and working males. Iron deficiency results from consuming diets containing insufficient iron, or diets in which the iron is not readily absorbed. Iron from animal foods is most readily absorbed, and animal foods can increase iron absorption from vegetable sources. Vitamin C can also increase the absorption of iron from cereals and vegetables.

Around 40% of women in developing countries are estimated to have anaemia, just over 370 millin women. Anemia is prevalent throughout the developing world. Nearly half the total number of anemic women are in South Asia. Current figures on anemia prevalence indicate little global change. There is some evience that the prevalence of anemia is increasing in Sub-Saharan Africa and in South Asia.

The problem of malnutrition is compounded by the fact that, historically, the field of nutrition has been somewhat of an orphan, marginalized by governments, universities and agencies. This is partly a result of the fact that nutrition is not clearly definable as a " sector. " Nutritional status is an outcome of processes in several sectors, such as agriculture, health, education, and social welfare. The there is the political dimension of the problem: the persistent lack of will to make the far-reaching social and economic changes that would attack poverty, of which malnutrition is both symptom and cause. A third reason is the widespread belief that nutrition is a " private " problem that should be solved by parents alone. This tradition has contributed to keeping the nutrition problem " in the kitchen. " It ignores the social and economic dimensions of the problem and legitimizes continued neglect of the problem by many political leaders.

The traditional lack of a reasonable consensus about the nature of the nutrition problem has been a major constraint in addressing the nutrition problem. Malnutrition is usually reduced to an agricultural problem (not enough food), or a health problem, an educational problem, a cultural problem, or a population problem. Most often the problem of child malnutrition is viewed as simply a matter of too little food, or lack of protein-rich food. Most training courses and textbooks perpetuate these misconceptions. The fact is, however, that where the problem of malnutrition is most acute–the developing countries–the problem is both one of food and one of nutrition. It is very important to recognize that although these two problems are obviously related, they are not identical. Food is one necessary condition for good nutrition; there are two other necessary conditions–adequate care and access to basic health services. Most malnourished children start to grow well at the age of 2-3 years. The fact that they at this age eat more food than what would have been required when they were younger indicates that lack of food por se was most likely not the cause of their malnutrition.

There are many hopeful signs that major improvements will be achieved as the new millennium approaches. I would like to describe three kinds of progress that is occurring or can occur with an extra effort from all of us: (1) progress in finding international consensus around nutritional goals; (2) progress in the theory and practice of science and ethics; (3) progress in reconceptualizing the nutrition problem.

Progress in Reaching International Consensus

The last three years will be remembered as a brief, historically unprecedented period in which humankind took stock of the conditions of its children, measured its capacity for improvement and reached a rapid and reasoned con-

sensus on quantifiable goals for change by the year 2000

This ethical and practical breakthrough is best exmplified by the speed with which the nations of the world ratified the convention on teh Rights of the Child after its adoption by the UN General Assembly in November 1989. Instead of the customary lag-time of several years between adoption of a treaty and its entry into force, this " Magna Carta " for children and youth took effect as international law in less than one year, in September 1990. It has now been ratified by 153 countries, more than any other human rights treaty

Among many other landmark provisions, Article 6 of the Convention commits States to ensure, to the maximum extent possible, the survival and development of all children. Article 24 establishes the child's right to enjoy " the highest attainable standard of health, " and spells out the obligation of States to provide primary health care, adequate nutritious diets, and education to ensure that all segments of society have basic knowledge of child health and nutrition, including the advantages of breastfeeding and the importance of hygiene and sanitation

We also saw this historic ethical shift in the holding and outcome of the World Summit for Children on 29-30 September 1990. This first-ever global summit meeting agreed on the principle of " first call for children, " which essentially means that each society, each community and each family must make provision for meeting all children's basic needs, whether times are good or bad, whether the economy is up or down, even whether there is war or peace. What is more, the world leaders committed themselves and their governments to achieve over 20 specific, measurable health, nutrition and education goals for children and women by the year 2000, and to quickly produce national and sub-national programs of action to reach these targets. The goals were then reinforced by becoming part and parcel of Agenda 21, the global blueprint for environmental and development action adopted at the Earth Summit held in Rio last year.

The International Conference on Nutrition, held here in Rome almost a year ago, strengthened worldwide commitment to take action to prevent and alleviate malnutrition. At that meeting, the world community committed itself to attack all forms of malnutrition by addressing the underlying causes of inadequacies in food, health and care, as well as the basic causes of underdevelopment and poverty. The participants reiterated their commitment to the World Summit for Children nutritional goals and added new goals to eliminate famine and starvation

As first steps toward ensuring that the goals proclamations of the series of international meetings become more than words, plans and programmes of action are being formulated on the country level by the vast majority of member states of the United Nations. For the first time, the world–countries, international agencies, religious and professional institutions, as well as many NGOs–is engaged in medium–to–long-term planning for the young. Humankind's first " social contract " between the children and leaders of the world has been established; the principle of putting children first is gaining ground.

Underlying all of this is the understanding that, for the first time, we have the means to extend the basic benefits of modern civilization to all members of society. What was once a utopian dream has become, with the advent of the technological and communications revolutions, a practical prospect for this generation, an imperative in the post-Cold War era.

By such means as immunization, growth monitoring and promotion, the proper management of diarrhoeal diseases and respiratory infections, supplementing vitamin A, iron and iodine, facilitating breastfeeding, well-targeted food subsidies, and low-cost water and sanitation services, it is now possible to broaden and strengthen basic protection for all children during their

most vulnerable years and give them the best possible start in life

In a series of high-level regional meetings of governments over the past year, agreement was reached on a set of mid-decade targets The idea is that reaching the more straightforward goals by the end of 1995 will greatly facilitate efforts toward achieving the full set of goals by the end of the decade. Universal iodization of salt; virtual elimination of vitamin A deficiency; implementation of the Baby- Friendly Hospital Initiative; and 20 percent reduction of PEM are among these 1995 targets. The first on the list, universal salt iodization, will dramatically reduce iodine deficiency disorders (IDD), the world's leading cause of preventable mental retardation and impaivment This alone would have tremendous social, economic and human impact. Two months ago China's Prime Minister and State Council launched a national anti-IDD offensive that will soon prevent the yearly loss of some 60 million IQ points and save the nation millions in health care costs. Similar efforts are gearing up in many countries.

To appreciate why there is cause for optimism in addressing global nutritional problems–beyond the setting of goals, that is–we must understand that it is not only upon scientific advances that we will build, but rather on momentum that has been achieved in both science and ethics working in tandem.

This fact was eloquently summarized by His Holiness in his opening speech at the International Conference on Nutrition. He stated: " It is up to you to reaffirm in a new way each individual's fundamental inalienable right to nutrition. The Universal Declaration of Human Rights had already asserted the right to sufficient food. What we must now do is to ensure that this right is applied and that everyone has access to food, food security, a healthy diet and nutrition education. "

Science describes what can be done; ethics helps us to know what ought to be done. Actions that both can be done and should be done are what we call " do-able. " But as Kant said: " *should* must be preceded by *can*–it is otherwise Utopia. " Achieving the nutritional goals is no longer Utopia, because we know how it can be done. The new " social contract " I described earlier means that it should be done. The challenge now is to keep that promise.

Both science and ethics progress through improvements in theory and practice. These are closely interrelated. The phrase " we find what we look for " summarizes the fact that practice is " blind " without a theory. And a theory is of no use unless it is tested and put into practice. Progress has been made in all these aspects of the nutrition problem. I would like to mention some of the most important developments in scientific and ethical theory and practice in nutrition, keeping in mind that overall progress is a result of interactions among all aspects.

Progress in Scientific Theory and Practice

New theories and refinements of existing theories important to nutrition have been developed in both the biomedical and the social sciences. In human nutrition, the discovery of several synergisms is very important. We now know that even mild PEM doubles the risk of dying of many diseases; that vitamin A deficiency may increase mortality rates by almost 25%; and that diarrhoeal diseases inhibit the absorption of food and drain away nutrients. The " magic " of exclusive breastfeeding has been discovered –or rather *re*-discovered, as Dr. Novello described in her speech. The terrible effects of micronutrient malnutrition have been understood–for at least some vitamins and minerals–and preventive and curative actions developed Adequate caring practices have been recognized as a necessary condition for nutrition well-being, equal to household food security and access to basic health services and a healthy environment. Knowledge has improved about the crucial first few months of life as a time of vulnerability to malnutrition. All of these are important advances.

Development theory has also progressed. A new, human-centered development paradigm is emerging and being taken seriously. In it, poor people are recognized as key actors, rather than passive beneficiaries of transfers of commodities and services Investment in human development is recognized to be of crucial importance, and organizational resources are understood to be as important as economic resources in ensuring constructive results. Decentralization, participation and empowerment of people are seen as essential elements of any program. There is a better understanding today of what governements, on the one hand, and markets, on the other, do best in the development process. It is widely understood, as well, that just as rising levels of GNP do not ensure economic well-being of populations, having enough food in the world is no assurance of nutritional well-being. These theoretical or conceptual advances have enabled more useful theoretical formulations of the nutritional problem to be made, as I will describe in a moment.

But progress in these theoretical areas is not sufficient. The bridge is not built when the blueprints are ready Knowing what to do does not automatically lead to knowing how to do it. In his Martin Forman Memorial Lecture, two years ago, Alan Berg of the World Bank suggested the development of " nutrition engineers " who would focus on the " how to do " aspects of the nutrition problem. I agree with that idea, but we should remind ourselves that all engineering requires sound scientific theories. This is also why we need a valid new conceptual framework of the causes of malnutrition in society that is multidisciplinary and multifactorial.

Progress in Ethical Theory and Practice

Two major schools of thought have dominated ethics throughout history. One focuses on the morality of achieving a certain goal; another focuses on the moral aspects of the means to reach this goal. A

narrow focus on nutritional goals without discussing the morality of the means to achieve them is an example of the first school of thourght, while emphasizing the need to implement children's nutrition rights is an example of the second. These two theories have always been seen as incompatible or even contradictory.

The events I have already described, however, show that this is not necessarily true. The World Summit for Children in a real sense transformed children's needs into valid claims or entitlements, i.e. worthy of sympathy and serious consideration as a social priority. The Convention on the Rights of the Child trasformed these valid claims into rights. As I said earlier, the leaders of the world's nations have entered into a " social contract " with the world's children, and a mechanism has been agreed upon to monitor the extent to which the contractors would " keep the promise. "

The Convention on the Rights of the Child defines children's rights as valid claims to which someone–the State, the community, the family–has the duty to respond and for which someone must be accountable. Rights are not necessarily enforceable, but rather broad, general standards which must be given a concrete meaning through specific national and local action. Legislation may be required to enforce certain rights. The ratification of the Convention on the Rights of the Child means that States promise to identify and define responsibilities and accountabilities through such national legislation.

Through an understanding of the ethical dimension, we see how a problem can be known and described scientifically for many decades before it is recognized as a social problem. The sudden takeoff of the Green Revolution in Asia in the mid-1960s was not so much a scientific breakthrough–strains of miracle wheats had been around for fifteen years–as a political and organizational one. The same is true of the success of the universal immunization effort in 1990–the largest peacetime international collaboration in history. Most of the vaccines had been discovered 15-25 years before; it took the communications revolution and political leaders mobilizing their peoples to make them widely available in the mid-1980s.

Recent scientific and technological advances in nutrition face the same challenge. The use of oral rehydration therapy, the simple iodization of salt, universal access to vitamin A through low-cost capsules or vegetables and the use of amylase-rich foods and the scientific rediscovery of the miracles of mother's milk–these are all awaiting the required political choices that make them universally accessible and used. The challenge is to present these problems and promote solutions in such a way that people's perceptions change; such that it becomes increasingly embarrassing not to do something; such that it becomes good politics for leaders to do so and bad politics to resist

The nutritional goals agreed on by the international community should be promoted as a " moral minimum "; the beginning of a new global development ethics. Children are the most vulnerable an powerless. Children are therefore also the weakest point in those nations, communities and households which deny children's rights To fight for children's nutritional rights is not a substitute for struggling for larger structural democratic changes but rather a " Trojan Horse " for such a change

Progress in the Reconceptualization of the Nutrition Problem

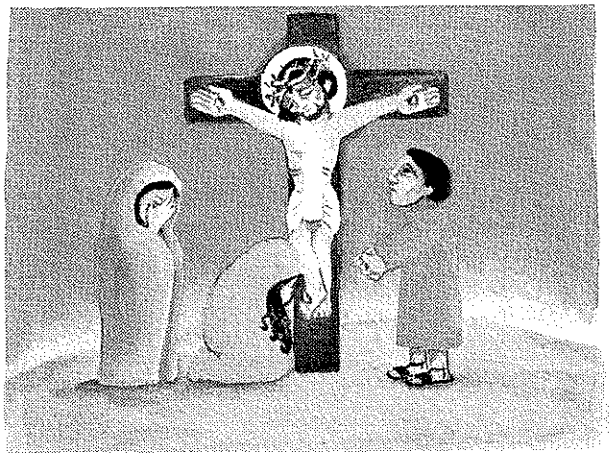
The scientific and ethical progress I have just described has made it clear that biomedical formulations of the nutritional problem, particularly those that do not allow for the importance of empowerment of people, are not sufficient During the last few years, successful attempts have been made to develop a coherent con-

ceptual framework that accommodates and integrates the biological, social, economic and political aspects of malnutrition. UNICEF promotes such a conceptual framework toward development of a " theory of malnutrition in society. "

Access to food is obviously only part of the problem leading to malnutrition. What we seek is nutritional security for all, and as I mentioned earlier, nutritional security is made up of three components. First, it requires access to appropriate quantities and types of food for each household. Secondly, it requires access to basic health services and to a healthy environment. Thirdly, care for children and women in their family and community environment is necessary.

This formulation has been informed by and continues to evolve with day-to-day work with communities affected by nutritional problems. UNICEF has a great deal of experience in " how to do " things. The revolutionary new capacity to communicate with and mobilize large numbers of people together with recent scientific advances, has provided us with a host of new tools. People can now use them together to produce dramatic, even unprecedented, results.

UNICEF's Nutrition Strategy promotes a practical approach to social mobilization for empowerment. This approach recognizes the fact that poor people already use very resource-relevant coping strategies for their survival and development. These strategies consist of circular processes of assessing the situation, analyzing the causes and designing and implementing relevant actions, followed by a re-assessment of the new situation, better analysis and actions, etc. Guided by a theory of the causes of malnutrition (conceptual framework) this Triple A Approach contributes to the capacity building and empowerment of households and communites. The approach is being used by an increasing number of developing countries with good resuits.



Priority Strategies

I will now summarize the strategies we are supporting to achieve both the mid-decade targets and the year 2000 goals. Some countries have already established trends that are adequate for achieving the nutrition mid-decade targets and year 2000 goals; others will need to accelerate the implementation of existing sound strategies; while another group of countries will need to develop new strategies to reduce malnutrition. Four strategies will be promoted by UNICEF during the period:

a) Support to consensus building, at all levels, on the causes of malnutrition, including the international level. UNICEF will continue to support and actively work with the ACC Sub-Committee on Nutrition for the harmonization of policies and strategies among UN-agencies and concerned bilaterals. At a national level, UNICEF will promote nutrition-relevant policies, including legislation for universal salt iodization, implementation of the Code on Marketing of Breastmilk Substitutes and universal access to health, education, and other social services. In general, UNICEF will work towards an increased awareness of the problem of malnutrition, changed perceptions of the nature of the problem, and making the solutions of the nutrition problem " good politics " for leaders.

b) People do not live at the " national level "; they live in communities. Actions are therefore required at community level. A strategy will be promoted that aims at strengthening the capacity of communities and their leaders to assess and analyze their nutrition problems and to design and implement resource-relevant actions (Triple A strategy) " Top-down " promotion of " a first call for children " to achieve human development goals, including the nutritional goals, should be done in such a way that capacities are built and communities are empowered to create a " bottom-up " response and articulated demand of support from higher levels. Among the three nec-

essary conditions for nutritional well being–food, health and care–the last has been most neglected. Emphasis will therefore be given to improve caring practices, including feeding practices, particularly breastfeeding, hygiene and young child stimulation. Women should be recognized as key actors and special attention will be given to reduce gender disparities. A third emphasis will be given to the promotion of environmentally sustainable actions.

c) A combination of support to service delivery, capacity building, and empowerment will be promoted. Service delivery, for example, distribution of vitamin A supplements through the health system, will be done in such a way that it encourages and enhances capacity building, i.e. knowledge about how to grow and use vitamin-A-rich foods. This in turn should be done in such a way and in combination with other activities that people are empowered; for example, by ensuring land to cultivate these vegetables or fruits. The BFHI combines improved delivery of services in maternity facilities with capacity building through training in lactation management. The final goal of empowering women to breastfeed will require more basic changes in the position of women in society, often requiring changes in perception and attitudes, and legislation to support women.

d) Improved nutrition information systems will be required in all the above-mentioned strategies. Current systems need to be revised in such a way that decisions are based on more valid information. Nutrition information systems must become more demand driven. This will require more emphasis on changing perceptions and knowledge through training, education, and advocacy. It is not until mothers demand and understand nutrition information that growth monitoring and promotion works; it is not until national decision-makers demand nutrition-relevant information that it is worthwhile to establish a nutrition surveillance system.

Keeping the Promise

In his book, *Leviathan*, Thomas Hobbes introduced the concept of a contract. He defined, more than 300 years ago, a contract as " the mutual transferring of right. " He continued: " ...he that is to perform in time to come, being trusted, his performance is called keeping the promise. "

The Convention on the Rights of the Child, the World Summit for Children, the ICN Declaration, and Agenda 21 are all " contracts " e in which the children of the world are promised the fulfillment of their needs. The leaders of the world have been entrusted with keeping that promise.

But Hobbes also said that " ... covenants without the sword, are but words, and of no strength to secure a man at all. " This is why a worldwide people's movement for social progress, for children, for the right to nutrition security, for overcoming the worst aspects of poverty, is required–to see that the terms of the " contract " are fulfilled, that the promise is kept.

Religious leaders around the world can contribute to and even lead a global movement for the eradication of malnutrition. Similar movements have changed the world before, including the movements against slavery, for women's rights, and for greater environmental sustainability.

Nutrition is improving in the world, but far too slowly. An increasing number of people today know that the nutrition goals can be achieved; the world has the knowledge and the resources; and, with your help, an ever-increasing number of people will continue to think that the world should achieve these goals. An increasing number of people will start to ask why governments do not do more. Our efforts for human progress in the 1990s will not only influence what political leaders choose to do, but also which leaders are chosen.

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The Main Pathologies of the Newborn

The moment of birth is the time of greatest biological vulnerability for the human being, while also constituting a unique experience for parents. This vulnerability translates into a high risk of presenting pathologies which in some cases may mean the child's death or being disabled for life.

The problems at this stage in the child's life take on greater importance in the measure in which the progress of medicine and the socioeconomic/cultural development of countries go beyond the problems of malnutrition and achieve the prevention and treatment of infectious diseases which were the main causes of infant mortality. As a result, peri-and neonatal problems emerge as the main cause of morbidity and mortality in the first year of life. We can exemplify this evolution by observing the figures on infant and newborn mortality in Chile between 1958 and 1991.

The improvement in survival of the newborn, unlike what happens in the post-neonatal period (29 days to one year), is less conditioned by factors related to socioeconomic development, as occurs with the control of undernourishment and infectious diseases, and greatly depends on the organization of perinatal care and the availability of neonatal intensive care units. As far back as 1950 WHO admitted that " it is commonly accepted that neonatal mortality (0-28 days) is more related to biological and perinatal care factors, whereas post-neonatal mortality (29 days to one year) relates to socioeconomic factors and the aggressiveness of the environment. Neonatal mortality is more difficult to reduce, and to do so major efforts are required by the institutionalized services of greatest complexity. " The pathologies of the newborn are basically related to the problem of adapting to extrauterine life. This gives them a very peculiar characteristic different from those marking other stages in life. The concept of pathology and illness has a special connotation–the problems of this stage are usually not the result of aggression by an external agent or of a degenerative process in organs, but result from the alteration of physiological processes of adaptation which must take place at birth or from the immaturity of those mechanisms, as happens in children born prematurely. If we reflect on the enormous demand for physiological readjustment required by this environmental change, we are surprised that such a transition is effected in most children with no problem. In the uterus the human being breathes through the placenta, has circulation organized for this purpose, and does not require use of thermoregulation mechanisms on being surrounded by amniotic liquid with a constant temperature; the functions of the kidney and the digestive tract and most of the mechanisms regulating the internal environment are carried out by the placenta. At birth, in the course of just a few minutes, this situation changes drastically. All the organs and systems are called upon to initiate the function corresponding to them in extrauterine life. Though science has advanced a great deal in knowledge of this process, especially by extrapolation from experimental studies on animals, our knowledge is–and probably will always be–insufficient. The impressive basic and clinical research carried out in recent decades in this field has enabled us to understand the physiology of many of these changes and to find more appropriate treatments for such alterations. An example is better understanding of the start of respiration and circulatory changes, of asphyxia and pulmonary maturation–this permitted a rationalization of treatments which previously were almost magical in nature. At the same time it has opened up new questions and shown that these are more complex than was thought, especially when the biochemical and enzymatic foundations of adaptation are studied.

There are four main factors affecting the newborn's adaptation process: prematurity and low weight at birth, perinatal asphyxia, perinatal infections, congenital malformations, and hereditary illnesses.

Prematurity and an underweight condition at birth are the root of the leading and most serious pathologies of the newborn.

Low weight may be due to prematurity itself or to intrauterine undernourishment–more frequent in countries with poor socioeconomic conditions. These children are not prepared to effect the transition to extrauterine life. Low weight and age during gestation are the most decisive factors for survival of the newborn, in view of their frequency and vital impact. It is a problem in public health of the highest order which should be considered as a priority in health policies in both developed and devel-

oping nations. An integral approach to this problem is basic which will consider prevention through good care of the pregnant mother and conscientious treatment, perfecting neonatal attention, which, according to the country's development, must include an appropriate level of sophisticated intensive care–the latter in many cases permits the recovery of these children by improving not only their survival, but its long-term quality.

The evolution of the main pathologies of the newborn and their treatment are well illustrated in the history of neonatology over recent decades.

The first problems in adaptation which were studied in the premature were their insufficiency in regulating temperature and nourishing themselves and the immaturity of their immune system in controlling infections. At the beginning of the century, French obstetrician Pierre Budin observed that if the premature were looked after in conditions allowing them to preserve a constant body temperature, their survival increased by 50%. The incubator thus appeared. This simple invention, which is now used routinely with underweight children, proved to be one of the most important advances in care of the newborn, especially the premature. Thermoregulation remains important, and in many developing countries cold is still a leading cause of death.

The immaturity of the premature in their reflexes of sucking and swallowing and the immaturity of the digestive tract lead to the development of appropriate formulas and techniques for their nutrition. Human milk from the mother is always the basic food

In the last decade the use of complete parenteral feeding–also including glucose, amino acids, and lipids–has permitted an improvement in nourishing the premature This has been particularly important for children weighing less than a kilogram.

To avoid infections in units for the premature rigorous norms for asepsis were established, and the entry of persons not engaged in childcare was diminished. Even at that stage parents could not enter the ward and had to observe their children at a distance. The premature were to receive very delicate treatment and be touched as little as possible. This was the picture at neonatal wards in the 1950's–units where very few people circulated, in a serene environment, and medical treatment was reduced to the aforementioned, along with the administration of oxygen in children presenting cyanosis and of antibiotics in those with infections.

After this first stage in the knowledge and treatment of the pathologies of the newborn, perinatal asphyxia and respiratory problems appeared as the main pathologies with risks for neonatal survival. In some cases they were accompanied by a picture known as " persistent fetal circulation " consisting of a partial continuation of the model of fetal circulation. The lungs could be well oxygenated, but hypoperfused, since part of the vena cava blood was diverted to the circulation of the left heart by interauricular communication and the arterious duct–similar to what happens in the fetus.

Until 1950 there was no clear knowledge of the physiopathology of asphyxias and respiratory problems, and the treatments used lacked a scientific basis and effectiveness.

Research on the physiopathology of asphyxia and the discovery that a deficiency in pulmonary surface-active agent was the cause of hyaline membrane disease, the main respiratory pathology of the premature, permitted consideration of the use of appropriate treatment. Surface-active agent is the substance impeding collapse of the lungs in exhalation and stabilizing the volume of the alveoles. Its production is insufficient in the premature suffering from hyaline membrane and leads to a progressive collapse of the lungs, with a–sometimes irreversible–respiratory insufficiency. The introduction of artificial ventilation in treating respiratory problems and asphyxia was a substantial advance to improve their prognosis.

Various modes of controlling pregnancy and labor helped to detect, prevent, and provide timely

treatment for asphyxia. The discovery that the use of prenatal corticoids in the pregnant mother accelerated the production of surface-active agent in the premature was an important advance in preventing the disease. In addition, the artificial synthesis of surface-active agent and its administration to the prematurely born with hyaline membrane has recently contributed in a significant way to improving their survival and diminishing the time of complete treatments, like mechanical ventilation. Finally, the recent discovery of nitric oxide, a molecule which seems to be the main element responsible for controlling pressure in the pulmonary artery, which in turn governs the passage from fetal to neonatal circulation, represents a promising sign for the complicated clinical pictures of persistent fetal circulation.

The vulnerability of the newborn also encompasses medical treatments. Not only a lack of oxygen affects them, but an excess can leave them blind. Something similar occurs with medicines and the administration of liquids and nutrients. The margin of safety is much smaller than in an older child or adult–hence the need for permanent control of all vital parameters and the internal environment. Space technology, which developed sophisticated control systems for astronauts leaving the earth's atmosphere, was applied to the premature, who, like the others, went out into a space for which they were not prepared. A sophisticated system of cardiac, respiratory, oxygenation, and arterial pressure monitors surrounds these sick children and allows us to correct alterations in a timely way.

The importance of early and permanent contact by parents, especially by the mother with her newborn child–particularly when premature–was described in Dr. Marshall Klaus' research.

The exclusion of the mother from units for the premature produced a detachment on her part from her child which had negative consequences for their future relations. The results of these studies led to opening the doors of premature and intensive care units to parents. It was observed that they were the ones most interested in complying with the norms of asepsia and treating their children with extreme care and affection. For all health-care personnel this represented a great change: becoming aware that children belong, first of all, to their parents and perceiving how beautifully they show affection for their premature babies also prompted them to share to some extent in their fears and sufferings. The peaceful newborn unit of the 1950's turned into a complex ward full of monitors, with a number of nurses permanently controlling the sick child and parents touching them or taking them in their arms, even if they are in a mechanical ventilator.

The fourth group of pathologies we mentioned at the outset involves congenital malformations and hereditary illnesses. In the domain of congenital malformations, prenatal diagnosis and progress in neonatal surgery have permitted early diagnosis and timely treatment of many of them, particularly congenital cardiopathies, diaphragmatic hernia, atresia of the esophagus, kidney anomalies, and malformations of the neural tract. In chromosomal alterations and hereditary diseases there is a search to find compensations for the metabolic alterations they produce.

An example is the administration of folic acid in the fragile-X syndrome.

A cause for concern are the dangers produced by environmental pollution in its effects on malformations–this requires special attention by all countries.

The impressive development of neonatology in recent years and of treatments which are increasingly effective in maintaining life artificially presents more and more frequent ethical problems that are complex and delicate. The question as to proportionality in their use in extremely small premature babies where the prognosis for pathologies is unfavorable and in children with serious malformations or genetic diseases is a situation often experienced in neonatal intensive care units.

Parents' participation in this decision-making is necessary and delicate. It is frequently hard for them

to understand situations, and it may prove violent for them to have to decide whether or not to use certain treatments. In ethical-clinical decisions, both clarity in ethical principles and wisdom in their application are required. Each situation is different and requires discernment. The need for solid ethical training among doctors and nurses and the support of an interdisciplinary group for the application of principles to concrete cases is an imperative today in order for the decisions made to be always for the real benefit of the patient.

Lastly, we would like to conclude this concentrated summary with a consideration on parents of both the sick and healthy newborn. We feel this relates to the meaning of our International Conference, at which we want to see the child's problems integrally and not just in the limited perspective of a specialty.

The experience of having a sick newborn child, sometimes requiring prolonged hospitalization, with frequent periods of risk to life, represents a considerable emotional burden for parents. There is an evolution passing through periods of acceptance, rebellion against events, hope, and anguish. They need to be listened to and supported, and they will often find meaning to certain situations only in the light of faith. The birth of a malformed child or the death of a premature baby who seemed at the point of being saved after two months of struggle is a particularly difficult occurrence. It requires human and religious support, with appropriate pastoral care in which all the health personnel should be involved. Especially important here are nurses and the help of other parents who have gone through something similar.

The birth of a healthy child, too, particularly when the spouses become parents for the first time, is a unique human experience, a special joy, a moment in which people thank God almost spontaneously and are more readily open to the world of faith. In our experience as a pediatrician we observe how hard it is for young couples to take on the task of being parents, how low their level of tolerance is towards their children–from their waking up at night to answering their restless and sometimes continuous questions and responding to their constant need to be considered, valued, and loved, to feel security, understanding, and firmness. According to a great educator, the task of educating children is based on the education of parents, which begins at birth. Psychologists recognize the importance of experiences in the early years of life. This is just as valid for early religious experiences. In pediatrics we speak of the rise of what has been called " the new pathology, " which is basically a pathology of conduct and psychosocial development. It is largely conditioned by family experience. It seems that if the future of society is the child, the future of the child depends on new generations' learning the beautiful task of being parents, of forming a true family. Today young parents feel a human sensation of insufficiency under this aspect in the face of a demanding, competitive world seeing little value in the time the father and mother devote to their children. The Holy Father invites us to look at the Sacred Family of Nazareth, follow in their footsteps, and request their aid. They experienced the joy, sorrow, and hardships of a family, from Jesus' birth in Bethlehem to the Lord's death and resurrection bringing us new life. The moment of the birth of a child seems to be especially appropriate to grasp these truths and continue pastoral attention to prepare for marriage with that concerned with learning to be fathers and mothers.

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RICHARD JOLLY

The Role of the International Community for the Health of Children in Developing Countries

It is an honor and a special privilege to participate in this eighth international conference. Children are indeed *the future* of society And each new child born helps his or her parents and can help all of us to reach out to that future with renewed hope and vision, to ask how the future can be made better for that child and better for all children

My topic is the role of the international community in improving the health of children in that future. But before turning to this, I would like to make a few more general points about the international community. Reform of the international community in the post cold war world is a major issue of debate today–within the United Nations, within many governments, in the press, universities and other groups too often such debate is preoccupied with the political, the military, the economic and the financial And too often the terms of the debate are those of the *realpolitik* of national sovereignty and international relationships. And too frequently the conclusions of that debate are limited to marginal increments beyond the *status quo*.

The needs of children and the " issues of health " can help raise our sights above politics without human vision and take us beyond the deadening debate of incremental change Children can remind us that human development needs to be the ultimate objective of economic development, the touchstone of policy, the measure of progress. Children remind us of basic human needs–of the right to life, to care, to love, to health, to education, to shelter, to protection, to support, and to be brought up with a sense of wonder and awe and with a sense of obligation to others, to family, to community, to humanity. Most of us, when we see a child–our own child, the children of friends, even an unknown helpless child on some TV screen–feel these rights, even at times when we fail to act upon them.

Lawyers can expound each article of the Convention of the Rights of the child. Economists can explain why the investments in basic health and education for children cannot be left to the market alone. Doctors can identify the specific needs for healthy growth in the first year of life. But a baby, with its own irresistible smile and human dependence, provides a more universal and compelling appeal which few can resist–and to which all of us should respond.

UNICEF believes that these human imperatives should not only guide our actions toward individual children. They should also govern our activities for national policy and international reform. In reforming the international system, we need to recognize three fundamental human principles.

* Human development should be the ultimate objective and touchstone of development;

* Respect for people is fundamental' regardless of gender, economic or social status, religion, nationality or ethnic grouping;

* International action can and ultimately must be driven by ethical imperatives of human solidarity. There can be no value-free agenda.

Issues of international debt, adjustment, aid, technology transfer and many others all need to be approached and supported with clear regard for these basic human principles. These principles underline the need for giving much higher priority to support for the least developed countries, and to human development in Africa in particular.

I turn now to the role of the international community for the health of children. In looking forward, we need to recall and to build on some of the great victories of the past. Even recognition of victories is important because too often commitments are held back by the negative but erroneous belief that nothing can be done, that development always fails, that accelerating progress in health and education must be too costly. All this is simply not true. Consider for example:

* *The eradication of smallpox*, completed in 1978. At its peak, smallpox had been killing some two million each year, mostly children. For 3000 years smallpox had been a scourge of mankind. Led by the World Health Organization, smallpox was eradicated by the international community over the 1960s and 1970s at a total cost of less than $300 million–less than the cost of three fighter-bomber aircraft. Inspired by this victory, the World Health Assembly proposed

the Expanded Program of Immunization in the 1980s and now suggests the eradication of polio by the year 2000 and of measles early next century.

* *The role of science.* This year marks the 25th anniversary of the discovery and development of oral rehydration–the low-cost therapy which was hailed by *The Lancet* as possibly the most important medical discovery of the century and which has been reducing child deaths from dehydration and diarrhoea by a million a year since about 1990.

* *Social mobilization for child health.* Though vaccination against measles, whooping cough, diphtheria, tetanus, turbeculosis and polio has been readily available since the 1960s, it was only in the late 1980s that a dramatic acceleration of coverage was achieved. This was achieved with a massive mobilization of commitment and people, of institutions and the media–including in many contries, the churches as a central and important partner. By 1990, the developing countries had achieved the target of 80 per cent coverage–and three million children were no longer dying from vaccine preventable disease each year.

* *Reduction of child mortality.* The number of children dying each year has been significantly reduced over the last 40 years–from 24 million in 1950 to 13 million in 1992, in spite of world population more than doubling over this period.

World Summit for Children

A first step towards giving a new priority to the health and welfare of children everywhere was taken at the World Summit for Children, held at the United Nations on September 30, 1990. The world leaders who attended the World Summit for Children decided that the annual shame of 13 million largely preventable child deaths must not be allowed to accompany us into the 21st century. In the Declaration on the World Summit for Children, they set seven major goals for children and women over the 1990s.

* reduction of infant and under-five mortality rates by one-third;

* reduction of matermal mortality rates by half;

* reduction of severe and moderate malnutrition among children under five by half;

* universal access to safe drinking water and to sanitary means of excreta disposal;

* universal access to basic education, with completion of primary education by at least 80 per cent of primary school age children;

* reduction of the adult literacy rate to at least half its 1990 level, with emphasis on female literacy;

* and improved protection of children in especially difficult circumstances.

The full set of goals is attached as annex 1.

In pursuing these goals, we already have a significant foundation of progress to build on. UNICEF has recently issued a new annual publication, entitled *Progress of Nations*, that details how far we have come and how far we have to go to reach our goals.

In accelerating towards these goals, it is important to emphasize two basic facts. First, economic wealth is not the decisive factor. One of the most important lessons of the past few decades is that progress in huan development can be achieved in poor countries, if they set and implement the right priorities. Indeed, a number of poorer nations are much closer to meeting the basic needs of all their citizens than others that are considerably wealthier.

Seven of the poorest contries, for example,–China, the Democratic People's Republic of Korea, the Dominican Republic, Honduras, Philippines, Sri Lanka and Vietnam–have brought child deaths down below the year 2000 target of 70 deaths per 1,000 births (and Egypt is about to join the group); many other nations that are two or three times wealthier have far higher rates than this. The point is

this: human progress need not await full national economic advance. Political commitment and community action to improve people's lives can work miracles even with low levels of economic development. Indeed, experiences show that human development is the essential foundation for economic and social advance.

The second fact to recall is that much progress has already been achieved. The tragedies of Somalia and Yugoslavia and other war-torn countries blind so many of us to the gains that have been made. Many people, particularly in the industrialized countries, where information about the developing world comes exclusively from news reports of its disasters, fail to realize the impressive human progress of the last forty years.

The facts are that in little more than one generation, average real incomes have more than doubled in the developing countries; child death rates have been more than halved; malnutrition rates have been reduced by about 30 per cent; life expectancy has increased by about a third; the proportion of children enrolled in primary school has risen from less than half to more than three quarters; and the percentage of rural families with access to safe water has risen from less than ten per cent to more than 60 per cent. In the meantime, birthspacing has improved and the average family size in developing countries has fallen from six to under four, just over half the decline required to set the condition for stable world population.

Mid decade goals for 1995

Since the World Summit for Children, most regions of the world have added to their long-term goals a set of ambitious but feasible mid-decade goals for 1995, to serve as a focus for immediate action and mobilization.

These mid-decade goals vary slightly by region, but mostly incorporate the following ten objectives:

* Raising immunization coverage against the six principal vaccine-preventable diseases to 80 per cent or more in all countries;

* Elimination of neonatal tetanus;

* Reduction of measles deaths by 95 per cent and of measles cases by 90 per cent;

* Elimination of polio in selected countries;

* Elimintation of vitamin A deficiency;

* Universal iodization of salt to end iodine-deficiency disorders;

* Achievement of 80 per cent usage of oral rehydration therapy; in selected countries, 50 per cent of all health facilities and providers to offer correct case management for diarrhoea and pneumonia;

* Making virtually all major hospitals and maternity facilities " baby-friendly " by ending free and low-cost supplies of infant formula and following the " Ten Steps to Successful Breastfeeding, " recommended by UNICEF and WHO;

* Eradication of dracunculiasis;

* Universal ratification of the Convention on the Rights of the Child.

In addition, three intermediate targets have been set in the areas of nutrition, education, and water and sanitation. These partial or stepping-stone goals are intended to encourage governments to develop the systems needed to achieve the complete goals in these sectors by the year 2000.

How we can accelerate progress

There are seven actions which in UNICEF's experiences are keys to the successful implementation of accelerated programs to reach the goals for children.

First, there is need for high level political leadership and commitment. UNICEF has learnt in recent years that health actions can be dramatically accelerated if leader-

ship by the president or head of state is directly turned to this task. Where the head of state regularly monitors the achievement of the goals, as President Salinas now does every six months in Mexico, experience shows that ten-year goals can be achieved in three-or five-year periods.

Second, action and leadership also need to be deployed at the provincial and municipal levels, and among a wide variety of institutions and organizations, government and non-government, among the churches, universities and professional organizations. Sub-national plans have been issued in many countries. Without effective decentralization, National Programs of Action will not be translated into programs at the local level, which is, after all, where the needs are.

Third, greater resources ungently need to be allocated to this effort. Where fiscal constraints rule out any increase in national budgets, restructuring of sectoral allocations can–indeed, must–provide the increased funds needed for children. As Prime Minister Gro Harlem Brundtland of Norway reminded the world at the United Nations last month, 20 per cent of national budgets and ODA–at a minimum–should be allocated to " helping the poor meet their needs for food, water, sanitation, basic health care, family planning and education for their children. " At present, an average of only about ten per cent of government spending and of overseas aid budgets is devoted to these purposes.

Fourth, integration of services and mutual reinforcement of interventios are both needed if we are to employ limited resources to accelerate progress. Every health center needs to be made " child friendly, " providing–at a minimun–immunization services, breastfeeding promotion, vitamin A capsules, advice on birth spacing and standard case management for diarrhoea and pneumonia. Only by clustering goals and taking advantage of every opportunity–every appropriate venue–for multiple interventions, can we get the kind of acceleration of progress that is required.

Fifth, social mobilization is critical. We live in a world of pervasive media–though too often the media are used to little purpose. We need to mobilize the press, television, all means of communication to spread the basic messages of health in ways that ordinary people can use for themselves, their families and their communities. The Church has played a major role in this endeavour in the 1980s–and incidentally it did in the 19th century, when in many communities in Europe the village priest encouraged parents to take their children for what was then new immunization. In Colombia, in Brazil, in Central America, the Church has shown its capacity to mobilize people for the health of their children in dramatically successful ways. In El Salvador in 1986, the Archbishop played a significant role in bringing the guerilla movement into agreement with the government, both in support of a truly nationale effort of immunization. The results saved more children through immunization each year than had been lost throught fighting in all the years.

Sixth, far greater emphasis needs to be placed on improving the status of women, starting with young girls. Society can make no better investment than in the health and education of girls and women–for their own sake, and for the multiple benefits that accrue to children, family, community and the economy. Progress will not be meaningful or sustainable where deeply-rooted gender discrimination goes unchallenged.

Seventh, monitoring systems must be strengthened to provide accurate and timely information to guide policies and programs. Currently, because of weak monitoring systems, most developing countries lack the accurate and up-to-date data that are so important to our human development efforts. Without solid monitoring mechanisms, accountability is undermined all along the chain of responsibility.

These steps, clallenging but powerfully focused and involving

many partners, are critical for making the goals a reality. We need to appeal to the best in all of us in providing the necessary support. Bu we also need to note the benefits that can follow if these goals are achieved.

The lives of an additional two million children can be saved each year if countries meet these 1995 targets for improving health, nutrition and education of children worldwide. At the same time, child health and children's education would be strengthened, economic development given an important boost, population growth helped to slow, stress on the environment eased, democracy strengthened and improvements achieved in the status of women.

Just by achieving *one* of the mid-decade targets–universal iodization of salt–countries will eliminate the leading cause of preventable intellectual underdevelopment in the world, thereby significantly improving school performance and labour productivity. IDD is the largest single cause of mental retardation in the world, affecting at least 200 million people and some seven million severely enough to be cretins. With the abolition of IDD, it is estimated that IQ among affected populations would be raised by an average of several points.

In parallel, by providing children with vitamin A through capsules or improved diets, countries will virtually eliminate the leading cause of blindness among children and lower child death rates by up to 30 per cent. Meeting the mid-decade targets would also go far towards eliminating polio and guinea worm, two diseases that cripple children, and achieving such social goals as giving young girls equal opportunities in education.

These are the opportunities before us–if we have only the vision to see them and the commitment to seize them. As Barbara Ward, who contributed so creatively to the Pontifical Commission for Justice and Peace, so often said:

" Our visionary perspective is true realism–and that is what we must pursue. "

Dr. Richard Jolly
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UNICEF Programs
Great Britain

LEÓNIDAS ORTIZ LOZADA

The Church's Work for the Psychophysical Health of Children in Latin America and the Caribbean

Latin America and the Caribbean had a population of 57 million children under age five at the start of the 1990's–that is, 13.8% of the total population. In addition, Latin American children between the ages of 5 and 14 numbered 102 million, 24% of the population–i.e., 37%, a little over one third of our population, are children.

If 28% of the urban population and 50% of the rural population live in absolute poverty, we can establish that, out of 181 million poor, 65 million are under age 14. Their present and, above all, their future are compromised.

In Latin America and the Caribbean 12 million children are born each year, and 852,000 under age five die. 2,334 children die each day, a rate of about 100 per hour. Among the survivors, 4 million suffer from serious infantile undernourishment which will limit their future possibilities.

This is the " silent emergency " Latin America is experiencing to which the Latin American Bishops meeting in Santo Domingo last year referred.

It is true that the situation has improved over the last thirty years, with a halving of what the infant mortality rate was in the 1960's. There has been general progress in the living conditions of Latin American children. Situations still present themselves requiring timely and renewed action–e.g., reducing infant mortality, attention to malnutrition, access to potable water, particularly in rural areas, and an increase in the children completing primary education. The urgency of programs for children's psychoemotional well-being deserves special attention.

1. A Glance at History

For about ten years the Catholic Church in Latin America and the Caribbean has been working systematically on behalf of children. One of the recommendations of the Twenty-Third Ordinary Assembly of CELAM was to motivate the Bishops' Conferences to promote the pastoral care of children, including a commitment to training in the faith, defending life, and children's right.

This concern of the Church has crystallized in the Program known as " Social-Pastoral Care of Children, " organized by CELAM's Department of Pastoral Action in Society, for the purpose of working with the Conferences of Latin America and the Caribbean in developing and executing programs aimed at fostering child survival and integral development.

Pope John Paul II's *Lenten Message* in 1988 was decisive in spurring this program, for the Pope urgently called attention *to the scandalous problem of infant mortality and extended an invitation to support generously all the actions and projects of local Churches, especially those to ensure a juster future for the most defenseless child population.*

2. The Pastoral Care of Children: An Option of the Latin American and Caribbean Church

This process culminated in Santo Domingo, where the Latin American and Caribbean Bishops, supporting the immense efforts of thousands of pastoral workers, made a commitment to *foster the spirituality of work on behalf of children and promote the pastoral care of the young through prophetic and charitable action witnessing to the love of Christ for the poorest and most abandoned children* (S.D., 227).

The pastoral orientations traced out in Santo Domingo are a complete program of action for the Latin American and Caribbean Church.

– To exercise the prophetic ministry of the Church by denouncing all violations against children before and after birth.

– To disseminate and press for fulfillment of the *Convention on Children's Rights*, with the observations by the Holy See and also the Holy See's *Letter on the Rights of the Family*.

– To orient lay people on promoting legislation in each country to protect children's rights and pressing for its implementation.

– To accompany and effectively support parents, educators, catechists, and religious institutes devoted to the training of children, with special attention to their growth in faith.

(*Document of Santo Domingo*, No. 227).

In this context, the Church's programs in Latin America and the Caribbean seek the following points, above all:

– To denounce all violations of children's rights.

– To disseminate the Church's social doctrine related to her con-

cern for children so that families, parishes, movements, associations, and society at large will become aware of their responsibility in forming a " new man. "

– To spur programs fostering the survival and psychosocial development of children so that they may cultivate their capacities as sons and daughters of God and members of the Church and of society.

– To promote and defend children's dignity and rights and those of women and the family to contribute to creating a juster, more solidary, more fraternal social order.

– To foster research on all the basic aspects affecting quantitative and qualitative improvement of action on behalf of the continent's children.

At present the pastoral care of children is working as a specific program of the Bishops' Conference as part of its pastoral departments in thirteen countries: Argentina, Brazil, Bolivia, Colombia, Costa Rica, Ecuador, El Salvador, Honduras, Mexico, Paraguay, Peru, the Dominican Republic, and Venezuela.

Though there is special emphasis in each country on programming in keeping with children's circumstances, some common policies and strategies have nonetheless come to be established which we summarize below.

3. Policies and Strategies to Promote the Psychophysical Health of Children in Latin America and the Caribbean

1) *Promoting integral child development*

– By ensuring that the physical, mental/emotional, social, and spiritual dimensions are always present in the Church's diversified action in the prophetic, liturgical, and social fields.

– By working out simple materials to support an integral approach to children's development. In this direction, varied materials have been published aimed at pastoral " animators " or workers among children, parents, and those responsible for children's programs.

– By training pastoral workers, parents, and the community to work in this perspective.

2) *Working with and for families, especially the poorest*

– By fostering ties between pastoral workers and parishes with a view towards families.

– By associating families with different working groups.

– By studying the situation of children in the parish, particularly the poorest.

– By instilling in families and communities responsibility for the care and protection of children.

– By accompanying families in carrying out their mission, becoming familiar with their practices in upbringing and helping them to improve them.

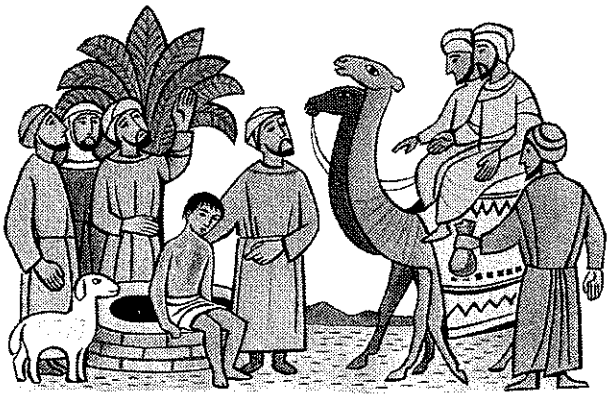
3) *Supporting existing efforts on behalf of children*

– By fostering exchanges on experience and mutual support among different programs.

– By strengthening and supporting the resources available in families and communities.

– By enriching people's own initiatives to create and maintain environmental conditions fostering children's integral development.

– By fostering community efforts on behalf of children.



4) *Including all action in overall pastoral care*

– By coordinating action in the different pastoral areas.

– By furthering shared programs with the pastoral departments for families, young people, and women.

– By taking advantage of courses to prepare for sacraments and train pastoral workers.

– By periodically evaluating and improving joint action.

5) *Developing a spirituality of work on behalf of children and the Pastoral Care of Children*

– By insisting on the dignity and rights of children.

– By stressing the human and Christian values of those dedicated to serving children.

– By recalling that " whoever receives a child such as this in my name receives me " (*Mt* 18:5).

– By the more deeply assimilating the meaning of Gospel charity in the light of God's Word

– By permanently training pastoral workers in the transcendence of evangelizing society.

Specific Policies and Strategies for Children's Survival and Development

6) *Applying established knowledge and practices*

– By permanently updating knowledge on the topic and receiving needed training

– By promoting research on practices in upbringing in different communities. In this regard, in 1991 and 1992 there was research to obtain information on *practices, models, and beliefs related to the education of children from 0 to six years of age* in vulnerable groups –rural, indigenous, and marginalized urban communities–in Chile, Bolivia, Peru, Ecuador, Mexico, Costa Rica, Honduras, El Salvador, Guatemala, and the Dominican Republic. The results of this research will be used to improve pastoral work in these undefended sectors.

– By using the means of parishes and Church jurisdictions.

8) *Promoting and developing women's participation*

– By fostering their organization and mobilization as prime agents for children's survival and development.

– By stimulating recognition of their rights and not only their duties.

– By strengthening or helping to create programs with and for them, together with Social and Familial Pastoral Care.

– By fostering a search for alternate solutions allowing women to work and care for their children.

– By using the *Manual for Training in Work for Children's Survival and Development in the Parish* and other written and audiovisual materials. This Manual, prepared technically to facilitate active training of pastoral " animators " for children, contains the basic concepts of the strategy for children's survival and development from a physical, emotional, and social standpoint.

– By becoming familiar with and applying in accordance with local circumstances the Action Plan to implement the *World Declaration on the Survival, Protection, and Development of Children in the 1990's*.

7) *Implementing a communications strategy to make known the content of Pastoral Care of Children*

– By preparing messages in an attractive, simple, and committed style.

– By sending material to radio and TV stations, as well as newspapers and magazines. A video entitled *Today's Children. Tomorrow's Church* has been produced, along with a radio series called Our Best with twelve plays on children's psychophysical health.

– By inviting celebrated personalities to make public statements in favor of children's survival and development.

9) *Broadening the program's coverage*

– By performing simple, low-cost action that can easily be repeated and duplicated.

– By efficient use of resources existing in the environment.

– By integrating the program into ongoing projects in the same region.

– By encouraging volunteer service–along with the corresponding training and spirituality–as an expression of Christian commitment.

10) *Attempting to satisfy psychoemotional needs, basic to children's development*

– By promoting stable emotional ties in the family and community.

– By providing children with a relation to their environment to facilitate there appropriate and harmonious development.

– By educating in love, dialogue, sharing, and the affectionate manifestation of feelings.

– By fostering play.

For the Rights of Children, Women, and Families

11) *Disseminating the Convention on Children's Rights by getting to know and reflecting on the text*

– By training pastoral workers and parents in respect for and advancement of children's rights.

– By conducting educational campaigns with the community.

– By promoting the creation or enforcement of laws protecting children's rights.

– By denouncing violations of those rights and taking preventive measures.

– By organizing programs to protect children in difficult circumstances, with a high moral and physical risk, or in a state of abandonment.

12) *Promoting effective recognition of women's rights*

– By creating community awareness, especially among men, concerning women's rights.

– By stimulating the organization of women so they can promote and defend their rights.

– By taking advantage of already existing programs for real advancement of women.

– By analyzing the causes of discrimination against women and acting on them to change the situation.

13) *Defending the rights of the family*

– By stressing the irreplaceable role of the family in children's integral development.

– By making known the *Family Rights Charter*.

– By organizing families to fight for recognition of and respect for their rights.

– By developing educational programs for family life at all levels and in all environments of society, in collaboration with Pastoral Care of the Family.

– By spurring programs to help unstable families, unmarried mothers, and single-parent families in collaboration with the Pastoral Departments for the Familial and Social spheres.

For the Integral Development of Children

14) *Pastorally accompanying the process of children's birth and development*

– By participating in preparatory courses for marriage and the Sacraments.

– By training pastoral workers in the concepts and practices proper to the Pastoral Care of Children.

– By taking advantage of celebrations of family events to insist on children's integral development.

– By promoting the creation of Parents' Schools or educational experiences where parents acquire knowledge and skills to help their children develop better.

15) *Helping families in religious education of children as part of their integral development*

– By offering training, materials, and counselling to Christian families.

– By promoting the religious education of children as a right of every person.

– By maintaining programs and initiatives for cooperation with other Churches in the area of assistance to children.

Conclusion

Concern for children has been a constant in the Church throughout her history. Nevertheless, organized, systematic, and coordinated work focused on children, especially in the neediest areas, has been carried out in Latin America and the Caribbean only in the last ten years. And we want to expand it in the next two years to the remaining countries in the region so that, as the Gospel states, children may have life and have it in abundance.

Rev. LEONIDAS ORTIZ LOSADA
Executive Secretary of DEPAS-CELAM

IVÁN MARÍN

The Work of the Church for the Health of Children

My speech will not be very long I would simply want to echo and to bring out the urgent call of the Holy Father in his *Message for Lent 1988* on behalf of the children who become the untimely victims of evils which could be easily prevented.

On this occasion the Pope said, and I quote, " Contemplating the divine motherhood of Mary, the woman who bore the Son of God within her womb and surrounded the child Jesus with special care and love, I am reminded of the painful drama of so many mothers, whose hope and joy has been shattered by the early deaths of their children. " He pointed out that among the causes of infant mortality are " acute dehydration, parasites, lack of vaccination, epidemics, hunger and even the lack of love. Under such conditions of poverty, a great number of children die in their infancy, while the physical and psychological development of others is so seriously affected that their very survival is threatened, and they are at a disadvantage in finding a place for themselves in society "

This alarming cry and this appeal of the Pope reinforced the work of the church on behalf of children, and has inspired new initiatives which at present are reaping successful results, as are the pastoral programs for children adopted by almost all the countries of Latin America. Moreover, the Church and the State, the Church and certain Organizations, such as UNICEF, have joined efforts in order to enhance public awareness and implement programs that address the reality of the problem in its entirety, and which have gained significant positive results. To cite some instances, we mention the *Pastoral da criança* in Brazil and pastoral ministry for children in El Salvador, Colombia, Ecuador, Peru and in other countries.

I would like to add that today the fight must face new and terrible aggressors assaulting the integrity of the children. It is important to fight together the problem of malnutrition, diseases, and illiteracy that submits millions of children to one of the cruel est forms of slavery which scourges the poorest countries. It is important to adopt new programs geared at protecting children from cruel and " Herodean " enterprises that do business by trafficking with the organs of the human body, child labour and sexual exploitation, and pornography

The Family, Organizations, Institutions, and the entire Community must be more committed in order to give priority to children in poor countries, as it is well known that economic recession, the payment of foreign debt and economic policy adjustment are a heavy burden which the poor must bear most, and children are the first victims.

It is necessary to unite efforts, for unity gives strength, and strength can overcome the most challenging obstacles. Much has already been done, but much is still lacking as yet. It is necessary to overcome hunger, which afflicts millions of children; it is necessary to overcome epidemics; it is necessary to offer potable water and to open schools; in a word, it is necessary to overcome poverty.

On behalf of children–the future of society–adults, and especially the Church as mother, have to continue to denounce the horrors of war and the consequences of certain sanctions whose burden falls on the poorest population, depriving children of basic food requirements, of medicines, of school opportunities.

We must be convinced that the strength of love will overcome hate, that the immense potential of goodness implanted by the Creator in the heart of every man and woman may one day win over egoism, and that some day all the children of the world, without any exception, will see their rights fully respected and will have all the means to be able to enjoy the marvellous gift of life.

Msgr. IVÁN MARÍN
Secretary Pont Council COR UNUM

EDOUARD GAGNON

The Child Is Also the Future of the Church

The Church has always been convinced of this truth. With her eyes turned to the future, she has given pre-eminent importance to the pastoral stewardship of children. The component parts of this concern make up a very long list: education, medical care, associations, and so forth. When I was a young priest the Church was often reproached for paying too much attention to children. We now realize, however, that negative consequences have arisen because of our failure to fully appreciate this part of our ministry. The lukewarm Christians of today are the neglected children of twenty-five years ago.

At crucial moments in the history of the Church, and at times of crisis, God has always has sent us great apostles of children and the problems of childhood: Filippo Neri, Angela Merici, Marguerite Bourgeoys, Giovanni Battista De La Salle, Giovanni Bosco, not to mention many other founders of educational communities and promoters of initiatives dedicated to the young. Many of these figures have been canonized. But it would be impossible to count all those courageous men and women who have shaped and molded those generations who, in their turn, have ensured that faith, hope, and charity are still realities in this world.

There is nothing surprising about all this. In the Old Testament God himself deemed fit to show his feelings towards the young and very young. He made the Psalmist sing these most telling words: " Thou whose glory above the heavens is chanted by the mouth of babes and infants " (*Ps* 8:2). To many of those whom he chose to lead his people, he declared that he had chosen them before they had entered their mother's womb. The lives of Samson, of David, and of John the Baptist well show us that great missions are initiated in the early stages of life, during childhood itself.

Jesus, in the same way, allowed himself to be surrounded by children; he held them up as models for behavior and states of mind. He also severely condemned those who offend their consciences (*Mk* 10:13-16). At the early stages of Christianity how many of those who shed their blood on the soil of the birthplace of the Church had been children evangelized by our Savior!

In his encyclical on Christian marriage, Pius XI made clear that by virtue of this sacrament parents are not only called upon to give society the children which it so clearly needs, but are also involved in a vocation to give life to those who will worship and love God. From baptism itself, these children bear witness to their eternal vocation through the reality of participating in, and giving rise to, the Christian community.

Experiences

The child is the future of the Church. It is important for us to know the realities of this truth. I would like to share with you certain beliefs of mine concerning this question, beliefs which are the outcome of my long experience of working with children.

I was ordained a priest more than fifty years ago. The ceremony took place in a holiday village where I used to go when I was a seminary student and for which I was subsequently responsible as its director. Every summer we looked after eight hundred children from the poor areas of Montreal. We spent three weeks there, living with them, watching them as they played and enjoyed life, and listening to them when they confided in us. They came freely of their own accord to the sacrament of confession, and I spent hundreds of hours listening to what they told me.

I learnt that a child wants to be taken seriously: one should not undervalue his impulses towards generosity, or merely smile at his " favorite acts of mischief " He must be helped and guided. He already bears within him the freedom to direct himself towards a life of love for God and service towards his neighbor or, in very different and contrary fashion, towards selfishness and an attitude of hardness and indifference.

As a seminary teacher I noticed that very few young people are drawn towards the priesthood if they do not have before their own eyes an example and a model of dedication and deeply-felt compassion to follow.

As a bishop I was called upon to celebrate the ceremony of confirmation in many places and in a variety of contexts. I tried to make sure that I spent time with children in the classroom before the ceremony and was struck by the fact that the seven-and eight-year-olds were far more open to the intelligence and acceptance of the gift of the Spirit through the sacrament

than were their adolescent counterparts in the highest classes above them.

My bishopric in Alberta was also a hall for young people who attended school far from their villages and hamlets. They were quite close to us. One evening one of them said to me, " Our parents don't love us–they buy us; they give us everything we ask for rather than giving us their time and their trust. They refuse us the gift of believing in us; they won't say no. They do not think that we are able to make sacrifices. They don't think we can go beyond our limits. "

My chief work now involves dealing with proposals of canonization. We often notice that the fundamental orientations of life are made evident very early on. Theresa of Avila and Thérèse of the Child Jesus–to cite just two examples–bear witness to the fact that at the time of the first communion many children have already chosen to become saints of their own free will, and to this decision they remain faithful.

Dina Belanger, who was beatified by the Holy Father not long ago, seemed outwardly to be just like her schoolmates and her playmates. But at the time of her first communion she already displayed those clear hallmarks of faith which would make her the great mystic that she was. Duns Scotus, the brilliant and holy Franciscan theologian, had already decided by the age of ten to renounce the world and dedicate himself to holy study and the love of God.

Reflections

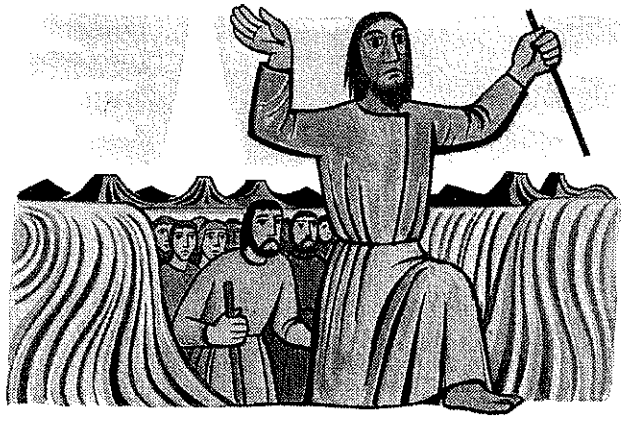
What lessons have I drawn from these experiences?

1. The first is that one must be fully aware of the contribution that children and childhood can make to the life of the Church and to her movement towards the future.

Paul VI used to say that children must be evangelized by their families and by their environments (*Evangelii Nuntiandi*, no. 71). John Paul II further added, in discussing the Apostolate of the Laity: " At the time of childhood and early youth as well, valuable and effective opportunities present themselves for the building of the Church and for the humanization of society. What the Council says about the beneficial and constructive presence of children within the family, the ' domestic church '... must be reflected by children in their relationship with the Universal and local Church " (*Cristifideles Laici*, no. 47).

The Pope made clear once again, on the occasion of the one hundred and fiftieth anniversary of the founding of the Institute of the Holy Child, that " The Church places great hope in the ability of children to change the world. She believes that they do not passively receive the conditions imposed on them by society, but, on the contrary, are able to fill the present with all the love that God has placed in their souls. The history of Evangelization is marked by the witness of the very young, like those three child martyrs that I beatified in Mexico. Evangelization will be carried forward by new generations of children born to a life of God and the Church through baptism, and marked by young churches fully loyal to Christ and eminently generous in their attitude towards the proclamation of the Good News " (May 6, 1993).

This is exactly what Jesus thought. That beautiful page of the Gospels is very well-known: " Then they brought children to him, asking him to touch them; and his disciples rebuked those who brought them. But Jesus was indignant on seeing this: 'Let the children come to me,' he said, 'do not keep them back; the kingdom of God belongs to such as these. I tell you truthfully, the man who does not welcome the kingdom of God like a child, will never enter into it.' And then he embraced them, laid his hands upon them, and blessed them " (*Mk* 10:13-16).



The disciples did not believe that the children were ready to receive the teaching of Christ. Jesus removed these prejudices of theirs and later, on another occasion, made clear that the Father reveals to the young and the humble that

which he hides from wise men who are overly proud (*Mt* 11:25)

2. What Jesus rebuked the apostles for could also be leveled against the way of thinking about the catechism which over recent decades has placed very little trust in the actual intelligence of children. This way of thinking assumes that children are not able to grasp new ideas and new, albeit difficult, concepts, through the use of new terms. For example, there has been an attempt to replace the words of the Creed and the Gospels with terms which are vague and anodyne. Rather than forming their conscience through an explanation and exposition of the Commandments, which are not in the least mysterious, these children are made to confess with the phrase " I have said no to Jesus. " When have they ever said no to Christ? On the other hand, they do indeed have weaknesses, and they must be helped in removing them.

This is more than evident, given that one need only watch and listen to children to understand how they develop their vocabulary and their knowledge in relation to such subjects as sport, cars, electronic games, and computers. The Holy See has always believed that it is wrong for children, on the pretext that the catechism of each sacrament requires a full year, to be made to wait a long time after their first communion before being admitted to penance. But where is the difficulty in showing them the connection between these sacraments, in explaining that the Eucharist is the renewal of the sacrifice of Christ for the specific purpose of the remission of sins?

As a distinguished theologian has written, those who believe that the preaching of the highest truths should be confined to an élite are engaged, against their will, in a process which leads to the impoverishment of a very rich source of holiness. Truth is the principal spring of the giving and joy of love. We forget that baptism leads to what is called the sense of God being sown in every soul. This sense of God is enriched by the gifts of intelligence and wisdom, and these, in turn, enable the most simple of our brethren (including children) to understand and appreciate the most sublime of truths. (Bernadot, *De l'Eucharistе à la Trinité*)

For children to be the sentinels of the future, it is essential for them not to be treated as idiots. The experts now well know that infants learn before the acquisition of the ability to reason, and that what they learn has an effect on their subsequent psychological and social behavior.

3. The Church, furthermore, does not accept the idea that children are unable to make important decisions before the age of adolescence. They are capable of sin in the same way as they are capable of performing virtuous acts or heroic acts. After a great deal of reflection regarding recent discussion of the subject, the Church has no hesitation in recognizing that children can be saints. Indeed, I myself presented the cause of the children of Fatima and of little Anne de Guigné to the College of Cardinals. Their understanding of the plans of God, the lucidity with which they gave of themselves, their courage when faced with pain and suffering, and their sense of the divine presence may all seem scarcely credible. But these realities are all borne out by irrefutable evidence.

There is no lack of research into this question. Dr. René de Tryon-Montalembert dwells upon the subject in illuminating fashion in a number of books and in the bulletin *Enfance et Sainteté*. One should not be afraid of inviting children to take the path of saintliness.

4. Another demonstration of the Church's faith that children are the future of the Church is to be found in new developments regarding pastoral attention to vocations.

Bodies such as the National Center for Vocations in Italy work in realistic fashion to give answers to the needs of children. Such bodies strive to show children the ideals to which they can aspire, to free them from prejudices, and to remove obstacles to their ability to choose their own futures without let or hindrance.

This is not only a question of dealing with the Church's need for religious and clerical vocations

The Church must also have a laity which understands what its purpose is, given that it is baptized, and which strives for the creation of the kingdom of Christ through action in the world and within the apostolic movements. After all, we have heard the Pope make clear that children should be missionaries and apostles.

5. When Jesus called upon his disciples to respect and imitate children he gave voice to one of the most powerful phrases of all his teaching: " And if anyone offends the conscience of one of these little ones who believe in me, it would be better for him to have been drowned in the depths of the sea, with a millstone hung about his neck " (*Mt* 18:6). It is clear that tomorrow's Church will be sick at heart if we allow children to be depraved by pornography, the invitation to sexual license, and the glorification of violence. Yet do we not damage their consciences, by an act of omission, when we allow the potential within them to go to waste, when we abandon them to what the Holy Scriptures call the " fascination of wickedness? " (*Ws* 4:12).

Conclusion

Children have a great deal to teach today's world. The teaching of the Lord is always right. The world would become the Kingdom of God, that Kingdom of justice and peace foreseen by Isaiah, if men were able to regain the spirit of childhood: feeling dependent on God and others, not closing in upon ourselves, our prejudices, and our wants. This means, first and foremost, that we need a Father –God–and a Mother–the Church –that are always ready to forgive the child who has gone astray, the child who is lost.

" Faced with the prospect of our despairing humanity growing ever older, our new generation answers to its own needs by turning to a renewal of the inner self.... Would it really be a good thing to confine to children–those that are children because of their age or their hearts, and those that are children because they have become so again through the grace of love–that finding anew of a hope which men of our time, like other lost children, believe has been banished from our world forever? Can we not, on the contrary, have faith that the power of this prayer for children will continue to be invincible, so that hope will be given back to our time? " (René de Tyron-Montalembert, *Anne de Giugné*, p. 14).

EDOUARD Cardinal GAGNON
President of the Pontifical Council for International Eucharistic Congresses

JOSEPH T. ENGLISH

The Psychopathology of Child Development

300 years ago, our view of childhood changed radically. As the French cultural historian, Philippe Aries notes in his book, *Centuries of Childhood*, prior to the 17th century children were not named until the age of three because of the high rate of infant mortality, were seen as little adults and were dressed and housed accordingly, and were thought to be quite vulnerable to evil influence. The 17th century brought new sensibilities, in part a result of the actions of moralists and educated clergy. The child was now seen as deserving special protection, both emotionally and physically, and for boys, initially, an education was sees as necessary to develop character and reason. A new sentimentality and awareness toward both child and family had arisen. In the 18th century Rousseau would elaborate upon these changes, providing the goundwork for contemporary approaches to childhood in most civilized countries.

We have learned much about children since Rousseau. Through the work of Henry Maudsley, Sigmund and Anna Freud, Melanie Klein, Rene Spitz, John Bowlby, Margaret Mahler, and Daniel Stern, to name just a few, we have come to appreciate that the infant is not a tabula rasa to be written on by his environment; rather, he brings his own innate temperament and biological drives as a very active participant in shaping his environment. For example, T. Berry Brazelton has shown that the 30-day-old infant has up to 12 different behaviors that can be used to animate a fatigued caretaker. Brazleton was concerned with how the infant was affected by interaction with a parent who was exhausted from a full day at work. The infant does not simply accept what is given but attempts to improve the quality of his care. Further, as Bowlby and the attachment theo-

rists have shown, the infant engages the parents using a wide variety of behaviors, including cooing, smiling, and crying. These produce increased proximity with the parent and foster the formation of strong emotional ties between the two. Parent-infant interaction is, therefore, a two-way street. The infant takes, in his prolonged degree of dependency, but he also gives. He is able to produce feelings of gratification in his caretakers.

As normal development proceeds from infancy onwards, we watch the infant develop fine and gross motor skills, acquire language, and develop increasingly complex social skills. He follows objects with his eyes—the human face being the most interesting object there is to follow. He holds his head up, crawls, walks, begins to use single words and then three-word sentences and gains control over his functions of elimination. He realizes by the end of the first year of life that others have minds and experience comparable to his own inner emotional states. When he points to a toy with glee and smiles at his mother, he is saying " Don't you find this toy wonderful, too? " He is aware of siblings and increasingly of other children as he begins nursery school experience. Here his play and speech will be largely parallel to that of other toddlers, but, with time, greater degrees of true interactiveness are possible. Also, he is aware that his parents have a relationship between them that is somehow different from the one he has with each of them.

Piaget, in his studies of the cognitive development of the infant, notes that during the first two years of life the infant will experience the environment in largely sensory-motor terms and begins to become an experimenter on the environment. During the preschool period, the child believes that he is largely the center of the universe and that it is impossible to have thoughts or feelings different from his own. He believes that inanimate objects have animate properties such as intention, and has a hazy, but not entirely accurate notion of causation. When asked what makes the bicycle wheel go round, he will respond that it is from the pedals going round. This is true insofar as it goes, but the child is not able to comprehend the importance of the chain between pedals and wheel. Similarly, a locomotive is described as being able to move because smoke comes out the smokestack.

With grade school, or the latency years of 6-12, the child makes a number of remarkable cognitive leaps. He begins to have conservation of number, area, and volume. He is less inclined to picture himself as the center of the universe. He experiences the beginnings of empathy and begins to struggle with the knowledge that an individual's life is finite. He can order things from largest to smallest, and envision the steps as, for example, an upright pencil falls over to the horizontal position. He can now grasp the idea of reversibility, 10 minus 3 equals 7, but 7 plus 3 in turn equals 10.

As Sigmund Freud emphasized in his concept of the Oedipal complex, the preschool child has strong ambitions to have sole ownership of the parent of the opposite sex. During the latency years these ambitions must be renounced as the child grasps that his father is not likely to surrender the mother. The result of this conclusion is that the child develops a superego, an independent conscience by which to guide his behavior. Before, his behavior was guided by the possibilities of being caught by his parents as he participated in forbidden activities. Now, he considers which behaviors are intrinsically right or wrong and which actions best serve the group to which he belongs, be it family or peer group. His conscience initially is rather strict and is accompanied by an obsessive style of character. This latter in the early latency age also makes a child a collector of baseball cards, bottle caps, coins, and other items of interest. Further, the early latency age child is far better at employing symbols to represent objects and to deal with conflicts. Instead of wishing to have his mother all to himself, he can imagine that he is a powerful knight who slays a wicked dragon, frees a beautiful princess whose hand he is given in marriage by a grateful father, the king. The ability to symbolize conflict in this manner greatly reduces anxiety and results in the state of calm, pliability, and educability so characteristic of the latency age child. The latter can now attend for sustained periods to his studies and the beginning of preparation for later life in the adult world. He develops a sense of industry, compares his abilities with those of other children around him, and begins to formulate an idea of his options in the future. Can he hope to become a teacher, a doctor, a lawyer, or must he be content to become a truck driver or laborer? The latency age child is also consolidating his sense of gender identity as determined by the culture in which he lives. What does it mean to be a boy or a girl and how is one supposed to behave? What sort of activities does one occupy oneself with? Friendships are largely with others of the same sex, and one friendship will be particularly close, with the child sharing many of his secrets with this special chum. This special relationship will be modified in adolescence to extend to someone of the opposite sex.

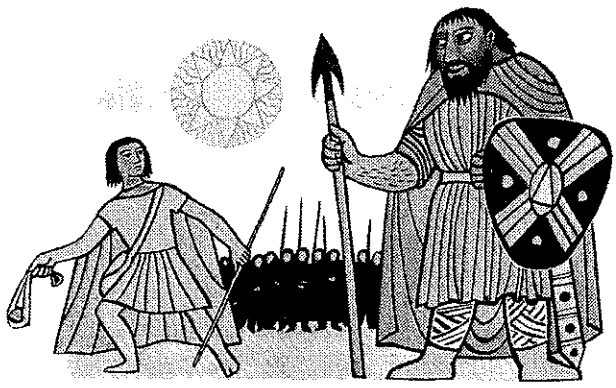
The second half of the latency period, from ages 8 1/2 to 10-12, is characterized by a child who is highly verbal, comfortable with himself, and able to let himself get away with small lapses of conscience from time to time. He still is a highly sexual creature, but since his impulses are directed towards members of his immediate family, these must be kept under tight control and are not acted upon.

Adolescence brings many changes, the first of which is in physical growth. During the latency years, the rate of growth was linear from year to year. In adolescence a sudden growth spurt takes place, first in girls and later in boys, that can yield an annual increase of height of up to six inches. Consequently, the child's body now stretches out into space where it did not formerly, and body image has not had time to catch up. The adolescent bumps into things because of this discrepancy and is awkward. Secondary sex characteristics such as breast budding, axillary and pubic hair growth, pinching of the waist and spreading of the hips occurs in girls. In boys, the voice deepens, the beard develops,

axillary and pubic hair appear, the general body musculature becomes far more powerful, and the genitals increase in size. Girls begin to menstruate and boys experience nocturnal ejaculations. This causes concern because these functions are not under conscious control, and the adolescent must come to grips with the implications of this. The sexual hormones have increased as well as ideation about sex. The objects of sexual interest begin to move away from individuals in the family and toward those in the outside world, where these choices seem less forbidden. The opposite sex is initially viewed with considerable fright and attempts to have sexual contact are largely counterphobic in nature. The boy wonders whether he can kiss a girl or touch the sexual areas of her body and live to tell about it. By middle adolescence, ages 15-16, the boy will be less fearful of the girl, and will begin to see her as another person somewhat like himself with hopes and aspirations and a desire not to be unduly hurt emotionally. A developing sense of mutuality is now possible on dates.

The adolescent is actively involved in moving away from his family both emotionally and cognitively. His peer group serves as an increasingly primary point of attachment and support, and is used to help in separation from the emotional attachment and dependency on family. Cognitively, the adolescent realizes that there are other ways to look at the world than those taught by his family. This makes him both passionate about, and vulnerable to, ideologies. He can become a tireless worker for a religious group or political party. His abilities to critique the endeavors he is involved with are less critically developed, making him vulnerable to all manner of charismatic types. To the extent that he finds adolescent independence burdensome or emotionally intolerable, he may find it more expedient to submit to a movement which will dictate his behavior and beliefs.

It is important to remember that adolescence is a time of increased aggression coupled with tremendously increased muscular power. No wonder adolescents were the backbone of classical armies. Alexander the Great conquered the known world at age 18. In primate groups, the adolescents are used as the line of first defense surrounding the main grouping of adults and infants. The impressive physical power of the adolescent has to be harnessed through sublimation in sports or through part-time work. At the turn of the 20th century in the United States, 1/3 of all families still lived on farms. As the adolescent matured, he simply took on more farming responsibilities and increasingly worked alongside his father and older brothers. There was a very smooth transition from childhood to adulthood. Girls, similarly, helped their mother with household chores. This arrangement was altered by the beginning of mandatory secondary education after World War I. Not since the days of the classical armies were there so many adolescents gathered together under the same roof. The physical energy formerly coupled to farm work or an apprenticeship in a trade now had to be otherwise channeled lest it be vented in destructive patterns. This also implies that society can only handle the maturation of a certain number of adolescents at any one time, lest the existing structures be overwhelmed by this yet-to-be-fully-socialized group. Finally, a cohort of adolescents is powerfully shaped in their development by current world events. Compare adolescents at the time of World War II eager to join the war with those during the Vietnam era eager to avoid the war at all costs and their questioning of the legitimacy of existing forms of societal authority. A crisis of meaning ensued, with attempts to find new meaning in free love, drugs, and communal living.



Adolescence is also remarkable for the advances in cognitive prowess making the learning of such subjects as algebra, calculus, and physics possible. The adolescent becomes adept at manipulating situations and physical objects, using only representations of them. As Buber did, he can lie on his bed, look up at the ceiling and imagine how small he is in comparison to the universe so many light years

out into space. This disparity in size can be deeply disturbing, and the adolescent is challenged to conjure up meaning for his individual existence. Should he go to college, his thinking will be ready for the possible solutions as offered by the study of history, philosophy, and religion.

Toward the middle and late teenage years, the adolescent must decide whether or not to pursue college studies or prepare himself for a trade. He must deal with issues of sexual identity and come to terms with the sexual feelings aroused in social relationships with peers. Erik Erikson suggess that these tasks should be completed by the end of the college years, but with the prolonged period of graduate education now common, psychological resolution of adolescent tasks may not occur until the thirties or even early forties. Often, young people are not yet full psychological adults as they become junior physicians in hospitals or junior partners in law firms. Hence the ending of adolescente, an event that began in biological changes but concludes in the resolution of certain psychological tasks, merges inperceptibly with the beginning of the young adult years.I

i have attempted a brief overview of developmental processes extending from infancy through latency age to adolescence and into early adulthood. We see psychopathology whenever any of these major developmental trends are interrupted. This can occur for either constitutional or environmental reasons, that is, nature or nurture, or as a result of the interaction of the two. We have seen from developmental neurobiology that when a neurological capacity such as vision begins to biologically mature it needs appropriate stimulation, in this case light from the environment. If the organism remains in darkness, vision fails to develop and blindness ensues. So it is with hearing, speech, and language acquisition, with fine and gross motor skills and the development of interpersonal relations.

Molecular biology and genetics have helped us to understand that many developmental disorders of childhood, such as autism, may have strong genetic components. For example, Ciaranello's work at UCLA has identified Mormon families with many autistic children. One autistic father produced a family in which all the children were autistic. This strongly suggests a yet to be localized genetic mutation affecting enzyme expression or neuronal migration in development. Other genetic anomalies are probably at the root of most of the childhood psychoses, such as childhood schizophrenia. Interestingly, it would appear that particularly good environmental nurturance can prevent the expression ot these constitutional defects or compensate for them in some, but obviously, not all children. This is seen in monozygotic twin concordance rates of less than 50% in the major emotional disorders. It is also to be remembered that few genes, be they normal or mutated, act alone, but act jointly with other genes or gene families in the phenomenon called epistasis. An identical mutation produces highly varied disease forms in different individuals even within the same family.

Moderate to severe mental retardation is most likely constitutional or reflective of untoward biological events in the prenatal environment. Down's syndrome retardation stems from a trisomy at chromosome 21. These patients will also begin to develop Alzheimer's disease by the fourth decade because of an additional mutation on Chromosome 21 governing functioning of the amyloid precursor protein. The type of mental retardation produced by the Fragile X chromosome is now known to result from too many triplicate repeats, that is, apparently purposeless repeats in the nucleotide unit CGG, which makes the chromosome unduly sensitive to breakage.

Such psychopathology as speech-language delay can be either biological in origin, such as from parental drug addiction, or can result from inadequate environmental stimulation. In general, parents who frequently talk to their children produce offspring who are articulate and verbal. Children of parents who do not place much emphasis on verbal skills, will be relatively inarticulate.

Anxiety disorders expressing unusual levels of fear of real or imaginary dangers run the gamut from the severe childhood psychosis to school phobias, and to other types of phobias and compulsions that interfere with home and school functioning, causing tics, enuresis, encopresis and sleep disorders. The child becomes symptomatic because he feels overwhelmed by his environment and the demands it places on him. These demands may be real, or too great, given the limitations of the child's biological constitution. Tourette's syndrome presumably has a strong biological component although attempts to locate linkage markers for a putative gene have failed. Finally, adolescence may bring the onset of the adult form of schizophrenia in predisposed individuals.

Depressions of different types develop along a continuum which extends from depression caused by the loss by the infant of an attachment figure–the so-called anaclitic depressions studied by Anna Freud, Burlingham Bowlby and Spitz, to the depressions of childhood and adolescence, now tremendously increased in frequency. David Shaffer's work at Columbia suggests a 240% increase in depression in Caucasian adolescent males over the past ten years. Much of this seems to be reflective of worries over prospects for success in adult life. Adolescence is also the time of onset of bipolar illness, which is also being diagnosed more frequently.

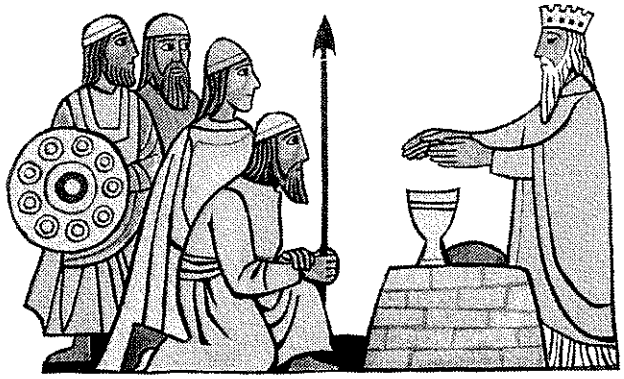
Similarly, suicide attempts in grade school children, once extraordinarily rare, have become a distressingly common part of the repertoire for dealing with life's difficulties. Hardly a week goes by when a local school child states that he can no longer cope and divulges plans to hang himself, using his belt, taking a knife to himself, or by going out a school window and jumping off the ledge. It would seem that childhood is no longer a carefree period of play and fantasy.

Learning disorders, frequently manifest during the grade school years, can be either emotional in origin or reflective of delayed maturation of the nervous system or prior biological insult. One must sift through the evidence to determine which, or whether it is a combination of both. The learning disorders and other developmental delays manifest in children born with a cocaine-positive toxicology appear to reflect the occurrence of ministrokes in the placenta and fetal brain during the prenatal period. Even the developing brain's tremendous capacity to absorb trauma and built in redundancy of circuits and neuronal functioning, cannot compensate for hypoxic damage caused by vasoconstrictive events occurring during periods of maternal cocaine use.

This brings me to the central point I would like to make today. Historically, we have considered the ebb and flow of childhood development against the bachground of what Hartmann called " an average expectable environment. " This implied a two-parent family living in a civilized society. But what is our contemporary situation? World economies have become more volatile, and job security has declined. Violence has become almost universal. The terrorism of Belfast and Beirut came to New York City this year in the World Trade Center explosion. St. Vincent's Hospital quickly and efficiently treated hundreds of casualties. But, now, we and our children know that we, too, are vulnerable to international terrorism.

Families, because of divorce or death of one spouse, may have one parent doing the work of two. The child, after school, may have to let himself into his own apartment and supervise younger siblings until his mother come home. Mother may be exhausted from a day at work, may have little emotionally to give, and rather need to be cared for herself. Her children have to look after themselves as best they can.

There has been a steady erosion in moral and ethical values, as reflected by the media and advertising. The growing coarseness of American society is a subject of animated discourse. A child watching the news, hoping to catch the day's sports results, must first listen to the number of murders that day and the number of children wounded by stray gunfire. No won-



der we hear them ask, " Will I survive to adulthood? Am I going to die soon? " Drug abuse and HIV infection are extensive in the large cities. In New York this has resulted in a four-fold increase from 11,000 to 48,000 in the number of children in foster care. Catholic agencies are major participants in providing care for these children. Sex education programs in public schools inadvertently promote sexual activity among teenagers. They tell young people that there *is* such a thing as " safe sex. " And the more we have of this kind of education, the higher the rates of teenage pregnancy, abortion and venereal diesease. There may not be a direct causal relationship here, but evidence suggests that these programs

are hardly preventive in nature. When the ideal of abstinence is offered, it is often with a smirk.

Finally, there has been an erosion of the legitimacy and constructive use of authority. Authority, wisely used, saves each generation from having to learn the same old lessons anew. It provides structure and guidance as the individual grows into the adult world. He may or may not agree with its tenets, but it does provide a structure to join with or struggle against as the individual progresses toward adulthood.

Two centuries ago Rousseau urged that children were deserving of special care and protection. Who would argue that this is the optimal way to facilitate normal child development, and avoid the formation of childhood psychopathology? We are falling short of Rousseau's ideal because of the erosion of traditional values, and especially, family values. What can we do to improve matters? We can emphsize that marriage is seldom an easy endeavor but requires much dedication and effort. It is rarely a tranquil lake but more often a sea beset by periodic storms. There will always be problems resolvable and unresolvable that each spouse, after trying their best, should accept as they work out an accommodation. A child's need is for no less. And we must emphasize the importance of traditional values. The wisdom of both Old and New Testaments must be rediscovered and spread anew.

On January 4, 1993, I had the great privilege, as President of the American Psychiatric Association, to lead a delegation of the elected leadership of our profession from around the world to an audience with Pope John Paul II. His words to us on that occasion have great meaning for our professional work with children and for all who seek our help. Let me quote from his remarks:

" By its very nature, your work often brings you to the threshold of the human mystery. It involves a sensitivity to the often tangled workings of the human mind and heart, and an openness to the ultimate concerns which give meaning to people's lives. These are areas of utmost importance to the Church, and they call to mind the urgent need for a *constructive dialogue between science and religion* for the sake of shedding greater light on the mystery of man in its fullness. ... Psychiatrists must also feel themselves responsible for the social ramifications of their practice. This is especially true today, when there is ever more clearly a relationship between the appearance and aggravation of certain illnesses and mental disturbances and the crisis of values which society is experiencing. You and your associates will make an important contribution to the future of society by seeking to point out, in the light of a dispassionate commitment to truth, the limits of certain models of social life which can lead to the manipulation of persons and to an unhealthy conditioning of human freedom. In your work to overcome the stigma which has often been associated with mental illness, to end the abuse of psychiatry for ideological reasons, and to strengthen the family as the basic unit of society, as well as in your efforts to draw society's attention to the special needs of the poor, the homeless and the abused, you can be certain of the Church's appreciation and ready cooperation. "

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BRUNO SILVESTRINI

From Molecular Biology to the Study and Treatment of Incurable Diseases

1. Introduction

In the past many illness which killed or handicapped the elderly, adults, and particularly the young can now be diagnosed in time, prevented, or cured. Others can be treated with forms of surgery which are becoming ever more effective, such as, for example, the transplant of organs. The symptoms of other illnesses can be brought under control–pain and suffering, crises which could damage nerve centers, epileptic convulsions, and arterial hypertension. We have managed to obtain both an increase in the quality of life and an extension of its length. Notwithstanding all these achievements, we still have a long way to go and the path we are currently treading is full of obstacles and pitfalls.

The first difficulty we have to face is that many illnesses are still largely not understood. For example, we know very little about the actual physical origins of most of the behavioral maladies of children, of schizophrenia, and of depression. The diagnosis of such illnesses, indeed, is based upon empirical and subjective criteria. On the other hand, we can follow and measure the symptoms of arterial hypertension, glaucoma, epilepsy, gastroduodenal ulcers, rheumatoid arthritis and other autoimmunity disorders, but we have only an imperfect knowledge of their origins. We know about the genetic mutations which cause many forms of cancer, but our knowledge in this sphere merely serves to show us how little we know about the biological mechanisms which are responsible, in one way or another, for the appearance and manifestation of these mutations.

In the same way we know about the specific failings which characterize juvenile diabetes and similar endocrinal maladies, but we are ignorant as to their causes. Because the origins of these illnesses are little understood, research has been directed towards the study of their symptoms. This is typical of the approach of a doctor who is unable to make a diagnosis. Treatments of the symptoms have been developed, but these do not cure the problem at its roots. Unless there is an example of spontaneous remission, such forms of treatment have to be constant and repeated.

The causes of other illnesses, on the other hand, are well known but until recently we did not have the technology with which to produce drugs and medicines which would be effective but would not damage the body's normal cells and tissues. Such is the case, for example, with many viral and protozoal genetic illnesses and maladies.

Another difficulty is caused by the fact that many drugs, whether directed at the causes of the illness or its symptoms, are made from substances whose structure, dosage, and effects are by no means fixed or settled. The same problems arise as when a car is repaired not with reference to its original state–a condition determined and guaranteed by the manufacturer–but by putting in new pieces which greatly alter its character. In certain cases the organism rejects these drugs and sees that they are alien bodies; in other cases the organism itself is damaged; and in still other cases various forms of complication and side effects arise because of the way these drugs and medicines actually work.

The relative roles of vaccines and antibiotics are illustrative of this state of affairs. Antibiotics are not present within our organisms and act in a defensive way which is not natural to our bodies. Pasteur called this process antibiosis, and it is based upon the emission of substances which are poisonous for other living beings. These substances are handicapped by the fact that they have a set and fixed composition–pathogenic germs, on the other hand, can change constantly and are thus able to become resistant to antibiotic treatment. For this reason antibiotics have to be continually altered and developed in what is an unending attempt by man to counter the ability of the pathogenic micro-organisms to mutate and thus avoid such countermeasures.

Vaccines operate differently and take advantage of a more evolved and physiological defensive system within man. This system is based upon the ability of the immunity system to produce various kinds of antibodies which are specifically created to fight each form of infection and counter possible adaptations. This explains why vaccines weaken infections whereas antibiotics have only a temporary system of control.

This is why it is important not only to remove the causes of illness but also (as is the case with antibiotics) to do so in a way that is most in harmony with physiological processes.

After the tragedy of thalidomide, new drugs are subject to long and

detailed testing both *in vitro*, in animals and in man to ensure that they are both safe and effective In this way the risks of negative or unexpected side effects are reduced, although one must point out that other difficulties arise. First and foremost, the availability of drugs and medicines on the market is delayed, with obvious consequences for patients. It has been estimated that this has on occasions caused the death of thousands of people who would otherwise have been saved. In addition such testing often proves very expensive. This means that funds are diverted away from basic research with consequent negative effects on the production of effective medication. This cost is in the main borne by the market because the price of drugs is inevitably raised, and it is the richer sections of the population which thereby tend to be the gainers.

Furthermore, the *in vitro* and *in vivo* methods of testing are less trustworthy than those carried out by nature on the substances contained in physiological drugs. This produces rather controversial results which lead to uncertainty and concern on the part of the scientific and parascientific community, to say nothing of public opinion. A good example of this is to be found in the mutagenic, cancerogenous and teratogenous effects of drugs when they are administered at levels thousands of times higher than the recommended dose.

Some people think that such drugs should be banned; others think that a net distinction should be drawn between the effects of the recommended dose and the effects of the artificially high dose. After all, if such a distinction were not presently drawn a whole range of substances, ranging from vitamins to many elements present in food, would be ruled out In the same way, it is argued, if a car were made to drive at a speed one hundred times its normal rate it would begin to fall to pieces–this does not mean to say, however, that the car is inherently and necessarily dangerous.

It should also be remembered that drugs which are not able to combat the causes of an illness in selective fashion have general effects on the organism and come to influence its normal functions. For this reason such drugs must not only be tried out on a sick person but also upon animals and healthy volunteers who will not gain any direct medical advantage. This practice provokes heated ethical controversy and involves much protest, when it involves animals, on the part of those societies dedicated to their protection.

2. Molecular Biology

Molecular biology is able to supply a practical and effective answer to most of the medical problems which I have outlined above. Molecular biology constitutes a new technology of enormous power and potential which is of great usefulness both with regard to the study and to the control of biological processes.

On the one hand, molecular biology enables us to explore every part of a living organism, from its genome to its somatic structure. The genome contains the project of each living being and the instructions which are necessary to the realization of that project through its adaptation to environmental circumstances. The somatic structure is an expression of this potentiality as it works itself out in the life of every living creature. Molecular biology supplies us with the technological means by which to identify the organic bases and causes of each and every illness, even when they are to be found in a handful of molecular units. From this point of view this new discipline is like that of microscopy–both have allowed man access to worlds which were previously closed to him. But between these two disciplines there is a great gulf, a difference as great as that between a horse and cart and a space craft.

On the other hand, molecular biology enables to transform the information it supplies into effective and practical remedies. This is because molecular biology involves not only the exploration but also the control of the genome, and thus its physical expressions. For this reason the analytical and treatment approaches are very closely linked. This is very well demonstrated by the fact that while the identification of pathogenic germs and the creation of effective countermeasures have taken many generations to develop, the discovery of DNA was immediately followed by a striking number of practical forms of application Some of these–those which involve diagnosis and treatment–are now part of current medical practice; others are in an advanced stage of preparation. Within this latter category are to be found the correction of such genetic illnesses as Cooley's disease, the development of new anti-infective agents, and the production–through the use of transgenic animals–of organs and tissues which are compatible with man.

When we know more about them many diseases will be eliminated by using physiological drugs and medicines which are either made from substances lacking in the body or from vaccines which themselves activate natural defence mechanisms within the body. Because they have undergone natural trials, these forms of treatment will not require the long, expensive and intricate toxological tests which are necessary in the case of nonphysiological drugs. Their ability to renew those capacities of the body compromised by illness will be all that is required as proof of effectiveness. Many human and economic resources which are presently used in the testing of nonphysiological drugs and medicines will thus be redirected towards basic research, something which will give us a greater knowledge of the actual origins and causes of illness.

Basic research will require equally substantial resources, not to speak of the generations of scientists, before conclusive results will emerge But this research is different from development because it is largely carried out in academic circles, and these circles are less vulnerable to industrial realities and economic influences than other areas. Indeed, academics engaged in such research are not called upon to show profits on their studies–the justification for such work lies in its scientific and in its humanitar-

ian value. Their reference point is the Nobel prize, a prize which is conferred according to these criteria. In this way the development of drugs and medicine could break free of the logic of profit, something which at the present time often has a marked pernicious effect on such development.

Drugs and medicines which are specifically directed against the causes of illness can be experimented directly on the patient, rather than upon animals or healthy volunteers.

As a result, there will be less need for nontherapeutic experiments. Molecular biology also has the advantage of giving greater weight to the therapeutic role of proteins, something which varies from species to species. For this reason, the use of animals to test the role of such proteins may prove to be not only useless but also out of place. In this way the demands of the societies which defend animals will be met–reliance will be placed not upon evidence derived from in vitro experiments or from mathematical models but upon knowledge which is obtained from an examination of the patient himself.

In the same way molecular biology also enables us to identify those biological factors which were not accessible to traditional methods of analysis because such elements are present in living organisms in only very small amounts. Many of these elements are active at very low dosage levels. As a result, the quantity which is required for medical purposes can be obtained very easily from small well equipped centers, and through the use of basic materials which perhaps cost no more than a few dollars. As I have said elsewhere, I myself have witnessed what can be achieved in this area through my contacts with the laboratory production of a new protein–a quantity contained in the bottom of a test tube, at least in theoretical terms, could be enough for thousands of treatments. For this reason we have entered a new era and many agents of medical value can now be produced in well equipped small laboratories rather than in great industrial factories and combines.

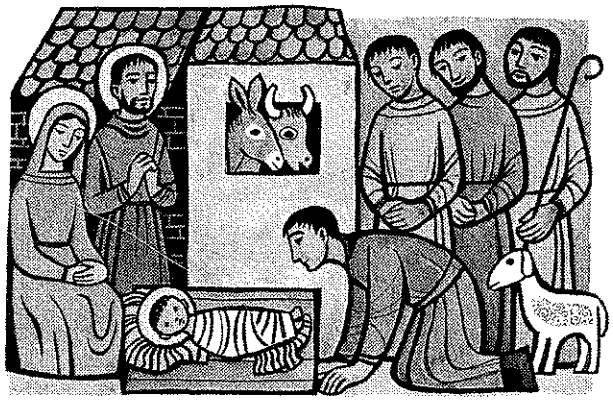
If such opportunities are acted upon medical progress will become more rapid, less expensive, more connected to the needs of medicine itself, and (differently to what happens today) more accessible to the less well-off sections of the population.

3. The Risks Run by Treatment Which Is Not Rooted in Theoretical Certainties

Perhaps there is no worse anxiety than that experienced by the parent who observes his child, a near relative or friend, or indeed himself, being destroyed by an illness.

Words and abstract arguments such as those I have enunciated here today count for very little. On the contrary, they appear as counterproductive because they direct attention away from the destructive illness. This anxious feeling of wanting to do something, of wanting to help the person who is suffering, is very understandable and more than legitimate, but it involves many dangers both in the medical field and in others.

After an earthquake shelter must be given to those who have lost their homes. But if this policy alone is pursued it will prove impossible to set a rebuilding program in motion or take anti-earthquake preventive measures. The weak and unorganized new dwellings, which have been built in haste, themselves create their own problems: their maintenance costs are high and resources are wasted which would otherwise be used for more beneficial purposes. After the first tremors of a new earthquake they quickly collapse. In the same way the massive but unorganized supply of famine relief saves many lives but if carried out in an unprogrammed fashion can cause social upheavals which in the long run give rise to the loss of life on a much larger scale. There is an excellent study by Galbraith which



makes clear that catastrophes must be tackled at their roots.

This is now the problem with molecular biology. If the opportunities it offers are used in large measure to satisfy mere medical needs, then only symptomatic remedies will be developed, and these remedies will lack solid theoretical support and will be based on elements foreign to our bodies.

The person in pain will have immediate relief but with the passing of time all those great medical problems outlined in the introduction to this paper will come to the fore once again. The impact and consequences of molecular biology will depend upon the use that is made of it rather than upon the power and effectiveness of its methods and techniques.

But molecular biology will employ much more dramatic and impressive methods than have hitherto been used–instruments are now available which have new and immense power and potential. Yesterday belonged to physics, today belongs to molecular biology this new discipline, indeed, can deviate and alter the path of life itself.

For this reason, a great deal of debate and reflection is required. Everybody should be involved, whatever their religious or philosophical beliefs may be. It seems to me that above all else we should reaffirm our respect for life, this marvelous process which at a particular moment in the history of the universe has now encountered a new element, even if this element well respects its fundamental laws.

4. Conclusions

But molecular biology also involves a more general problem: the risks and the proper limits of man's relationship with nature. Molecular biology will not be doing anything radically new in this area. After all, man has always learnt to subordinate nature to his needs, to take things from it which would otherwise not be used, to fight aspects of nature which harm him, and to repress fertility with contraceptives or encourage it with other systems, including those drugs which can cause multiple births.

According to the vision of things supplied to us by the physicists, the universe is moving towards disorganization, and it is doing this like a spinning top which has lost its initial impetus and moves in an ever more uneven fashion.

Life receives its strength from the same force which sustains the universe, but it uses this force in a different way–it is like a second spinning top which when hit by the first top itself begins to spin. Life follows a different plan. It gathers information from the outside world and organizes it with a specific goal in view–its own survival. This project, which is jealously guarded within the genetic code, is transmitted from one generation to another and takes different forms in different living creatures. These beings enrich that code not only through what they do with the instructions that are contained within it but also through the adaptations provoked by changing environmental circumstances. Unlike human plans and projects, which remain mere blueprints if not acted upon, those of life itself are able to create themselves. This comes from the fact that instructions are present which create systems by which other systems are created and bear fruit. All this takes place in a process where information engages in practical expression, and where practical expression engages in function, and vice versa.

But it is of vital importance to stress respect for man.

He takes part in life with a project which stems from his genetic code, yet he also uses inherited information and operative capacities, which are transmitted down the generations, to impinge upon this project. But such things are not handed down through heredity–they come from written, oral and behavioral language. It is thanks to this second message that man has learnt to swim, to fly, to exploit forms of energy which his senses do not perceive, and to gather and analyze a mass of information in a way which could not be

done by any single nervous apparatus. Man has managed to do all this by building replacement fins, wings and nerve structures. He has done all this in a very short period of time, without having to wait millions or milliards of years so that physical changes could be effected to his own genetic code. Man has collected and developed all these capacities, which belong to a variety of species, and put them in the hands of his own.

To conclude, we should respect the human project. Through that inheritance of information and capacities inherited by man during the centuries of his history, this human project gives man a power beyond that held by life or a single human being–he is now able to decide upon destruction or survival.

This project, therefore, should be stewarded with wisdom, that wisdom which is part of this project and therefore understands its own limits and the dangers it runs. Never before has there been so great a need not only in molecular biology but in all fields–for a moment of reflection which will enable us to regain these simple but essential principles of human progress.

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The Personality of the Young and Their Psychophysical Development

Introduction

Persona humana in fieri est–a human person develops from the moment of conception till his or her death, and there exists a certain regularitity of this development which may be traced and can be expressed by some norms. Observation of the child's development has made it possible to determine statistically some stages at which the child reaches a certain level of its maturation. Thus the norms of height, weight, speech development, intelligence quotient and others have been established. The human being as a complex unity is still an object of observation and of more and more penetrating insights into his developmental processes. Those processes may be described from the point of view of different sciences. Psychology, pediatrics, sociology and other branches of knowledge try to ascertain their optimal conditions. The child is the object of particular care by society, and there exist very many institutions whose aim is to foster his development.

The social norms of maturity are general y agreed upon. In some countries a person of eighteen is regarded as mature and has all the civil rights. There are also, in this respect, differences between men and women. For example, in Poland, a girl of eighteen may marry, but this right is not given to a young man before twenty-one. The penal code assumes a person of eighteen to be mature; and thus a boy of eighteen does not have the right to marry, but is punished as a grown-up person.

It is, of course, much more difficult to ascertain psychic and social maturity. People often speak about " infantilism " in adults and there exists a tendency to regard this immaturity as a justification of irresponsible behaviour.

The physical development of a living creature is spontaneously effected and there is no need for any particular educational effort to foster it. Intellectual development, on the other hand, depends on the knowledge acquired by the person. It is the object of particular care by the society, which creates a whole system of education in order to secure it. The acquisition of knowledge may last one's whole life; moreover, the spiritual development of a person is not limited to some particular period of time. The human person can become more and more human all his life long. From the point of view of Christian anthropology the highest stage of human development is sanctity; sanctity is the basic goal for which everyone should strive.

The problem of the development of the child's personality cannot be summarily dealt with; it must be investigated in its many aspects. In my profession of juvenile psychiatry the time at which the child needs special care is the maturation period; and it is precisely on this period that my professional practice has concentrated. Thus, I shall

limit my exposition to this period and, in particular, to the problems which arise on the border of normal development and psychopathology. We know from experience that at this period of life the central difficulty is so-called " sexual life, " that is, the young person's relation to his or her sexuality.

I *The Correct Idea of Human Sexuality*

The child very early becomes conscious of his or her sexual distinction and identifies with that sex–the boy as being like his father, the girl, like her mother. But the child's being conscious of sex does not mean that the child realizes the full meaning of it. As the contemporary mass media constantly speak of the " sex " of children, the child comes to think that this word means a particular activity and does not relate it to his own personal structure. The concept " sex " is a sort of call signal; but, in fact, such a thing does not exist –there are only human persons or animals endowed with sex. Thus, the first task is to make the child realize that sexuality–being a man or a woman–is the human person's way of existence. Everybody is endowed with sex and everything in a man or woman is stamped with it. Sex is a biological structure and each human cell is marked by it. We may say that sex is the irreversible destiny of a human being and determines his or her whole development. The gift of sex is given to the person together with the gift of life and shapes the person's vocation. The whole sense of the sexual otherness of the feminine and the masculine lies in fertility. In the course of the biological development of the human person, he or she becomes potentially fertile; fertility is the measure of biological maturity. Thus, sexuality finds its meaning and fulfillment in procreation. However, those two realities –sexuality and fertility–are not yet integrated in a young person's consciousness. The meaning of sexuality is usually conveyed to a child in the context of the question as to where children come from. This information is conveyed in different ways. The difficulty of a proper sexual education of the young has been particularly stressed recently–we have perceived more clearly how difficult it is to convey to the child the knowledge concerning procreation in a way which would be neither a shock nor a depravation and would reveal the whole greatness and depth of the responsibility for life.

II. *Sexual Activity*

In proper sexual education we should always call the act uniting a man and a woman " the marital act " in order to premanently connect these two aspects of sexual intercourse in their consciousness. The sexual act is not, in general, designated in this way, and the mass media rather connect this activity with affective involvement –one speaks about " making love, " *faire l'amour*. The dissociation of the sexual act from marriage and procreation is common nowadays, and this causes a particular danger for teenagers. Statistics concerning Europe state that the age of solitary mothers is becoming lower and lower;–it is now often 12 or 13 years; and, while before the fathers of these children were usually grown-up men, now they are also teenagers. This fact gives evidence of an improper attitude of the young towards sexual activity.

Detached from marriage and from the great vocation of transmitting life by permissive propaganda, pornography, and contraceptive practice, it is regarded only as a means to secure sexual pleasure–the orgasm–and the child becomes undesirable. Bodily and sensuous contacts take the place of interpersonal relations. Expanding permissive ethics put no limit on sexual activity–and thus everybody who considers himself mature begins to act; the very fact of possessing the organs of generation is supposed to give one the right to sexual activity. These organs are of course also possessed by small children–and hence the description of so-called " children's sex. " In this superficial approach, the personal relations of the child are reduced to " sex, " to the genital sphere.

The improper and impoverishing permissive attitude towards sexual activity causes much drama and many frustrations and is one of the main causes of the disturbances of the maturation period. Colm, matter-of-fact information about the purpose of the organs of generation and the functioning of the organism, suitably timed and conveyed by the parents, protects the child from abuse. An obstacle to this is current biological determinism; in spite of the obvious biological and physiological facts which clearly show that there does not and cannot exist involuntary sexual action, the majority of young boys are convinced that they " must act sexually " because this is the proper and only manifestation of manhood. In the education of boys, information about the necessity of mastering the reactions of one's body and about the possibility of this mastering is generally lacking. When speaking about humans, one should not speak about drives, but about impulsive responses, the occurrence of which depends, in the first place, on the person, and this response should be mastered by the person.

Biologism and determinism unfortunately form, teenagers' view of sexuality.

III. *Maturation Period*

The biological maturity of the body manifests itself in fertility. A girl becomes potentially fertile at about 12, a boy at 15 or 16. At this age the young person passes from childhood to the " world " of adults; he or she tries to imitate them and to identify himself or herself with this world; however, this identification is only partial, because, at this period, the young want to profit by the privileges of adults without taking up their duties. This is the point at which conflicts in family life arise, when the parents try to convey to their children the necessity of assuming some responsibilities; the young want to play further, but to play with the toys of the grown-ups. Among those " adult " games, sexual action appears to be the most desirable and most easily available. The behaviour of adults and the standards advertised by mass media shape the attitude of the young, who have not yet, and cannot have, their own settled views.

Eve's Maturation

During the maturation period, the organs of generation undertake the function of secretion; they produce hormones and, in girls, the preovular cells mature. The little Eve does not, in general, know very much about those processes which occur in her; usually, she is informed by her mother about menses but has no idea about the real meaning of it, and does not understand what is going on in her: the fact that now her organism has already entered into the service of life. Nevertheless, the alternate action of hormones strongly influences her emotional reactions. The course of this period depends on the social and family situation of the girl; if she has a normal family, is loved and accepted, its course is more calm; but if–as often happens–she is in conflict with school and family and feels lonely and rejected, she seeks somebody who will give her some support and very often finds it in the arms of a boy. We may say that, in this period, the girl has three particularly strong basic desires: for acceptance, dialogue, and stabilization.

The need for acceptance is a general human need; everybody always needs acceptance. But, during the period of maturation, a girl desires it particularly strongly. This manifests itself in the efforts to attract attention to herself and to please. The girl often identifies herself with her reflection in a mirror; she does everything to please herself and others. This is the only purpose of fashion–and not only for the benefit of little Eve.

The need for dialogue flows from anxiety which she feels; she does not understand herself and the changes which occur in her and she wants to be understood by somebody. In this mood, she may easily make the mistake of thinking that whoever assents understands her–and whoever demands anything from her does not understand her. Thus, the conflict with the immediate milieu grows; and then the man who takes her into his arms and does not demand anything beside herself creates for her the illusion of safety.

The little Eve wants to keep this man; her need for safety is deep; it is subconsciously, biologically steered; it is the subconscious striving for maternity. She is not aware of this, but she wants to keep hold of the boy.

Inquiries among girls show that the majority of them have begun sexual relations because they were convinced that this was the way to keep the boy for life. This is quite mistaken, of course, and it is the girl alone who pays the price of this mistake: she becomes a mother of a half-orphan or, what is worse, kills her child and suffers from the tragic post-abortion syndrome which is nowadays well known and accurately described.

Young Eve must be protected against herself; for, acting according to the needs of her heart, she is liable to destroy herself.

Adam's Maturation

The biological development of masculine fertility is slower than the development of a woman. Boys become fertile later than girls and they often are not aware of their fertility. The third-class sexual characteristics occurring at this time and giving evidence of the secretion of gonads make the boy experience new feelings–he feels the reactions of his body, in which the extremely lavish production of gametes creates a certain anxiety and tension. The boy's attitude towards his body becomes ambivalent–he boasts of it and, at the same time, he fears it a little. The reactivity of a boy's body is great, and he does not yet know how he should treat it. His curiosity is aroused; and boys usually fervently seek information–they read books, watch the adults, excite themselves by looking at pornographic pictures; all this, in turn, increases their anxiety and tension and makes mastering their reactions more difficult; and there is usually nobody who will inform them that any attempt to act sexually on their

part would be a potential paternity, that such is precisely the actual function of their body. The awareness of potential fatherhood in men, even adults, is very poor–in spite of its obviousness. There prevails a false idea of manhood which is identified with the ability for sexual action. This causes anxiety –many boys fear impotence, take advice from physicians or try to test their manhood in sexual intercourse–often with prostitutes.

Fascinated by the new sphere of experiences which bring pleasure–the boy easily becomes a victim of perverse adults. The sexual reactions in this period of sensitivity and overexcitability, often enhanced by the use of stimulants, sometimes become directed towards the same sex; it is known that homosexual tendencies appear during the maturation period because the mechanisms not yet established may take any direction.

The young man seldom gets from adults the proper advice that he should not provoke sexual reactions and that, when the tension appears, it may be diminated and relieved. For it is the human will, man's intention, which decides upon his sexual reaction; we may, in a sense, " sexualize " everything or, on the contrary, direct reactions which seem to be univocally " sexual " towards other ends, sublimate them, and experience a personal, not only organic contact with the other. Contrary to the opinion of some psychological schools, the human body can learn and become obedient to the will of the person. The young boy may learn to treat his body properly with the respect which it deserves and without sexual excitement. But the process of self-domination needs time end effort

IV *The Proper Attitude Towards One's Own Sexuality*

The human body, sexuality and fertility are gifts of the Creator himself, and the proper understanding of those gifts is the basis of Christian anthropology. The concept of the human being as a person created in the image of God and bestowed with life and body demands treating him and his body in a way which he deserves. The proper attitude towards the body of each human person is respect, for the human body reveals the person, and the dignity of the person includes the body. We should instill into the minds of the young respect for the body of each human being. Those parts of the human body which serve the great cause of transmitting life particularly deserve this respect. Informing the young that life begins with conception and showing them a beautiful film about the development of the child make it possible to connect in their consciousness sexuality with fertility and with responsibility for life.

The proper meaning of the sexual act as serving life and true love should be presented as the task and the privilege of marriage and not as one of the sources of pleasure.

But the most important task of sexual education is conveying to the young the value of virginity as subordinate to love. Only virginity makes it possible for a person to make of himself or herself a total gift to another person–a gift which excels all the other possible gifts. Young people have the right to learn the proper concept of love, a concept which does not limit love to emotion but places it in the depth of the human soul and demands an attitude of the will. Only such a vision of man as capable of great love may preserve the young from the drama of premarital adultery, the memory and consequences of which extend throghout whole life. The maturation period should be the time of acquiring proper ethical attitudes.

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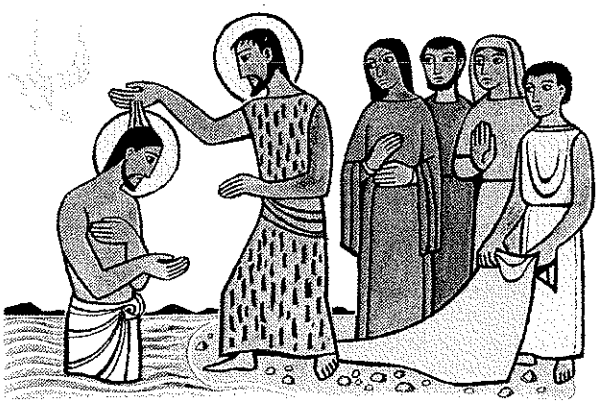


DANIEL CABEZAS

The Child's Ethical Development

Never as today have conceptions on childhood been so fluctuating and varied, stressing the spontaneity, the imaginative character, discontinuity, foreseeableness, or invariability of mental processes. Freud's theories, on the one hand, and Piaget's, on the other, have contributed, through interpretations and new explications on the level of research to accentuate the characteristics linked to the affective and cognitive levels, respectively.[1] And yet, " how can such a rapid, progressive division of the special disciplines be harmonized with the need to construct their synthesis and conserve among men the capacities to contemplate and admire, which lead to wisdom? "[2]

Man has been created so perfectly in the face of nature that my participation can only be an effort to encompass beyond the limits of a specialty, for I must necessarily speak of life; for this reason I am sure that for many of those attending what I shall say will prove familiar and, of necessity, restrictive–for others, instead, it may be accepted for its intent of interweaving these ideas with those of other professions and thereby attempting to sketch out my conviction that the human being is wonderful and complex.[3]

Contemporary ethical awareness faces the difficulty of children's and pre-adolescents' living in society, where personal and social problems in the emerging phenomena of drugs (child/teen prostitution, a marginal existence, exploitation in jobs, illegality), scant social solidarity (fragmented families, stress, abandonment of children, homelessness, dropping out of school), lack of interest, " the refusal to take on personal responsibility, the inclination to condemn goal-directed exertion (regarded as a manifestation of a culture rejecting pleasure), a putting to sleep of thought and of a sense of guilt. "[4] We should ask ourselves which road to follow, which values, which modes of sensitivity, which challenges, and which basic attitudes are to be found in current life–what is the ethos of present-day society.

I believe we can encounter an answer to these situations in the Christian contribution and the value found therein regarding the role of the family

With respect to my topic, ethical development cannot be separated from evolutionary psychology and culture, which serve as its substrate, and I shall thus refer broadly to a thinker, a pediatrician, who has devoted himself to the study of childhood: D W. Winnicott. He says the following.

" In the psychological events of the newborn and the first year of life, many things happen in the child. Emotional development begins from the very outset; there is a tendency towards it which is innate and which corresponds to the growth of the body and the gradual evolution of functions.

" When the child begins to sit –when about five or six months old–and to walk, at about the age of one, at the same time he or she will probably pronounce two or three initial words, and a whole emotional, growth, and learning process takes place. "

In this framework the genesis of the moral sentiment chronologically depends on the parents, the people closest to the child from a psychoaffective standpoint.[5] The early–more or less credible–rudiments of moral life are always learned in the home, in the form of " ideals, principles, and norms. " Children always tend to identify with their parents.[6] It is in the flexible, loving, intelligent, and educational attitude of parents that the innate pulsion of the moral law holds primacy, spurring us " to do good and avoid evil. "[7] And this is the place where " childhood proves to be not only an age in life, with its particularities, but a true value, a model to be reached and realized, the guarantee of a better world and mankind. "[8]

The great change which is observed in the first year of life is oriented towards independence, freedom as an ultimate value. At the beginning there is an absolute dependence on the physical and emotional environment, of which there is no awareness at the earliest stages.

Within certain limits, dependence is gradually known by the child, who as a result acquires the capacity to make the environment understand when he or she needs attention. Clinically, children are situated in a very gradual process leading to independence, with insistent returns to dependence. In the context of other motivations as well, mothers are thus able to adapt to the variations and growth of children's needs. It is normal for a certain degree of acquired independence to be lost repeatedly and regained; the child may frequently go back to dependence after having shown a notable independence in a year.

This passage from dependence to independence is not just a manifestation of children's natural tendency towards growth; this growth cannot take place unless other persons carefully adapt to their needs. At this time the mother's remarkable role is discovered as the most appropriate person to carry out this delicate, day-by-day task in a wholly natural way.

An act of love and freedom, of the right to exercise freedom,[9] of dedication to others, of ceasing to be for oneself so as to be for the other, and the beginning of the most eloquent sign of the way of acting according to ethical values, a " proof of human dignity and an eminent sign of the image of God in man. "[10]

From the outset children, with the " dignity of the human person, "[11] are a unity, take on the status of individuals, have an integrated personality, and complete it dynamically in an ongoing equilibrium which cannot be taken for granted–it is something to be developed by each of them, as an aspect which is not only neurophysiological, but more complex, to which other factors, such as the conditions of the family and social environment, contribute: in practice, those which are provided by the mother in particular.

Starting at birth the early degrees of integration begin, with initial non-integration, from which children gradually emerge. In the first days the child is just a complex of phases of mobility and sensory perceptions. A return to those phases of mobility or new and distressing perceptions–e.g., noises, cold, etc. –does not necessarily frighten the child when there is a sense of security offered by the mother. Security often means just to be in the welcoming arms of the mother, but it is already initial learning, an experience which on a very long-term basis will give children confidence and lead them to freedom, with security, in accepting what is new and uncertain.

Integration seems to relate to more definite emotional or affective experiences, such as wrath and the excitation associated with nourishment.

The degree of integration achieved in the first year is variable. Some children at that age already possess a marked personality, a self endowed with exaggerated personal characteristics; others, on the contrary, have not acquired such a well-defined personality after the first year and still have a great need for assiduous care.

At this time one finds oneself in the paradoxical state of learning to be free to decide, to do what proves pleasing (egoism).

At age one children solidly live in their bodies; a neurologist would say that muscle tone is satisfactory and would declare coordination to be good. This is the situation in which the psyche and the soma are intimately and mutually related. At this stage children are firmly settled in the body; their psyche can lose touch with the body only in certain periods, and phases may arise in which it is not easy for them to regain full self-mastery–e.g., on awakening from deep sleep. At such moments experienced mothers gradually wake up children before removing them from the cradle so as not to provoke those terrible cries of panic which a change in position prompts under circumstances where the psyche is not the master of the body. Clinically associated with these psychic " absences " there may appear phases of paleness wherein children sweat, or manifest a cold sweat, with vomiting–a cause for marked panic which quickly passes, and when the doctor arrives, the mother's alarm is not comprehensible.

At age one, Winnicott states, children have clearly developed the beginnings of a mind. The mind is different from the psyche. The psyche directly relates to the soma and to bodily functioning, whereas the mind, in a manner of speaking, is the component which allows the child to grasp that food will be arriving in a short while.

It must be asserted that at the outset the mother has to adapt almost completely to the child's needs so that the new being's personality will develop without deformations. In this way the mind of the infant is the mother's ally and assumes part of her functions. In her care of children the mother depends on their intellectual processes, and it is these which offer the possibility of gradually regaining independent life. " Know yourself, beautiful soul: you are the image of God "[12]–what better example of ethical teaching, protective love, and aid in encountering freedom!

The positive elements are ingrained, impressed, so to speak, upon modules of personal experience, especially instinctive experience interpreted in a personal way, and are progressively organized into categories, for the following aims.

1. To preserve what is " good " –i.e., " acceptable. "
2. To isolate what is " bad " –i.e., " unacceptable. "
3. To preserve an area in which objects have a living, stimulating, aggressive, or, on the contrary, affectionate mode of interrelation.

The mind naturally develops in other directions as well–e.g., one function of the mind is to catalogue events, store memories, classify them, make use of time as a measure and measure space, or to find a cause/effect relationship.

Most mothers are capable of adapting to the greater or lesser mental capacity of each child and keeping pace therewith.

Children are able very early to defend themselves against insecurity, but in the first weeks and months they are weak as individuals, and if they are not helped, their development may be distorted in adverse situations. On the other hand, children who have known security at the early stages of life begin to possess the certainty that they will never be abandoned–frustrations will surely be inevitable, but not abandonment.

Later, paradoxically, there follows a long struggle against security by children–i.e., against the security offered by the environment. Mothers, after an initial period of protection, gradually let the world filter in, and children hurl themselves at every chance for free expression and impulsive action–they want to be themselves. This struggle against security and controls accompanies the whole of childhood, and yet controls remain necessary; parents remain heedful of their discipline, as they get to know

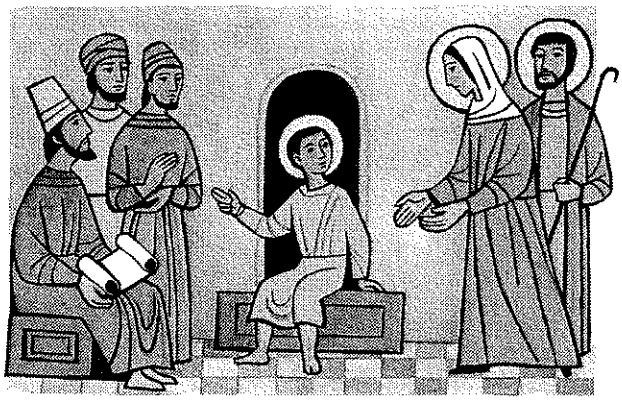
each of their children, and are concerned about the evolution of their individuality. They continually serve as " law enforcers, " but they await acts of free will Fortunately, the way out for both parents and children is through imagination, play, and cultural experiences, with room for moral teaching "– where there are no privileges or exceptions for anyone. "[13] Children slowly emerge from the enclosure represented by the mother and the father, the family, the house, the patio–that area which was the imaginary, secure prolongation of their mothers' arms and now shows signs of splitting apart. Without realizing, they are faced with the school, and the mother progressively remains at a distance as they become able to enjoy the unexpected and new.

In practice, the parents who manage to maintain family unity give their children something of great importance. As the *Catechism* teaches,[14] they thereby give their children a feeling of security which enables them to accept the challenge of seeing whether they can do without it. We strive to have the child gradually achieve a sense of security. But how does this sense of security take shape? What leads to the state where children have confidence in the people and things surrounding them? How is self-confidence manifested? What originates it? It is the mother who allows them to separate themselves, the father who permits this challenge, but at the same time gives them security about their return, the family that welcomes and withstands them, in their rebellions and defeats, in their discoveries and victories; it is the security of knowing one is loved and of thus knowing how to love. " It is the time of the deepest meaning of love, true love which discovers the message of the other, who with his creative presence contributes to prompting unrepeatable energies: the love which implies a reciprocal intuition of 'God's project' as a fundamental option, a project which is not only an act, but which announces a whole future. "[15]

At school the child must fulfill a process of adaptation, adjust to what is asked of a student–the comprehension that leaving the home is very exciting and distressing, that once one is outside it is terrible not to be able to return, and that life is a whole series of departures from enclosures, of risks to be faced, of encounters with new challenges.

It is the period of the tendency to worship a hero, to form bands and groups with other children, on the basis of a common interest; personal friendship still exists and can withstand frequent changes in affiliation. Girls take pleasure in " playing mother, " taking charge of the house and of the other children, and engaging in the mysteries of shopping, among other things –key moments in taking on the " culture " of the group one belongs to, in acquiring the roots of the " social virtues " in which freedom, solidarity, charity, and the very perception of membership in society emerge as a result of awareness of interdependence; this context is equally valuable for the experience of self-offering, of being able to give oneself to others, donate part of one's being.

Every individual must travel the long road from identification with the mother to being a distinct person, with the mother and father together, over the terrain of the family, where father and mother represent the main structural elements. The family has its own growth, and each child shares in the changes due to its gradual broadening out and its hardships. The family protects the child from the world, but the world gradually filters in–aunts and uncles, neighbors, cousins, and, finally, the school. It is the best way to get to know the world and exactly replicates the procedure whereby the child is introduced into external reality through the agency of the mother.



To recapitulate, the course of evolutionary emotional development in the individual moves from dependence to independence. This process is not easily fulfilled; it grows complicated with the succession of challenges and setbacks.

In practice, the child needs to leave behind the mother's arms, but not to go off into the void; this departure must arrive at a broader area of control, something which,

in the symbolism adopted (the security provided by the mother), repeats the safe place left behind. A child who is a little older escapes from the home, but at bottom that escape ends in the garden. The garden is then the symbolic enclosure subjecting the child. Later, the child elaborates all these things when going to school and in relation to other groups outside the home. These external groups on each occasion represent a separation from the home and at the same time the symbolic image of the home left behind by the child and " broken " in fantasy. When everything develops correctly, the child is in a position to go back home; in spite of the challenge implicit in the fact of wanting to leave home, we may describe it from the standpoint of the organization of personal psychic reality, but the possibility of discovering a personal solution depends in great measure on the existence of a family and parental guidance. In other words, it is hard for the child to solve conflicts concerning loyalty in this inward/outward movement without proper family guidance.

In the vast majority of cases there is a house and a family which remain intact and offer the individual the chance for personal development under this vital aspect. A surprising number of people can look at the past and assert that, in spite of the mistakes made by their families, they were never abandoned–nothing beyond the mother's momentary absences in the first days, weeks, or months.

In the sphere of the home itself, when there are other children, the child enjoys an incommensurable aid on getting the chance to share problems, for at the core of all is the relationship with the real father and mother, and no matter how much this divides the children, the main effect is to unite them and to create a situation free from the detriment of hatred. Everything proves more peaceful when the family is complete and the children can be seen to grow with clear signs of healthy development.

Two tendencies are observable: firstly, the individual's tendency to separate from the mother, from both parents, and from the family, acquiring at every step greater freedom in ideas and behavior; secondly, the opposite tendency consisting of the need to preserve and reconstitute the relationship with the real father and mother. It is this latter tendency which renders the former a part of development and not a disintegration of the individual's personality. It involves the individual's capacity to return to the parents in reality–to the mother, to the core, to the beginnings on every opportune occasion. The origin of every movement towards separation, independence, freedom, maturity, and health lies in the mother, and this fact should be remembered.

The constant exploration of groups outside the family and the disdainful destruction of all forms of rigidity have the same purpose–the need to preserve the primary relationship with the real parents.

For healthy development of the individual at any stage constant progress is needed, accompanied by an unconscious union with the central figures of the parents or mother.

Finally, the family contributes to the emotional maturity of the individual by continually offering the chance to make use of a high degree of dependence or to move away from parents towards the family, from the family towards the nearest social group, and from this nucleus to others in succession.

No, we cannot conceive of ethical development in the child without parents or the family, where moral categories are transmitted at all stages of psychosocial evolution.

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IOAQUIN PLAZA MONTERO

Health Education in the Child

Before remarking upon health education, properly speaking, we would like to clarify the age group we shall refer to and the subject our educational activities in the health field are aimed at.

We are aware of the fact that when we speak of children, as a general rule the age span extending from birth to puberty is understood. But we feel there is an overriding characteristic enabling–and even, we venture to say, forcing–us to include adolescence as well in this period; that characteristic is *immaturity*.

Indeed, there is undoubtedly a substantial difference between an adolescent and school-age children; but equally evident are the differences between the latter and babies, and even between those suckling and the newborn. But at each and every stage in man's life–until at about twenty people reach adulthood and, therefore, maturity –common characteristics are seen allowing all periods to be grouped together: *growth and development*–i.e., at all times in the first two decades of life we are dealing with immature beings who must necessarily be regarded as such. And this growth and development should be viewed in the broadest sense of the human being's integrity–organic, psychic, spiritual, and social.

Once we have clarified the scope of the subject who is to be the object of our concerns in health education, it is appropriate for us to pause for a moment to point out our objectives in conducting this activity. In this regard, too, we feel it is necessary not to overlook at any point the integrity of these beings and thus grasp that if it is important to include in individual practice provisions for nourishment leading to balanced nutrition and provisions for hygiene permitting ongoing prevention of organic diseases, equally vital are provisions for education which will "feed and nourish" the human psyche and permit the attainment of psychic balance through mental hygiene while putting individuals in the best possible position to acquire an adequate scale of values with which to achieve balanced social integration and full development of their sense of transcendence.

For we must not forget that the ultimate aim of health education is to enable people to arrive at the best conditions to attain a state of full health, and we regard health not only as the absence of illness, but, above all, as enjoyment of a state of physical, psychic, and social well-being, for which an adequate state of spiritual tranquillity proves indispensable

It might seem that with these goals we wish to enter into fields which are really not our concern, such as education and training, with their aims of enriching and stimulating intellectual development and professional qualifications–or even that we seek to intrude into areas like spiritual discipline.

Nothing could be further from our efforts or, indeed, from our capacities. But we cannot set our obligation aside as doctors intensely and preferentially concerned with the work of prevention, of contributing to and facilitating the endeavor of other professionals attempting to place children in the best position to receive stimuli and teachings. In the final analysis, we are all obliged to instruct those who lack knowledge and carry out pastoral, evangelizing action through our specific line of work, even if indirectly–or, at least, to facilitate and enrich it.

Pathways for Health Education

There are three routes by which we can conduct an educational effort in the child or not-yet-mature person.

The first, basic way is by adequate health education of parents. This route proves most suitable for such training at an early age.

The second involves appropriate preparation of teachers to train them in applying instruction on correct health concepts at the right stages in the schooling process.

The third avenue is our direct action with those prompting our attention–action which culminates in adolescence.

After grasping the pathways we must travel over for adequate health education of children, we must devote reflection to the methods to be employed to attain our goals. In our efforts to systemize this explanation, let us attempt a summary of such methods.

a) *Regarding parents*

1. We should not waste the chance for dialogue represented by our examinations of children. Every pediatrician–and especially those who may truly be considered family pediatricians–must reserve enough time in every appointment

for a dialogue with parents in which an effort is made to discuss the topics of preserving health and preventing illness, among other problems.

2. It is also very enriching, in view of the possible breadth of the audience, to organize talks at schools–in agreement with teachers –aimed at the parents of students. These talks must be on up-to-date topics of real concern which genuinely attract people's attention, so that they will truly prove appealing to parents.

b) *For teachers*

1. With these education professionals the pediatrician can organize short courses specifically aimed at concrete groups on topics which may be worked out jointly–preferably the ones posed by the teachers themselves.

2. When the topic suggested is specific and not exclusively medical, it is quite appropriate to organize interdisciplinary round tables at which teachers speak as well.

c) *For children*

1. In our experience, students find the " health education talks " which a professional, with the teacher's approval, gives at school to be very appealing; they may deal with general and sports hygiene or the prevention of accidents and, in keeping with the level of the audience, may be taken advantage of to clarify many medical concepts. Talks with pubescent and adolescent students on the drug problem may also prove suitable

On the other hand, we feel that questions of sexuality–given the enormous differences in maturity which may exist in the same age group–ought to be dealt with in a much more personalized manner in the intimacy of a family dialogue or doctor's office A different focus, in our experience, may lead to impudence, erroneous interpretations, and disorientation among some young people.

2. The pediatrician's direct dialogue with children at the office cannot, of course, begin until the prepubescent stage is quite advanced. The child's psychological state at the doctor's office does not favor it at earlier ages, though the occasion may be used to address indirect messages to children when parents are spoken to in their hearing. Once the age of preparation for puberty is reached, pediatricians should seek to initiate dialogue with child patients which will enable them progressively to win children's confidence–first, in the presence of parents and, later, when adolescence is advanced, by having parents step out of the room so that teenagers themselves will gradually understand the meaning of professional secrecy and be able to set forth concerns which might be inhibited by the presence of their parents. These are the most favorable moments for the adolescent in whom sufficient confidence has been inculcated to investigate and contrast the opinions received from the group or band on doubts and concerns regarding such topics as attitudes to different drugs, the problems of sexuality, and even difficulties in family relations, particularly in connection with parents.

These are consummately enriching moments for conducting real " health education. "

Objectives in Health Education

Now that we have set forth our views on the human subjects our health-education activity is aimed at, on its objectives, and on the pathways for conducting it in our specific field as doctors working with children, let us next go into the content of our action.

A first objective is to foster in the maturing child a practice of general hygiene which in the future will lead to such basic measures of bodily cleanliness as a daily bath or shower, the frequent washing of hands–particularly before meals–and cleaning the personal environment.

Special care, beginning at very early ages, should be devoted to the practice of frequent brushing of teeth, particularly after meals, as basic prevention of tooth decay.

The foundations of nutrition should be disseminated in the most broadly comprehensible way: a diet which is balanced in immediate principles, diversity in the sources of food, preference for what is natural, an abundance of fibers, and the inclusion of raw foods and milk products. The norms on distributing food intake should be made known.

Parents and children themselves should be informed on the epidemiology of contagious diseases, which will enable them to understand the importance of prophylaxis through vaccines and motivate them to take measures to prevent infection.

In this regard, our mission may prove important in rationalizing the isolation of sources of infection within proper limits and with necessary compensation in humanitarian terms. Let us consider, for instance, what the social integration of the HIV-positive and, even more, of AIDS patients themselves means at this time of " AIDS panic. " Clarifying to the right degree the risks of infection and preventive measures enables us to carry on a major effort in health education. And this problematic may be applied to many other processes of infection.

We wish to place special stress upon our mission of health education in the field of sexually transmitted infectious diseases–an extremely delicate field in which we cannot blithely overlook measures of sexual hygiene and the risks of promiscuity which can spread among still immature persons, but which we cannot separate at all from genuine sex education whereby there is an attempt to direct personal maturation towards self-mastery in the instinctive sphere, the practice of continence, the discharging of impulses which may arise in sports and the arts, understanding of the true role sex should play in human love, with all its elements of dedication, renunciation, and sacrifice in the effort to foster the happiness of the couple.

An area which it is up to us to develop as well in a parallel fashion involves the risks of drugs. And we want to stress our basic mission in the problematic of two drugs which are not ordinarily regarded as such: tobacco and alcohol. We family pediatricians are very frequently imbricated in the problems of the beginnings of habits, and we feel that our efforts in health education,

with the balanced presentation of risks and the support of parental relations during adolescence can prove very positive in many cases.

We shall encounter much more assistance from other sectors of society in health education to prevent drug addiction. But we ought not to be allowed to lower our guard in this field, where, in our experience, we can contribute by demythologizing the differentiation between hard and soft drugs and fighting against permissiveness in use of the former among our pubescent and adolescent young. Our direct contributions to adolescents concerning the risks of starting, the picture of personality destruction in the drug addict, and the lack of signs permitting a clear delimitation of what is a game to try them out as opposed to what represents real addiction are usually at least closely listened to by our patients.

An area constituting a terrible reality today involves children's accidents–particularly hard to avoid among teenagers.

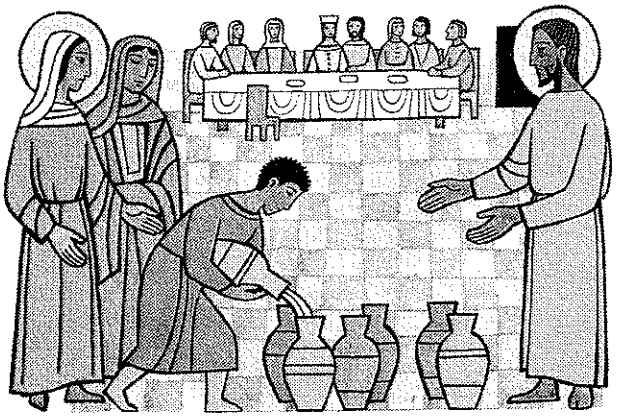
We should devote timely attention thereto.

And we must always bear in mind that in this field of health education, more than in most of our other actions, we can provoke excessive fears, extreme dread, and, in the end, disorientation in persons whose understanding is limited by their immaturity, in addition to their lack of preparation –and this is even truer when we get into the field of sex education and preventing drug addiction.

For this reason we feel it is indispensable that in all the activities for health education of the immature person we should authentically bear in mind general educational norms and the decalog of mental hygiene which must reign in someone in the very process of maturation and development, as summarized below.

Methods and Health Education

As regards education, we shall attempt to condense into the following general norms the methods to be used in health education:



a) *Creating habits.* To seek to have children repeat beneficial actions under our supervision and guidance which will become real needs for them.

b) *Stimulating the development of capacities.* The paths to this end which we see as basic are the following.

1. *To find adequate " masters/guides " for children.* The game of imitation dominates the development and achievement of potential during the whole pediatric period, and in virtually all cases a small number of persons become masters/guides as subjects to imitated. The mother at the early stages, the father during a large part of the second childhood, the teacher at the first stages of schooling, the friend at puberty, and the group in adolescence are the most significant, aside from the heroes that fantasy, first of all, and later the mass media manage to fill the immature person's imagination with.

2. *To give children adequate and sufficient material*–adequate as regards their capacity to apprehend and handle it and sufficient, provided it is not excessive and does not keep them from " assimilating " it, impelling them towards " pecking about " in their attention; nor should it be scanty to the point of impeding development of their imagination and initiative.

3. *To allow children to acquire their own experiences.* It does not matter if children's actions are imperfect. Our help and orientation should not seek such perfection right from the beginning, but let them gradually find the paths to the best realization.

c) *The influence of impulses on development.* In this field, too, we shall find three basic paths.

1. *Action by " masters "*

2. *Creation of a scale of values* which, logically, must be at the level of maturity of the persons themselves. But it should be recalled that children from the very first stages are capable of understanding goodness, justice, and beauty–if there is no attempt to explain them with solemn speeches and harangues, but to present them in each and every daily act in the life of their " masters "

3. *With the proper prudence and balance, use of the game of permission/repression of children's impulses*–neither the uninterrupted succession of inhibitions and prohibitions reigning in customary education at the end of the last century and the beginning of this one nor free and complete permissiveness towards all the spontaneous impulses of children reigning in more recent times. In their actions children anxiously seek not only the mastery of new experiences, but also limits to them, and willingly accept limits–particularly if they are imposed with the " affectionate forcefulness " which should direct all our action with immature persons

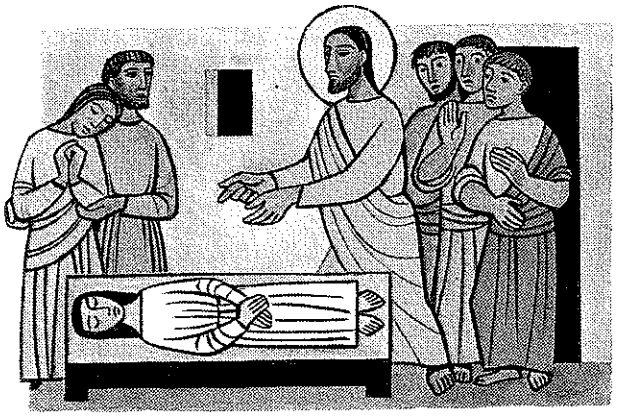
ness " in guiding children, getting in tune with them, never losing the touch of congeniality, but helping them in their disorientation. Our orders and indications must be clear, firm, and concrete, within their reach, marked by a tone of serenity and affection, and far removed from authoritarian, grandiloquent, and cold phrases

3. *Avoid unnecessary or disproportionate emotional tensions in children while fostering the appearance of those which are normal and instructive.* Nothing could be less advisable than the posture of certain parents who with deceits and artifices seek not to let their children become aware of their normal absences

ment. For this reason we advise all responsible for the care and education of children to distribute educational endeavors with prudence so children will have time to manifest their reactions thereto. Children should not be harassed by the management of education.

5. *Intimately linked to the previous point is the reduction of repressions and inhibitions to a minimum.*

6. *Act towards children with the maximum equity and justice*–a norm which must comprehend all the ordinary action of parents and educators, who, during almost the entire period of growth and development represent the basic " masters/guides " for children. Special



Norms for Mental Hygiene: A Decalog

1. *Create an environment of joy and " emotional warmth " around children.* It will be much easier to create feelings and states of mind in children which will facilitate the acceptance and learning of norms and habits if we surround them with a family environment which is optimistic and full of those " psychological vitamins " deriving from direct, personal care–while fleeing, however, from all fictitious environments, at the same time as we inject hope into the situations of natural sadness and bitterness which they must necessarily experience as well.

2. *Use " affectionate forceful-*

But equally absurd are the occasions in contemporary life where children can observe–especially on television–scenes of terror or violence of every kind which can even wound the sensibilities of adults. We particularly advise parents not to expose their children to deceitful or ironic acts which, though apparently innocent, may provoke disproportionate reactions because of their limited capacity for understanding.

4. *Give children freedom in space and time so they can manifest their reactions to release tension.* For the positive development of the personality these mechanisms for discharging tension are completely indispensable–most proceed by way of muscular activity and move-

stress is to be placed on the equitable distribution of attention among all the children, including those proving less attractive because of their sluggish or lackluster demeanor. And, as a result, our posture is not to lavish awards and congratulations which do not manifest our satisfaction with the achievements of each and every child. Similarly, it is advisable to reduce punishments for our children's or pupils' " bad actions " to a minimum if they are not a firm and serene manifestation of our displeasure and sadness over such behavior; and in all instances this manifestation must be directly related to events, with constant avoidance of classical sermons and long monologues on morality

which finally provoke laughter in children, if not annoyance and rejection.

7. *Present children with new knowledge within the range of their capacities* We must be understanding with their logical failures in new experiences, but we should avoid their failing in enterprises wholly beyond their capacity.

8. *Do not move on to a new stage in training unless children have reached maturity in the preceding stages*–this is particularly important in the area of students' mental hygiene.

9. *Give children the position in the family which corresponds to them*–they are neither the hub around which family life revolves nor marginal beings, unavoidable guests who barely take part in the family's social life.

10. *Have children relate to others of the same age* An environment shared with other children is already indispensable in babies, but this aspect progressively acquires greater significance as the stages of maturation advance and reaches maximum relevance in adolescence, when the " group " or " gang " becomes an essential factor to attain the mature identity of the personality. It is of major importance in this regard to create an adequate school environment for students where each and every postulate of mental hygiene which we have set forth here will be fulfilled.

JOAQUIN PLAZA MONTERO, M.D.
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PRIMO NEBIOLO

Play, Sport, and the Harmonious Development of Mind and Body

One of the first and most natural acts that a child performs is to run and to jump. In so doing, he takes part in an athletic activity which will be with him for the rest of his life We must not think that athletic activity is a matter only for those two-hundred million individuals, according to the most reliable estimates, who practice athletics as a sport, in all its various forms, all over the world. We must have a wider vision and look at the multitude of young people in every country, whatever the religious, economic, political, or cultural character of the society they live in, who simply play every day and thereby find a very rich source of recreation and enjoyment.

Playing is the most natural part of a child's life. It immediately becomes an integral part of his life, of his physical and mental world, and of his relationship with the world that he finds around him. Athletic movements in play become a fundamental reference point for the child's attitudes and perceptions of adults (in particular, of his family), not to mention those of his own age who are both playmates and " adversaries " in the very many facets of his playing.

Playing, therefore, has a very important role in regard to the child's physical and mental growth, but it also involves his personality, his concentration, and his moral life. Indeed, children often carry into their adult lives those elements of character, strength, and weakness that they have learnt to develop in the recreational activity of organized sports or simple play. Sports and play gradually become a key instrument of growth and the maturation process

They are an indicator of the commitment, willpower, and forging of personality that children are able to demonstrate as they try to deal with the first problems, the first difficulties, and the first challenges that life presents them with.

With the first joys and the first disappointments arise an awareness and a consciousness of the fact that one has to work, and to work constantly, to achieve one's goals, one's dreams, and one's ambitions–all the aspirations nourished by every young person. When these feelings manifest themselves in play, they often serve as a way of unburdening emotions and tensions which might otherwise lead the young person to an excessive degree of emotivity when faced with the problems he has to solve and when confronted with the difficulties that the world places in his path.

For all these reasons it is a very good idea to encourage the child to take up a kind of sport which is more disciplined, more closely supervised, and more rational after that initial phase in his life which consists of independent and self-expressing play. This will help him

to identify mental and physical growth and development with movement of the body. His talents and abilities in the world of sport will enable him to have an idea of his strengths and weaknesses, his abilities and his failings, his physical capacities and his general state of mind. This is of key importance for his future and the harmonious development of every aspect and stage of his life.

Play and sport are of crucial importance in forging, modeling, and strengthening the individual's character and traits. They prepare him for future trials and endeavors, but also divert his attention away from thoughts, temptations, and situations which could disturb, or even perhaps destroy, his serenity and rich potential. As fathers, educators, adults, and sportsmen, we must know how to follow his sporting and playing activity with joy and enthusiasm, clarity and firmness, respect and correctness, and with a full sense of honor. This, of course, is no easy task; there naturally arise sincere doubts as to our ability to perform this duty. But, on the other hand, we are enjoined to engage ourselves with ever greater commitment, with ever more developed professional interest and care towards those who represent the future of life and the future of civilization in all its most valuable and dynamic forms.

It is to be hoped that this vision will be shared by everybody and that the world of play and sport will no longer be subject to all kinds of manipulations and maneuverings (often, it should be said, of a highly selfish and sectarian nature) which pay no attention to the child's need to express himself freely through games and sporting activity. It is our duty to educate successive generations so that they will be fully aware of their duties and their rights, and conscious of the need to bring a sense of loyalty and of honesty into social and daily life. These qualities are widely recognized as essential and should be cultivated with very great commitment and lucidity.

The education and upbringing that we manage to impart to young people during the early and formative stages of their lives through games and sport–which are, after all, extremely helpful, enjoyable, and advisable in this regard–will be the very building blocks of their future lives. All of us hope that a better future awaits them all and that, as a result, we, too, will have higher and better prospects before us.

Dr PRIMO NEBIOLO
President of the Association of International Olympic Federations

HANS-JOACHIM HALLIER

The Consumer Society and Childhood in the Rich Countries of the World

1. Over the past 100 years the western societies have undergone rapidly accelerating development in all spheres of life. Children are just as exposed to this development as anyone else. Indeed, it may be that children's personalities are more profoundly influenced and altered by it than those of adults. We have grown used to referring to this type of society as the consumer society, after its most obvious characteristic.

The phenomena of consumerism are concomitant features of the affluent society. I will be concentrating in my address on their effects on childhood in the rich countries (using statistics primarily from Germany), but I should like to point out at the same time that these effects are in no way restricted to the so-called affluent countries. The Third World, too, is aiming towards affluence–with every justification–and is certainly not immune to the temptations of consumerism.

We should also beware of the danger of automatically categorizing the affluent society as a bad thing. Economic prosperity is the precondition for a developed culture, for a high standard of health, for democracy, and for much else besides.[1]

What we need to do is to combat the excesses of an economic system promising prosperity in order to prevent the individual from becoming an instrument of economic and technological progress as supposedly the highest objectives, and thus eventually making prosperity an end in itself.

The new influences to which children are exposed in today's affluent societies become clear if we look at fundamental changes in living conditions in the modern industrial societies since about the

turn of the century. I should like to single out a few key aspects.

Let me recall the rapid advance of urbanization, mechanization and mass production, based on the division of labour, and the increasing migration of the population to industrialized areas and conurbations. Further obvious changes are new management and organizational structures involving a great deal of bureaucracy and anonymity and generating increasing pressure on performance and efficiency within shorter periods. Other typical factors, in my view, are work under pressure of time due to shorter working hours, accompanied by the stresses and strains of modern life. What is more: new rhythms of life have given rise to problems of organizing leisure time, weekend needs, the urge to travel during holidays, the trend towards organized cultural activities, and more fleeting contacts with the material environment. There is at once a pluralization and an individualization of lifestyles. The role of women is being redefined: typically, the modern woman is no longer a housewife and mother, but a well-qualified, educated, active woman with a career and an interest in politics. The overall evolution in society has thus led to greater fragility in family relationships, not to say social relationships altogether, as well as to the rejection of traditional patterns and conventions, to searches for new social roles and to the individual's isolation.[2]

Suffice it to say that these sociological changes in modern industrilized society, particularly migration from the land and urbanization, have had serious consequences for the development of children's personalities. Instead of enjoying immediate contact with nature in the woods and meadows, children have been confined to play parks in the ghettos of the conurbations. Heavy traffic and the other dangers inherent in city life have led to children being driven even from these very restricted spaces back into their houses, where they grow up alone and isolated in confined spaces. They glean their knowledge of the world primarily from television. Instead of freely experiencing nature in companionship with others, they are placed in educational institutions–kindergartens, crèches, play groups, music schools–characterized by organization, timetables, activity under instruction and constant supervision. The toys popular with today's children reflect these changes. A child's imagination can make a plaything of even the simplest object. Technical or pre-programmed toys, by contrast, reduce games to a series of operating instructions.

The changes in children's role in society are also illustrated by some significant statistics. At the beginning of the century 15.5% of Germany's population was less than 6 years old, and only 4.9% over 65; by 1970 the proportion of undersixes had fallen to 9.5% while that of elderly people (aged 65 and over) had increased by over 250% to 13.2%. This means that the number of children in German society has continually declined, that fewer and fewer children are being given more and more attention.

The number of children in German families is falling steadily. Marriages dating from before 1905 produced 4.67 children on average. By 1929 this figure had already dropped to less than two children per marriage, 1.98 to be exact. This was offset, however, by a gratifying advance–the decline of infant mortality: whereas at the turn of the century 199 out of 1000 babies died before they reached their first birthday, the figure eighty years later was a mere 15. In 1871 62% of the German population still lived on the land, i.e. in municipalities with less than 2000 inhabitants; a century later, in 1980, only 6%.

In this context it must be pointed out that attitudes within families and marriage to children have changed considerably.[3] On the one hand, children born today are generally wanted, with the result that parents tend to orient themselves strongly to their needs and wishes. This attitude, which often goes hand in hand with the desire that the child should have a better life than the parents, can easily lead to material and social spoiling. On the other hand, children today are frequently regarded as an obstacle to

the parents' individualization or self-fulfillment. Since married couples today are primarily concerned with their own personal happiness and with the intimacy of private relationships, the child becomes, almost automatically, a disruptive element and a financial or mental burden making demands upon their time. As a result of this change in attitude, parents, who used to devote their entire attention selflessly to the development of their children, now above all place expectations on and make demands of their children. They expect them to provide the emotional closeness they themselves no longer find in the outside world, which is perceived as cold and cruel, or in their relationship with their partner, and thus to compensate for their frustration. But children are hopelessly overburdened by such expectations. Studies of parents who abuse their offspring show that they generally demand too much of them too early in their lives.

There is obviously no need for scientific proof that such excessive demands, too, compounded by children's frustrated expectations of their parents, can lead to aggressive behaviour. The disturbed relationship thus arising from disappointment on both sides is bound to lead to an ever-widening gap between the generations, so that society today is faced with the contradiction that children are at once spoilt and neglected.

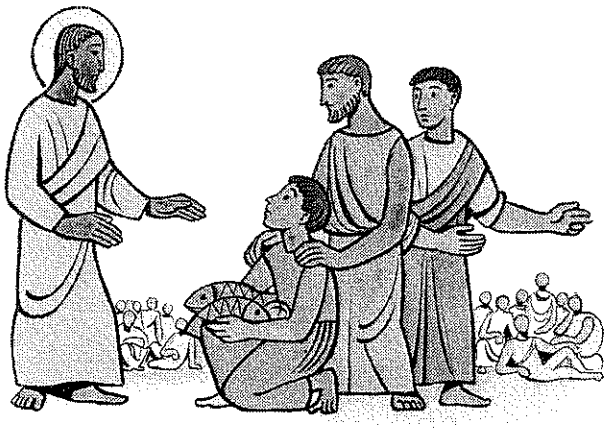
2. What specific effects does consumerism in the affluent society have on growing children? The social order in this society is based on the concept that the individual is an economic subject who acts sensibly on his own authority. According to this logic, the individual is free to choose whether or not to consume, and what. Since the efficiency of our economic system has produced a surplus of goods and consumer articles, manufacturers' efforts must be targeted first and foremost towards provoking the economic subject's urge to buy.

One of the significant developments in the consumer society is that children have been discovered as economic subjects in their own right by a system geared to generating continual demand. This would have been inconceivable under the social conditions which reigned a century ago. At that time, children did not have any money of their own, nor did the strict family hierarchy allow them the freedom to make such decisions. This has changed dramatically. Nowadays children's relationship with their parents is much more like a partnership. They are allowed greater scope for individual development, which is also more likely to be respected.

Above all, however, today's children have a lot of money. This is why huge, targeted advertising campaigns have for some time been directed at the " skippy " (school kid with income and purchasing power). The skippy not only exerts considerable purchasing power, but also influences others in their consumer behaviour; he is much easier to manipulate than an adult and demonstrates a high degree of brand awareness and brand loyalty.

Children and young adults today constitute a huge purchasing potential.[4] According to several statistical studies, the amount at stake in the–not yet united–Federal Republic of Germany in 1989 was approximately 31 billion Deutschmarks (roughly 18 billion US dollars). Twelve years earlier, in 1977, it was only 17 billion Deutschmarks (about 10 billion dollars). This sum comprised not obly regular pocket money, but also cash gifts on special occasions (birthdays, Christmas), as well as rewards for good marks at school, earnings from part-time jobs (paper rounds, baby-sitting, etc.), trainees' allowances and savings. In 1989, 7-to 15-year-olds received an average of DM 90 ($53) per month. Amounts tend to increase with age and time.

Today's children and young people have their own interests. They are more self-confident and know exactly what they want to eat, drink, and wear, where they want to travel, what films, music, or books " one " ought to know. Thus, to the delight of the advertising industry, their influence on their parents' consumption is growing. Thanks to advertising influences, they know which sham-

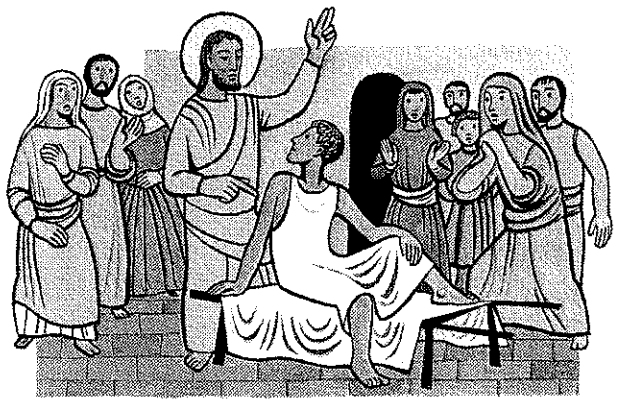


poo and which cornflakes are best. When buying home computers, stereos and cars, parents are responding more and more often to their children's wishes.

Nor are these billions in pocket money being spent merely on toys and sweets. In some product lines children and teenagers are increasingly the source of demand and account for sharp increases in sales figures: home electronics (walkmen!), cameras, sportswear, magazines. There are market segments for products and services of which children and young people are the biggest consumers (e g., radios and tape recorders, wristwatches, training shoes and cassettes). Even as holiday-makers children and young people account for a substantially higher percentage than adults in relation to the population average.

Advertising executives were delighted to discover that young people have a very definite brand awareness at an early age. Children want not only a certain product, but a certain brand. New analyses show that in over 90% of cases children got their way when it came to buying particular brand items (toy cars, fountain pens, training shoes, dress-up dolls, home computers). But even for products typical of the adult world, such as video recorders and televisions, the success rate for youngsters influencing the purchasing decision lies at over 50%. The advertising departments of the major companies are also well aware that today's child is tomorrow's adult consumer and that he will maintain a firm loyalty to familiar products.

The fact that the proportion of children in the population pyramid is decreasing in our ageing society has spurred the advertising industry to undertake countless new efforts to win over the child for the products on the market. The need for fashionable clothing, consumer goods and cosmetics is being drummed into ever-younger children, because everyone wants to be first in the race for the market. Those whose advertising does not reach children and young people will lag way behind. For in the meantime the competition will have etched its logo in children's memories.[5]



In its marketing for children industry has revealed considerable flair and imagination. In the end, all activities serve to win the confidence of children and young people and to tie them as early as possible to one company's products or services. Often it is a matter of confidence-building in which the name of the company rather than a particular product is to be enshrined in the child's memory.

Banks and building societies are particularly active in this regard. For example, a newborn baby is often presented with a savings book with a starter of DM 5 as a gift from the loyal bank. 80% of 14-year-olds have their own bank account. The clubs run by banks and building societies for youngsters offer a wide range of leisure activities, with games, competitions, travel advice, leisurewear offers, and even help with homework. The first youth banks offer young people the chance to access their accounts and other data by computer and to dabble in investments.

Youth clubs sponsored by banks and other commercial institutions clearly do not generally present a direct threat to young people's development. But it cannot be denied that they are in competition with real youth work as traditionally run by schools, churches, and local authorities. Unlike this traditional youth work, commercial activities undoubtedly have a competitive advantage. They are better equipped not only in financial and personnel terms, but also in terms of substance–and make far fewer pedagogical demands. They make no demands upon personality or character, require no commitment, no participation in club life, no subordination to a code of behaviour. They promise freedom, where others call for involvement and adaptation. Whereas traditional educational work focuses on the person to be brought up and educated, the goal of marketing activities geared to children and young people is not the welfare of the individual, but rather the welfare of a manufacturer or service company, even if this fact is often obscured.[6]

Not without reason is the question of whether education is being increasingly replaced by marketing being raised more and more often.

If, in the competition between commercial and educational youth work, the former usually gains the upper hand (because it makes it easier for the young person to satisfy his urge for freedom and serves the exclusive purpose of providing leisure activities), this is a reflection of the decline of the traditional mainstays of society–the family, the church, schools, even the state and public authority.[7] Whereas in the past families, church, and schools worked hand in hand in order to shape the personality of the young person in line with traditional social values, today's youngsters are being confronted on all sides with valueless consumer information. This arouses artificial needs far exceeding natural requirements. So young people grow up in an environment which has made consumption the be-all and end-all. The status of the individual is measured not by his personal values, but by his ability to keep up with the consumer rush. The objectives of a society which aims to increase prosperity are almost inevitably oriented to consumption. This is why this society is no longer characterized by the informed, educated individual, but by the consumer.[8]

3. Why are children in particular so susceptible to these influences? Surely it is not just because they lack the experience and ability to differentiate between the insinuations of ads. Subconsciously, every individual is longing for precisely what the world of consumerism promises: a feeling of fulfillment without having to change the self. The individual's desire for happiness, trivialized in consumerism, is being met by the " acquisition " of ever-new goods and relationships.[9]

Young people frequently fail to recognize that the feeling of happiness produced by consumerism is bound to be an illusion. It is only a small step from here to other substitutes for reality, like drugs or ideologies. Children cannot be brought up to be mature citizens on the basis of illusory realities.

Young people also realize very early that participation in the world of consumerism is the precondition for entry into the achievement-oriented society of the free market. It is a truism that without performance and competition our free-market system cannot function. Unfortunately, we have not yet been able to integrate our children into this society in a manner that does not affect their personalities or their feeling of mutual social responsibility. The phenomenon of the young drop-out from the achievement-oriented society is well-known. In some cases it is the weak, who feel they cannot keep up with stiff competition; in others, it is individuals who reject the competitive approach and the perceived coldness of society as a matter of principle. The high incidence of mental illness in our society, often the result of escape to an unreal world, paints a sad picture. And the vast proportion of young people among the two million or so alcoholics and eighty thousand drug addicts in the old federal states only two years ago speaks for itself. The fact that the rejection of a society which honours achievement and success can turn into blatant aggression against that society or against certain minorities tolerated or promoted by it is regrettable and should give us food for thought.

My comments on " the consumer society and childhood in the rich countries of the world " are in essence a description of the effects of a general change in, or lack of, values in our modern societies. With regard to the subject of " consumerism, " they draw attention to the fact that lifestyles in these societies are increasingly oriented to the economic ideals of profitability and efficiency. The resultant distinctly individualistic desire for happiness has caused even interpersonal relationships to be subordinated to these ideals. It is not surprising, therefore, that this way of thinking and acting has also led to the frustrating loss of purpose that makes young people turn to the vicarious satisfaction provided by alchol, drugs, or extremist ideologies and to seek escape in them.

The excessive tolerance demonstrated by parents today in bringing up their children is thus less an expression of understanding acceptance of different values than a manifestation of this widespread uncertainty about value concepts. That this uncertainty basically derives from a lack of faith is openly recognized even by scientists not connected with the churches. Many people within and outside the Church therefore place particularly high expectations on this conference, hoping that it will make a specific, indispensable contribution towards overcoming the problems I have just outlined.

H.E. HANS-JOACHIM HALLIER
Ambassador of the Federal Republic of Germany to the Holy See

[1] FURIAN, Kinder und Jugendgefährdung durch die Leistungs- und Konsumgesellschaft, in *Kind, Jugend, Gesellschaft* 1992, S 71 ff.

[2] Cf. CHRISTA BERG, Wandel der Kindheit in der Industriegsellschaft (*Changing Childhood in Industrial Societies*), p. 32 ff.

[3] Cf. MARTIN R. TEXTOR, Kindheit in der Familie (*Childhood in the Family*), in: *Aus Politik und Zeitgeschichte* (supplement to the weekly journal *Das Parlament*), B 40-41/90, pp. 14-20.

[4] THEO WOLSING, Die Kommerzialisierung - vor Kindheit und Jugend Marketing statt Pädagogik? *Deutsche Jugend*, 1991, revista 4, S. 175 ff.

[5] ASTRID EICKE, Kinder: Wandelnde Markenspeicher, *Psychologie Heuge*, giugno 1962, p. 62 s.

[6] THOMAS ARTMANN, Jugend, Jugendarbeit und Kommerz; *Deutsche Jugend* 1986, p. 112 ss.

[7] FRIEDRICH THIEMANN, Kinder in modernen Städten, *Pädagogik heute*, 1987, p. 43 ss.

[8] WOLSING a.O., p. 175

[9] RUDOLF ALTEMANN, Krank an der Gesellschaft, p. 164 s.

CARLO IMPERATO

Child Tumor Epidemiology and Prognosis

Malignant tumours are prevalently observed in adults and are relatively rare in children. It has been calculated that 0 5% of all malignant tumours occur in children from 0 to 15 years of age. The incidence in this age group is of 4-15 cases per year out of 100,000 children under the age of 15 (table 1). In Italy only one register of child tumours exists, namely that kept in the province of Turin, which shows a frequency of 14 cases out of 100,000 children under the age of 15. Therefore, in Italy, where the child population is approximately 10 million, the forecast is of approximately 1400 new cases per year.

Despite their rarity in developed countries, malignant tumours constitute the second cause of child mortality after accidents.

However, survival has noticeably improved, passing from 15% in 1960 to 65%, five years from today's diagnosis.

Child tumours show quite a few differences with respect to adult ones, both per histological type and per anatomical site of occurrence. During childhood, tumours of mesenchimal origin prevail, while in adults those of epithelial origin are the most common.

In general, in adults, except for leukemias, lymphomas and melanomas, one follows a classification system based on organ of origin. On the other hand, in children the classification is based on tissue of origin, as in neuroblastoma, medulloblastoma, rabdomyosarcoma, retinoblastoma, osteosarcoma.

While in adults environmental factors play a key role in the origin of malignant tumours, in children several development anomalies and genetic factors have been identified as risk factors in a rather significant number of tumours. Many child tumours (5%) are associated whit malformations, while in the child population as a whole this percentage is calculated to be about 2%.

Improved knowledge of the etiologic factors linked to the environment and of the genetic factors, as well as the explanation of the various stages which lead to the onset of a child tumour, should allow the pediatrician to develop various early detection methods for the identification of groups of children at risk.

About one third of child tumours are represented by leukemias, of which three quarters are of the acute lymphoblastic type (ALL), followed by CNS tumours, which represent approximately 20% and of which the most common histologic type is the astrocytoma. These are then followed, in decreasing order in the English register of child tumours, by neuroblastomas, Wilm's tumours, soft tissue sarcomas, bone tumours, and retinoblastomas.

If one observes the incidence by sex, one finds a male/female ratio of 1/2. This ratio is more significant in certain forms of tumour: 2/8 for non-Hodgkin lymphomas, 1/7 for medulloblastomas, while no significant differences are to be found for the other CNS tumours, for retinoblastomas or for osteosarcomas.

Some child tumours do not provide a constant incidence rate on a worldwide scale. For example, Wilm's tumour has a frequency two times lower in Japan with respect to Europe or the United States. The most important geographical variations have been observed in the case of lymphomas: in Central Africa, for instance, Burkitt-type lymphomas can represent approximately 50% of solid child tumours observed, while leukemias are less frequent in this same area. Hodgkin lymphomas are rare in Japan, while retinoblastomas are rare in India and in Africa. As regards bone tumours, the Ewing sarcoma is found only rarely in Africa or in the African-American population. All this suggests that there are geographical variations which could be linked to environmental factors, but also, and especially, to ethnic factors. The studies conducted on some families suggest that for several types of tumour a risk factor is transmitted genetically. This observation is documented for retinoblastoma cases, of which 40% are hereditary forms, and for bilateral Wilm's tumours (Table 2).

ETIOLOGICAL FACTORS

Environmental factors

Physical agents: ionizing radiations

Prenatal irradiation through X-ray examinations performed on the expectant mother seems to significantly increase the risk of leukemias and CNS tumours for the child.

Chemical agents: transplacental carcinogenesis

Diethylstilbestrol was identified in 1971 as the first transplacental carcinogenic chemical agent in man. In fact, the daughters of mothers who had taken diethylstilbestrol during pregnancy, and in particular during the first weeks of pregnancy, showed a significant risk of displasia or adenocarcinoma of the vagina and of the uterine cervix. Recently, cases have been reported of male children affected by seminal carcinoma after having been exposed to diethylstilbestrol in utero.

Diphenylhydantoin, used in the treatment of several forms of epilepsy, has an established teratogenous power. Intrauterine exposure to this drug causes a significant increase in the risk of developing a neuroblastoma.

Anti-tumour chemotherapy can cause secondary tumours; in particular, when associated whit radiotherapy, immunosuppressive treatments also increase the risk of lymphomas and leukemias

Viruses

The effects of viral infections in the mother during pregnancy on the onset of a tumour in the child have been the subject of many studies, the results of which are as yet controversial. It has been impossible to establish with any certainty the relationship between maternal virosis and the onset of the tumour in the child. On the contrary, epidemiological data suggest that in Central Africa an infective agent can be recognized at the origin of Burkitt's lymphoma.

It is known today that the EB virus, whose markers are to be found in more than 95% of African Burkitt's lymphomas, is a determining factor in the genesis of this tumour.

The same virus is equally involved in the onset of lymphoproliferative diseases in children affected by immunodeficiencies. This same virus is also associated whit epipharyngeal carcinomas, which show a high incidence rate in adolescents in Maghreb and China.

Genetic Factors

It is not easy to classify the genetic factors favoring the formation of tumours. J. Mulvihill has proposed to divide them into three groups: chromosomal, monogenic, and polygenic aberrations.

In chromosome aberrations, a great quantity of genetic material is translocated, or is absent, or is present in excess in all cells (constitutional) or only in malignant tissue (acquired).

Monogenic aberrations derive from a dominant or recessive mutation.

In polygenic aberrations, many genes interact also with environmental factors, without there being a predominant gene or factor.

Trisomy 21 is not only associated whit mongolism but also whit the development of acute leukemias, especially of a myeloblastic type.

The Klinefelter syndrome, which affects males and is chromosomically characterized by the presence of an extra X chromosome, indicates a predisposition for the development of leukemias and teratoid tumours.

Several well-defined deletions are associated with specific tumours: the deletion of the short arm of chromosome 11 (11p13) is associated whit Wilm's tumour, while the deletion of the long arm of chromosome 13 (13q14) is associated whit retinoblastomas.

Retinoblastomas are the prototypes of genetically transmitted child tumours; the tumour is an essential manifestation of gene mutation. About 40% of the retinoblastomas reported in Western populations are hereditary, if we consider as such the cases of bilateral retinoblastomas or those with a positive family history.

They appear on average at the age of 7 months, unlike the case of unilateral tumours, which tend to appear at the age of 25 months.

Studies on retinoblastomas have allowed Knudson to formulate a carcinogenesis theory which includes two mutations at cellular level. In the case of hereditary tumours, the first mutation is prezygotic and therefore can be inherited subsequently, while that of sporadic forms is post-zygotic.

One must also mention, as regards genetic predispositions, the hereditary pre-neoplastic syndromes, such as phakomatoses, which are transmitted in a dominant autosomal manner. Recklinghausen's disease is the most frequent of these phakomatoses: the affected subjects show benign tumours of the cranial and peripheral nerves which in some cases can turn malignant.

Worthy of mention is also the fact that as regards basocellular nevi, several environmental factors–such as ultraviolet rays and ionizing radiations–act on a genetically predisposed terrain.

There are syndromes with chromosomal instability. Four syndromes associated with predisposition to the onset of tumours have been recognized in which transmission is of a recessive autosomal kind:

1) ataxia-telangiectasia, characterized by neurological disorders, immunity alteration, and hypersensitivity to ionizing radiations; it is associated whit the onset of a tumour in 15% of the cases;

2) xeroderma pigmentosum, which induces a deficit in the repair of DNA lesions induced by ultraviolet rays, and consequently the frequency of skin tumours is higher;

3) Bloom's syndrome, in which approximately 25% of the subjects develop a tumour;

4) and, finally, in Fanconi's anemia, in which visceral and bone anomalies are associated whit a progressive medullary aplasia, a high risk of leukemias and carcinomas is found.

Multifactorial Predispositions

Lacking clear Mendelian transmissions, the presence of various tumours in subjects belonging to the same family suggests the presence of genetic predisposition. This is the case, for example, in the Li & Fraumeni syndrome, where breast cancer is observed in the mothers and soft tissue sarcomas in their children. In the last few years, cellular genes have been isolated, called " oncogenes, " which are for the most part similar to the onco-

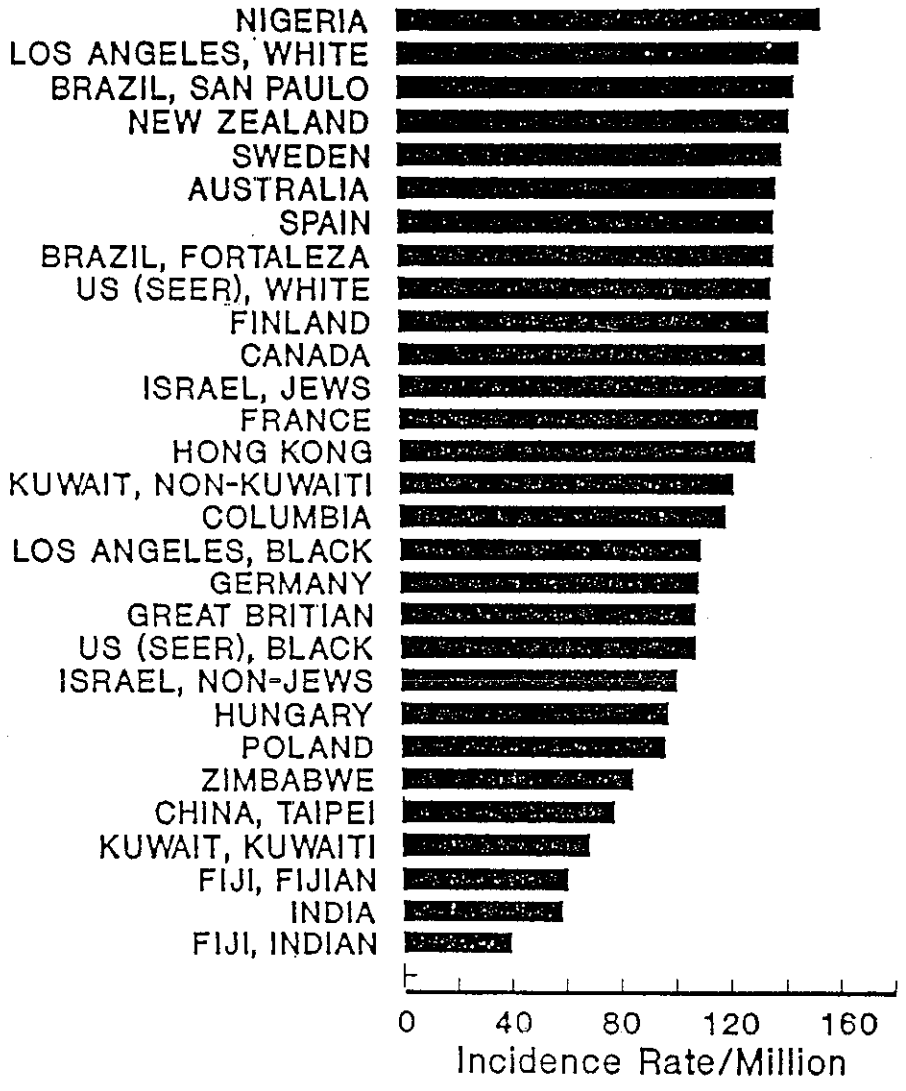
genes identified in animal retroviruses. It has been demonstrated that, under certain conditions, their activation causes cellular transformation.

Prognosis

The first steps towards improving the prognosis were taken in the forties, when surgery became the first effective action in the battle against child tumours. The fifties witnessed the development of radiotherapy, while the beginning of the sixties coincided with the advent of chemotherapy, which has continued up to our present times.

In recent years, team work, new diagnostic equipment (ecography, CT, MR, PET, SPPECT), more aggressive surgical techniques, the possibility of performing, through linear particle acceleration, more precise and more intense radiotherapy, fractional radiotherapy, the onset of radio surgery, drugs combined in chemotherapy protocols and follow-up therapy against pain, nausea, vomiting, and infections, and, finally, psychodynamic therapies, have all permitted these advances. However, not all tumour categories have shown an increase in survival rate. In this regard, three groups can be distinguished: the first, consisting of nephroblastomas, Hodgkin and non-Hodgkin

Table 1 - Incidence of cancer in children less than 15 years of age in selected regions of the world



Incidence of cancer in children less than 15 years of age in selected regions of the world

lymphomas, and retinoblastomas, with a survival rate after 2 years of approximately 90%; the second group, consisting of soft tissue sarcomas and Ewing sarcomas and germinal tumours, with a survival rate between 50% and 70%; and, finally, a third group, which includes osteosarcomas, neuroblastomas, and CNS tumours, with a survival rate, after 2 years, between 40% and 45% (Table 3 and 4). The percentage of survival depends not only on the therapy protocol used, but also on where this is implemented: survival rates are higher in pediatric oncology centers, and a further increment is observed when at the center a large number of patients are treated or when this center is located in a university hospital.

Long-term survivors

Children who complete antiblastic therapy (surgery, radiotherapy, chemotherapy) are called " off therapy " patients until the completion of five years following diagnosis, after which they are called " long-term survivors. "

As a consequence of the increase in survival rate, the number of these long-term survivors seems to be continuously growing While in 1990 1 out of 1000 adults, in the 15 to 45 year group, were long-term tumour survivors, it has been calculated that in the year 2000 there will be 1 long-term survivor out of 900 and 1 out of 250 in 2010.

In the eighties, the goal set for pediatric oncology was no longer survival at all costs, as in the past, but rather quality of life, which has therefore noticeably improved.

However, a given percentage, which some indicate as high as 40%, shows long-term toxicities produced by the three therapeutic methods. The toxicities caused by surgery are just a few The main ones refer to mutilations: amputations, pelvectomies, eye enucleations, etc., which today one tends to perform only in cases of extreme necessity.

Radiotherapy, especially in the past, was responsible for high rates of morbidity: scolioses, anterior curvatures, neurological, memory and endocrine disorders, etc.

Chemotherapy can cause sterility, respiratory problems, kidney failure, neuro-ototoxy, etc

It is also interesting to analyze the manner in which long-term tumour survivors reinsert themselves into society The results of a study conducted in France show that the majority of subjects studied have managed to lead a normal life, and some have even started university studies

Just a few have gone on to exercise medical and paramedical professions, while a good number of them occupy executive or employee posts; others have gone on to teach, and even those affected by physical disabilities have found a job.

The worst level of quality of life is found among long-term CNS tumour survivors or among those who have had associated cerebral lesions.

About half of the subjects have formed a family, and a very small number of them have divorced (7 out of 165). They have had a total of 164 children, who did not show pathologies different per number and quality from those of the general population.

Long-term survivors have also shown a higher risk rate of secondary tumours with respect to controls, about 12%, 25 years after diagnosis These tumours differ per type and site from the primitive tumour It is also probable that, because of the new therapies, which include total body radiation at very high dosages with bone marrow transplants, this percentage is destined to grow.

However, the improvement of prognosis has been so great that one must continue on this path, hoping that adult oncology may obtain similar successful results

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Table 2 - Differences in the incidence of pediatric tumors in vaious populations

Type of Tumor %	Australia	U.K	Africa
Leukemia	36	29,5	7,0
Lymphoma	11	9,0	50
CNS Tumors	20	17	1,5
Retinoblastoma	0,5	3,0	7,5
Sarcoma	8,5	14	15
Neuroblastoma	8,5	7,5	2,0
Wilms' tumor	6,5	5,5	7,5
Teratoma	5,0	4,0	1,0
Gonadal	1,0	1,5	3,0
Liver	1,0	0,5	1,5
Miscellaneous	2,0	8,5	4,0

Table 3 - Proportion of children with solid tumors. Surviving 2 years from diagnosis

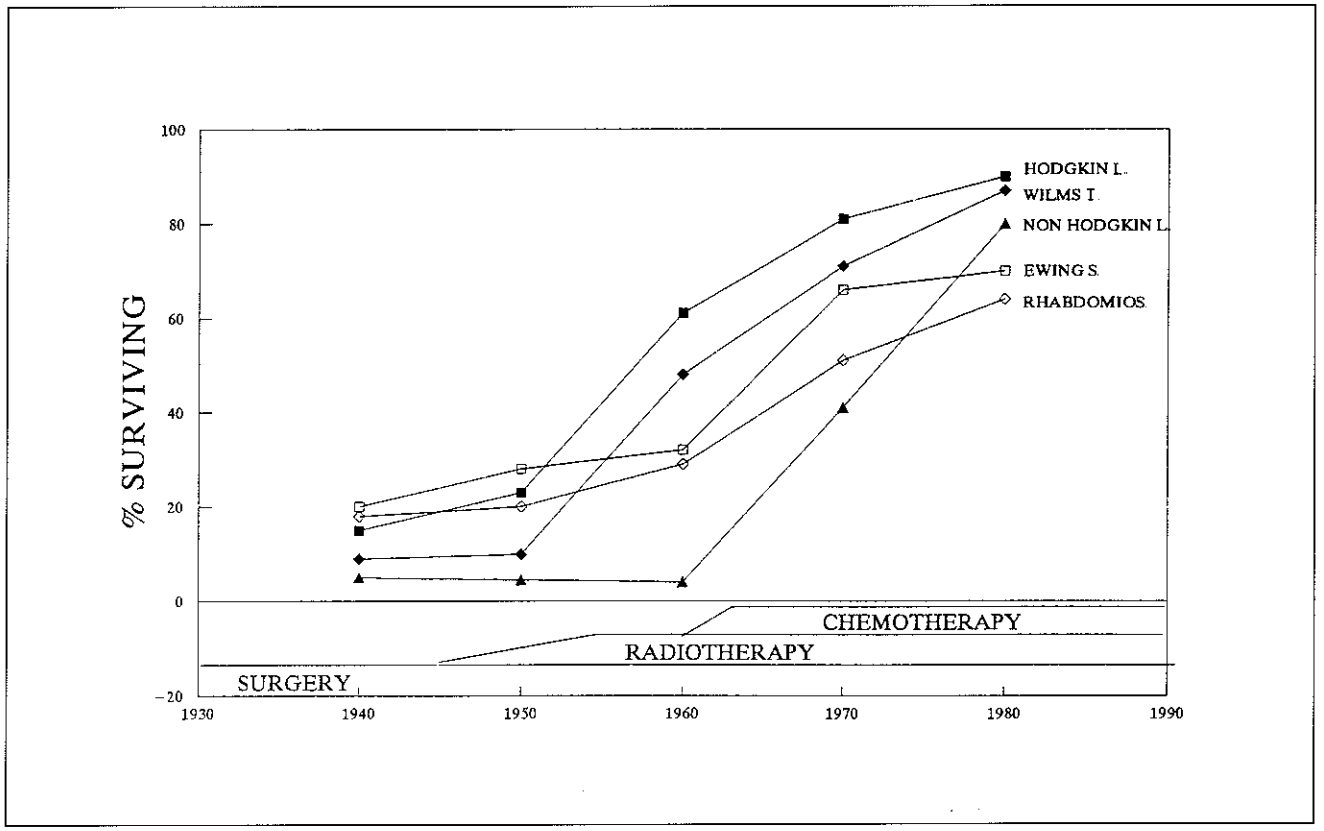
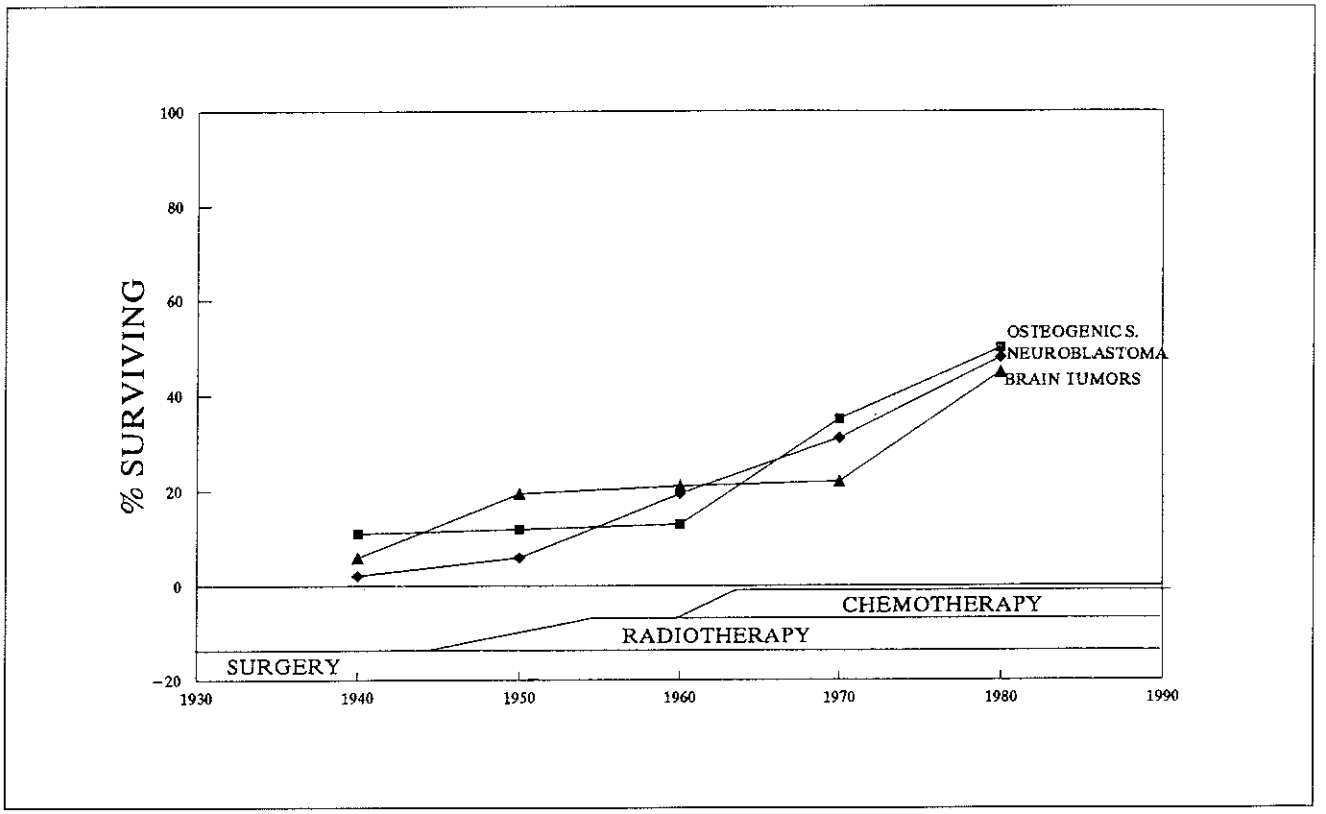


Table 4 - Proportion of children with solid tumors. Surviving 2 years from diagnosis



CORRADO MANNI

Chronic Illness and the Suffering of Children

Introduction

During a conference such as this, which seeks to call the world's attention to the whole question of childhood and its difficulties, a moment of reflection on the " suffering " of children is more than appropriate. Our attention should be directed towards children afflicted by chronic illnesses–the suffering such maladies provoke, the present possibilities of treatment and cure, and the role and responsibility of a society which too often neglects the rights of children and the multiplicity of needs which beset the sick child.

It is well known that many illnesses (whether regarding the blood or the metabolism, or connected with the neoplastic, neuromuscular, or respiratory systems) can experience a " chronic " development and evolution–by this, in simple terms, I mean that the illness can last for years and at times can even last a whole lifetime.

For this reason there is often a need for repeated admissions to specialized centers. Hospitalization, however, is always a traumatic experience for the child, and this is especially so if treatment and other central considerations involve the child being separated from his parents for a long time. In many cases one encounters generalized suffering.

This so-called " total pain " involves not only physical suffering, but also moral and psychological discomfort and pain.

Suffering often springs from a fear of pain, a fear of chronic pain which the child sees as having no purpose or meaning. This can become " pain-illness " and can provoke suffering, insomnia, and sadness. In other cases pain alone is not the sole cause of suffering. A sense of loneliness, worry, and anxiety–the natural concomitant signs of illness–also have a very important role to play. When these problems and difficulties are underestimated, or when the treatment is inadequate, very serious consequences can follow for the child's psychological well-being and for the balance and health of his future personality. Children who suffer need reassurance, " information, " and solid anchorage and rooting in both the hospital and family environments

When a child finds himself in such a situation a whole range of figures are involved–parents, general practitioners and specialists, teachers, psychologists, nurses, and volunteer workers. These people need a suitable training for what they have to do and need to be continually up-dated on how to carry out their respective tasks and duties. The suffering child, therefore, must be treated and approached in the right way, not only because he is in pain but because he is subjected to frequently pointless stress, must spend long periods of time in hospital, is separated from his parents, and has his sleep processes interrupted and disturbed.

The Reality of Pain During the Paediatric Period of Life

The problem of a child's pain and suffering is extremely complicated and intricate. The subject must be analyzed in depth and defined in very precise terms All of us who have to tackle the reality of pain and suffering agree that pain is often dealt with in an inadequate way, both when it afflicts the adult and when it strikes the child. If we take the case of suffering caused by a chronic illness, it is incontestable that children are still dealt with differently from adults and that the approach to this suffering of theirs is severely lacking.

The causes of this inadequate approach to that suffering which always accompanies the life of a child who is chronically ill are to be found in a number of erroneous beliefs. These beliefs are still influential in the medical world and they lead to an approach which is not suitable to dealing with the needs and requirements of our young patients I would like here to describe a number of these " false beliefs "–those that we hear most often and which well demonstrate how much progress medical science still has to make in order to ensure that the pain children experience is properly dealt with and treated, whatever the origins, intensity, and nature of that pain may be:

1) children do not feel pain, or, if they do, they do so less than adults because of their neurophysiological immaturity;

2) the experience of pain is not as damaging to children and is part of their normal life experience;

3) the use of drugs and medicine to control the pain children feel involves more risks and dangers than advantages.

Statements of this character are obviously ill-founded, but unfortunately they are still subscribed to

by people who want to avoid having to tackle the complicated and intricate problems connected with a regular and specific " anti-pain treatment ". Such beliefs play a major role in diminishing the quality of life of these little patients, and this is especially so when the lives of children are marked by the presence of a so-called " chronic " illness for which there is no fundamental cure and which therefore forms a daily part of their existence.

The Safety and Effectiveness of " Anti-Pain " Treatments

As an anaesthetist who is constantly engaged in the treatment of these patients, I feel the paramount duty to observe that in most cases of acute and chronic pain (including pain of an oncological character) the means we have available allow us to achieve success. We have a variety of instruments by which to deal with the pain which afflicts children: pharmacological therapy (analgesic and adjuvant drugs and medicines); loco-regional analgesic techniques; psychological and behavioral therapy; and physical therapy. We also have a wide variety of means by which to administer drugs–by mouth, through the muscles, under the tongue, under the nails, through the spine, by the rectum and intravenously. We also can use a number of other kinds of medication: nonsteroid anti-inflammatory agents (FANS), local anesthetics, antidepressants, tranquilizers, and meconic analgesics.

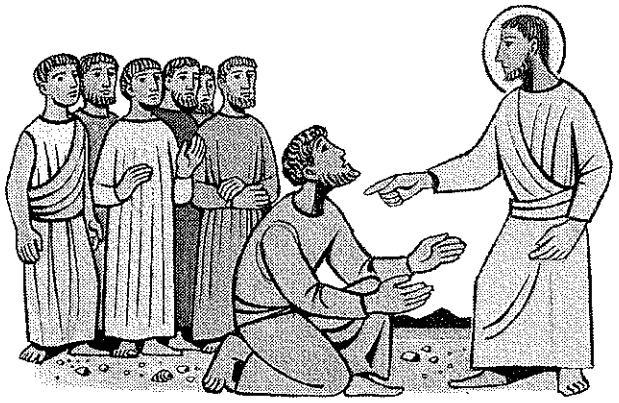
Nowadays one can adapt the therapeutic approach to suit the patient in ways which involves minimal risks for the child. In dealing with certain illnesses, and in certain controlled cases, the taking of analgesic drugs can be organized and directed by the child himself. He can take such drugs when the pain makes its presence felt (Analgesia Controlled by the Patient–ACP). Obviously enough, considerations of safety prevent the use of drugs in greater quantities than those established by the doctor in charge of the case.

The doctor who is a specialist in the treatment of pain must choose and apply those methods and techniques which are most appropriate to the case at hand. In so doing he must be fully aware of the character and range of the symptoms he has to deal with and must also pay full attention to the need to inform the patient about the treatment and prepare him for it, even when that patient is a child. At the same time the nursing staff and the family must be fully up to the job of looking after the child, and they should do so with love and ability.

It will be clear from this brief panorama that pain can be combatted with success and that the drugs and methods that we now use are not only effective but also safe. Pain is the first ring of that complicated condition of the spirit and the body that we call " suffering ". It seems to us that its elimination or at least making it tolerable is a moral duty rooted in the fundamental principles of medical ethics.

Pain Arises with Man

The behavioral, physiological, and anatomical studies which have grown in number over the last few years have clearly demonstrated that the other " beliefs " which I mentioned lack a scientific basis. These studies have removed any possible justification for medical approaches based more on a passive, useless and inactive attitude of pity rather than a practical commitment which, though difficult, is also rich in human and professional satisfaction.



Scientific data on the perception of pain bear witness to the presence of pain and suffering on the part of the child from the moment of birth, and with much probability after the first six months of pregnancy. Indeed, recent research in the field of neurophysiology has shown that by the twenty-sixth week of gestation the foetus responds to aural, visual, and pain receptor stimuli.

In the case of the newborn child intense pain receptor stimulation provokes behavioral changes (a lengthening of the period when the child is awake), reflex phenomena (retraction of the limbs), an increase in the plasmatic levels in the

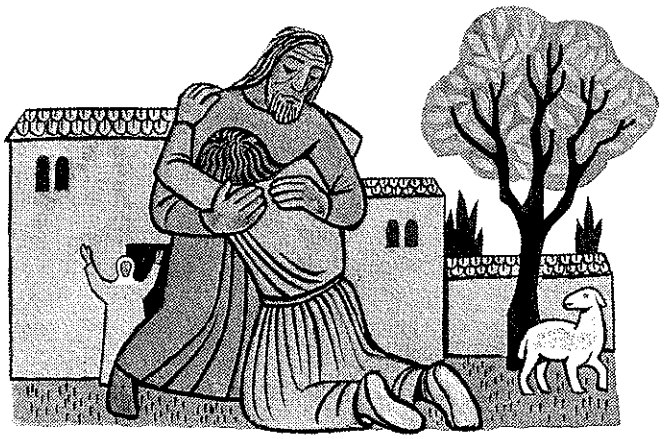
stress hormones (cortisol), and neurovegetative modifications (increase in the heart beat, in breathing patterns, and in blood pressure). With the passing of time the reactions to the pain stimulators become more specific and orientated. At three months the baby is already able to localize the zones which have been stimulated and attempts to protect them

After the fourth month of life the baby demonstrates a capacity for integration and at this stage regressive phenomena such as apathy and indifference to the environment can make their appearance as a response to intense and repeated acts of pain stimulation.

During preschool and school age the ability to describe and express pain becomes more marked, even if the child still encounters difficulties in defining the pain in qualitative and quantitative terms. At this stage in the child's development the psychological dimension to pain increases and the response to pain stimulation becomes increasingly influenced by environmental, cultural, and health factors.

Recent studies have shown not only that the memory stores away its experience of pain, but also that pain and suffering can change the behavior and personality of the child with at times unpredictable consequences.

During adolescence (12-18 years of age) pain and suffering can provoke important hormonal changes and influence physical growth. At the same time adolescents develop an adult cognitive state and are able to think about illness and suffering in terms which are more practical and effective than those employed by children. They are completely involved in the image and the integrity of their body and tend to have a more marked sense of awareness. The adolescent is engaged in a search for his own identity and it is important for him to establish a new and more equal relationship with his parents. Pain and suffering can have a marked impact on the ability of the adolescent to integrate with the world around him, to develop his own identity, and to have relationships with people of his own age.



The Experience of Pain and Psychosocial Influences

The experience of pain in the newborn, children, and adolescents, as has been shown, has negative effects which can mark, shape and condition their entire lives, especially if such pain is the product of a chronic pathology. For this reason we must be strongly committed to fighting such pain and to reducing the psychosomatic suffering which inevitably accompanies it.

Furthermore, increased scientific knowledge and the availability of safe and effective drugs and medicines which characterizes today's world mean that there is nearly always the possibility of effecting a useful and effective therapeutic program. This program, naturally enough, must begin with a careful analysis of the whole range of psychological and environmental factors which affect the experience of pain, in both a negative and a positive sense.

Indeed, psychosocial influences have an important role in the definition of pain and suffering. They influence both the perception of this definition and its emotional and behavioral consequences. The influence of the parents and the environment is often of crucial importance, and the response of the family to the pain and suffering that the child undergoes is of great significance in the development of psychosomatic symptoms. The relationship between the parents and the child and between the parents themselves can also influence the way in which pain and suffering are experienced; and the same may be said for the presence or absence of other members of the family who may suffer from chronic illness and the experience of the child at school

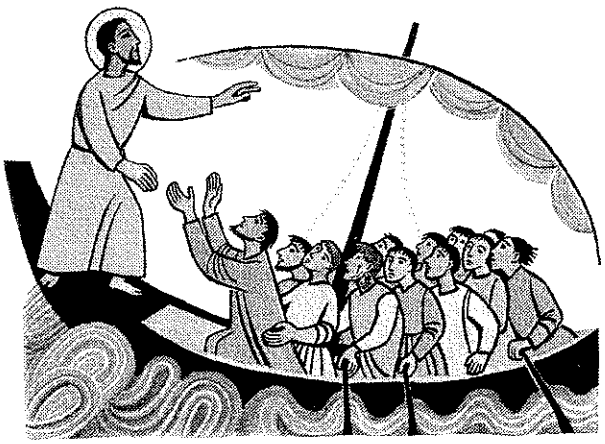
Let us not forget, finally, that the behavior of the suffering child can be heavily conditioned by the secondary advantages that can be gained in this situation–the avoidance of school or becoming the " center of attention " with regard to his parents, siblings, and friends. A knowledge of the environment in which the child lives and of the family realities which surround him are an indispensable prerequi-

«site in the formulation and preparation of a suitable program of treatment and forms of care.

The Treatment of Pain and the " Humanization of Medicine "

The way in which the medical and nursing staff react to the pain and suffering of the child while he is in hospital is of even greater importance. An inadequate or incorrect approach to the problem and the lack of suitable treatment can cause a host of difficulties, and even the rejection on the part of the child of the treatment he is receiving or to a lack of effectiveness of that treatment.

The fundamental role of the way in which the symptoms are described by the young patient is not necessarily trustworthy. In addition, the child's previous experiences and a whole variety of emotional factors can increase or distort his reaction and response to pain. The intensity of the pain is often revealed by the physical and emotional reactions of the child (irritation, movement of the limbs, and facial expression) and by alterations in the physiological parameters (the heartbeat and breathing patterns). For this reason, special attention must be paid to assessing the presence and the level of pain, and, indeed, all its features, when one is dealing with very young children and babies.



" humanization of medicine " –which everybody wants, but which is increasingly frustrated and inhibited by an impersonal, bureaucratic, and technology-directed rather than patient-directed system of treatment and care–is of great importance here. If we could overcome these distortions in the relationship between the patient and the doctor, we would be able to take a great step forward in reducing that suffering which inevitably accompanies those people who suffer from chronic illness.

Furthermore, pain and suffering involve subjective characteristics, and their evaluation and assessment thus become more difficult to achieve. In the case of children this is even more evident in that the

Ethical Problems in Dealing with Pain

A correct anti-pain treatment involves not only a solution to a wide range of medical problems but also, and above all else, respect for those moral and ethical norms and guidelines which are key points of reference for our professional conduct.

I am thinking here of children afflicted by neoplastic pathologies and intense suffering whose quality of life is thus severely compromised. One is dealing here with children for whom–or so it would seem–" nothing can be done. " But in actual fact it is these children who most have need of help and treatment–they require " palliative medicines " which do not seek to prolong the child's life at any cost but merely to treat their state of unbearable suffering. This question deserves separate treatment. Indeed, these patients run a dual risk–either no treatment at all or treatment which is far too intense and thus exaggerated.

The first approach involves the doctor's abandoning his patient when faced with the prospect of an incurable condition and an imminent death. Indeed, the inability to cure the illness at its roots can also lead to a refusal to employ the right and necessary treatment for the symptoms of that illness. The second risk is the direct consequence of an organicist way of approaching medicine and of an incorrect use of biomedical technology aimed at supporting the vital functions of the human body. It is evident that both the abandonment of treatment and its exaggerated use are approaches which are contrary to the principles of medical ethics. I would like to bring to your attention what is expressly set out in article 12 of the European Guide to Medical Ethics: " ... In the case of incurable illness in its terminal stage the doctor can confine his action to easing the physical and moral suffering of the patient and provide him with forms of treatment to this end. In so doing he should seek to conserve the quality of life of a patient nearing death. The doctor has the compelling duty to help the dying person until the moment of death and to so act as to enable him to maintain his dig-

nity." In the phrase "confine his action to easing," we find a clear repudiation of any kind of exaggerated treatment which forms a part of an inadequate and overblown attempt at cure.

Such attempts not only do no good to anybody but can actually increase the patient's levels of suffering. At the same time it is also clear that the doctor must help the patient until the very end, and that in particular he should use all methods available to alleviate the moral and physical state of suffering that the patient has to undergo.

But when it comes to the suffering child, we should not limit ourselves to controlling the pain alone. Pain, as we have already observed, is only the first ring in an intricate and complicated chain we term "suffering." In order to break this chain we need to obtain solidarity from all those involved: doctors, nurses, parents, and anyone else who can help to give concrete expression to a program of treatment and care which renders the burden imposed by the illness both more bearable and less painful.

Such a program of care and treatment should not involve only the period of hospitalization–as is often the case today–but should also allow a constant process of such care and treatment outside the hospital, in a place which is most suitable for the child. I am thinking here, for example, of the home. The advantages of the home–in terms of the defense of the quality of life–are known to everybody. Indeed, the largest part of suffering caused by a chronic illness is that represented by the elimination of normal daily habits and by being removed from one's normal environment and distanced from one's relatives, friends, and colleagues. This last is something that is often unjustified and pointless.

The people who deal with suffering children should employ an approach characterized by greater respect for their personhood and rights. This can be achieved through the creation of conditions which can make sure that each individual case of suffering becomes transformed into a positive human experience. In certain cases this involves a complex and difficult management of the case which in turn requires training and ability. But this should not amount to a pretext by which to deny a relief which is the right of every human being.

In order to carry this whole project to fruition it is not enough to achieve advances on the health-care front. Nor do we need to have a mere increase in economic resources. We need something else, something which the Holy Father referred to when he made his pastoral visit to the pediatric hospital of Obsztyn on June 6, 1991: "In each and every one of you, in each and every one of us, suffering must lead to love and human solidarity." Only in this way, only in a society which is able to feel and express solidarity and love is it possible to hope for a full and complete response to the suffering of a child who is chronically ill.

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SAVERIO MORTATI

Children and Death

Until some two decades ago, it was accepted wisdom that prepubertal children were not capable of understanding death, that they did minimal mourning and grieving and experienced little anxiety about it. This was based on their apparent passivity and limited questioning in the face of death, whether of their own or of someone they loved. However, the work done in infant and child development, in the past twenty years, has changed our understanding and conceptualization of how subjective experiences and coping mechanisms are organized and structured, and how they affect behavior. We now know that a whole array of motivational systems that regulate behavior and direct development are present at birth.

Important among these motivational systems in regard to the child's response to death are the need to establish and maintain human connections, and to create an inner world that has experiential coherence or congruity with external reality. The infant's brain is powerfully pre-programmed to have a repertoire of attachment behaviors, so as to seek and maintain human connection. The human brain cannot mature and get organized outside of a human interpersonal context. This search for human connection is as predominant a drive as that for physiological regulation. As a result, children have a built in emotional system that directs them to respond to the presence or absence of others. They are programmed to identify the absence of others as a signal of danger, and the presence of others as a signal of safety. They respond with affect to draw others to them, and have a built in trauma-anxiety response to separation and loss.

In addition, the human brain is also powerfully predisposed or driven to create organization. It is designed to create what is called experiential coherence by constructing internal representational models that mirror external reality. These models enable the child to anticipate what reality will be, and so to be behaviorly ready for it. When external reality does not match the internal model, there is a mismatch, or incongruity, which is a trigger for the trauma-anxiety response. A child separated from the parent, is faced with just such an experiential incongruity, that is, a reality that does not match the model the child has of it. This triggers a psychophysiological response of alarm which induces a change in conscious awareness that leads to dissociation. Experiences children have in that state tend not to be integrated with the ideas and experiences of the past. They cannot look at them in a symbolic and abstract way because symbolization can only occur when they are capable of integrating something. When an experience is integrated, it is put into a context and symbolized. Symbolization allows the child to transform experience so it can be used to adapt to the new demands imposed by a change in reality. This cannot be done with trauma. Whenever there is a discontinuity of internal experience with external reality, the child disconnects or dissociates from those aspects of it that she or he cannot adapt to or integrate in order to protect the self from feeling helpless, or sorrowful, or not in control, and those aspects of reality are, therefore, not integrated or metabolized. The essence of trauma, then, is an adaptive demand that leaves the child helpless and passive, so the mind is unable to do what it was designed to do, that is, to master the trauma, to integrate it, and to create new internal representational models that organize it so that behavior can be appropriate to the new situations. Normal trauma, therefore, has great adaptive advantages. It leads the child to develop new abilities for dealing with trauma and staying connected to others.

As part of this inborn ability to create internal representational models, children also have the capacity to develop a mental representation of the self. This model is an ideal self, an image of the child as optimally capable of meeting adaptive demands. This ideal self is built on the memory and experience of the self in the past being able to meet adaptive demands and master and integrate them. When the child masters normal trauma, he or she sees the real self as approximating the ideal self and that translates into an experience of well-being known as self-esteem.

Death changes external reality so it no longer matches either the model the child has of it, or the image of the capable, ideal self; the image can then no longer be sustained because it is so greatly dependent on the existence of the other. To the child, the disappearance from the perceptual world of

the loved one destroys the sense of security, and the child is abandoned as the programmed craving to maintain human connection is blocked, and the need to make sense of what has happened is obstructed. The loss of a human connection and the sense of an acceptable history and explanation of the self attached to that connection are profoundly affected by death, especially that of a parent. The models that describe reality and the self no longer apply, so the personal word is profoundly shaken. For children, death affects their meaning-making system and the way their personal world is structured.

It is important that children develop some coherent story about each loss, a story that gives them a comforting and sustaining understanding. Children can only construct an understanding of death that enables healing and the growth of the self in a life that has a cultural and spiritual meaning. In order to come to terms with death, they need time and an environment that allows for dialogue and facilitates grief and mourning. They need caring adults who have a frame of reference for understanding death and for the process of grief and mourning that follows: adults who help a child move through that process so the child can understand what loss is and what the process of mourning requires. Appropriate mourning is adaptive. Besides the losses occasioned by bereavement, life brings many other kinds of losses, both the large and the small. Mourning those is as necessary as the mourning after death. Grief and mourning are normal developmental adaptational tasks that should be facilitated, not obstructed.

Mourning has been defined as " the psychological process set in motion by the death of a loved one, " and grief as " the painful, sad, and anguished feelings that follow loss and accompany mourning. " Mourning is not a linear process but an intermittent stepwise one. It is the piecemeal process of recall and remembrance with affective re-experiencing of the pain of grief, through which the loss is integrated and a new equilibrium established. Mourning is a normal life experience that takes time to work through; for death and loss can only be symbolized and integrated over time. Grief is supposed to hurt and the process of working though it takes much longer than most people realize. Only the very difficult work of processing and integrating the pain and loss will lead to its resolution. Death, therefore, imposes the very difficult tasks of adapting to the reality of the loss, to grieve and to mourn it, to create a continuing, sustaining image of the loved one, and, finally, to create new internal models of reality and of the self that re-establish equilibrium so that the child can go on with her or his life. So for the child, bereavement is a complex process, as the inner world is disorganized by the trauma and the pain of loss is re-experienced over and over again, while the child's meaning-making system struggles to recreate and integrate the sense of self with the absence of the other. The pain of mourning occurs intermittently as children inquire in a back and forth manner when they are ready to know something new about death, then retreat into a self-protective stance, only to return to the pain and work of mourning later on with new questions. They can face the reality of death only in small, incremental amounts and for brief periods of time; they need to deny it in their struggle to protect themselves from being overwhelmed. Therefore, when a death occurs, reality fails to match the internal model of it. Then what is known as a representational mismatch occurs. This triggers a trauma-anxiety response that induces a state of dissociation that protects the child temporarily, from the pain of the, as yet, unacceptable change in external reality. Children can be overcome by grief at one moment, then at another, play in a seemingly callous and unfeeling way, as a defense against a painful affect.

Although the intensity of the relationship with the deceased diminishes over time, it does not disappear. The one who died is never given up completely. The meaning of the loss is negotiated and renegotiated over time as identification and internalization are used to keep some aspects of the deceased. The child's problem is not how to separate from the deceased, but how to place the relationship with her or him in a new sustaining perspective. It is easier for the child to accept the finality of the loss if she or he has an appropriate way to maintain a sense of the deceased in her or his current life. Memorialization helps by creating a cherished memory of the one who died, which memory the child can use as part of the healing process.

The task, therefore, for those who help children in mourning is to both allow and facilitate their talking about the loved one who died, to assist them in developing a language for the expression of grief, and to maintain a place for that person in their lives. How the parent and other adults display their own expressions of grief, and respond to the verbal and nonverbal display of emotion in the child, regulates and determines the child's outward demonstration of grief and mourning. We now know that the seeming indifference and passivity displayed by children in the face of loss is their response to overt and covert communications from their caregivers, and to the caregivers' difficulties in facing loss. Even very young children can engage in grief work if allowed and encouraged to do so.

Children need to say good-bye to the one who died. They need to participate in some form of closure, such as the funeral with the family, that gives nourishing support and normalizes grief for them. Children benefit from knowing what the family's funeral rites are and participating in them. These rites, and all the burial processes and sight, should be explained to the child. One should expect children to make an effort to locate the deceased in some afterlife in heaven; to experience her or him in some way, as in dreams, or as a presence still watching over them. They continue a connection with the deceased by speaking to them, by having waking memories they wish to talk about, and by keeping

something of the deceased as a linking object.

What it means to be dead should be explained in terms the child can understand. The younger the child, the more concrete such explanations need be. The account of the death, what caused it, and what it means should be simple and straightforward. It will have to be repeated many times, as children inquire over and over in their struggle to come to terms with it. It should also be noted that children commonly have distortions about what caused the death and often, through magical thinking, attribute it so some " bad " behavior on their part, such as misbehaving or being angry with the deceased Suicide, without an observed period of depression or mental illness, is the most difficult to explain to, or be understood by, a child. In many western cultures, very young children know little of the disposal of the dead, and when they ask where the deceased is, they are really asking what happened to the body. They often ask how the deceased can breathe and eat in the grave, and if he or she can move about, as they struggle to grasp that there is a cessation of all biological, cognitive, and emotional functions at death. Many children fear that death will happen to them, or worse yet, to the remaining parent or caregivers and become fearful that there will be no one to care for them.

The goal of the mourning process, then, is to have the child learn over time that:

– death is part of the natural order of things;

– death has great significance because we have special feelings for those who share our life;

– the loss is never complete, for the deceased lives on within us in some way;

– when some one whom you love dies, it is important to say good-bye in some way, sometimes with others, saying and crying the last good-bye together;

– it is alright to cry and to feel sad;

– it is alright to be angry and resentful;

– it is alright not to want to talk about it for a while;

– it is not always necessary to express what you feel in words; sometimes it it alright to just sit there and not have to talk;

– and, finally, when the child is ready to talk, hopefully to have an adult there to listen and give loving support.

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LÉON KREISLER

Children and Divorce

A general survey of a subject as large and as delicate as this would be superficial and tiring. For this reason I would like to take a number of topics which are of great relevance, both because of their timeliness and because they are very common.

The child and divorce constitutes a subject which is by no means easy or neutral. Divorce usually provokes heated feelings and these, in turn, produce radical antipathies, one-sidedness, and excess. In this way the special character of the problem becomes swept under the carpet: " the child of divorce does not exist; these are not so much the children of conflict as sick children " Or, on the other hand, it is believed that an existential and insoluble difficulty has been produced.

When faced with this divergence of opinion it is very important for a person to declare what he is and what he does. I am a child psychiatrist and pediatrician, and I am ever more frequently called upon –indeed, like most of my colleagues–to deal with the suffering of children of all ages: these children find themselves to be the victims of family situations which are becoming ever more complicated and difficult.

Our experience in this field has led us to understand that divorce is one of the high-risk factors in the health of the child. This is an opinion widely shared by experts in the field of children and their problems, when they are called upon to examine the worst psychological consequences of divorce. The general overall risk is very difficult to quantify. One estimate is provided by the relationship between the presence of divorce and the presence of infantile medico-psychological cases. Our experience suggests a figure of 30%; certain Anglo-Saxon estimates go up to 45% (Rembar).

Given the reality of vulnerable families, divorce provokes increasing concern for the discipline of social pediatrics. The widespread presence of divorce has a most damaging effect: divorce is rendered banal and commonplace, a process aided by the activity of the mass media in particular. Divorce is seen as something normal, not so far removed from the usual family experience, as something acceptable and unavoidable, caused by the breakdown of a marriage union. A famous lawyer recently declared, in ringing rhetorical terms: " Divorce–an anomaly? I'll believe that when it forms a part of the illnesses listed by the authorities dealing with social security "

The nature and the seriousness of divorce as a risk factor in the health of children vary enormously from individual to individual. Each new case is a new contribution to the study of the problem and involves a fresh appraisal which leaves behind accepted ideas and encourages us to find new solutions. But at the very center of our concerns there is always the mental and physical well-being of the child–his psychosomatic balance in the very widest sense of the term.

There are very many risk factors–at the same time as separation, before and after separation, before and after divorce. Right at the outset divorce provokes a crisis, but this experience cannot be summed up with reference to one particular kind of stress. It is a crisis which covers the entire mental gamut of traumatic neurosis, the nature of the wound received, the psychology of the person affected, and the special characteristics of the personality of the child who is forced to endure this whole experience.

The pathogenic elements at work, whether acting alone or in conjunction with others, are the following: the disruption of the life environment and the family context, the distancing of the parents, the break-up of the triangular relationship, the disappearance of usual reference points, the cancellation of values connected with the union, the whole and painful process of identification–something which has become more than difficult.

The shock is especially great when it afflicts a vulnerable child, a child who has already been troubled by previous tensions and conflict. In this case a very great blow has been inflicted on the long-nourished hope that, notwithstanding the tensions and the fights, the union had a possible future. Divorce gives new life and form to those ancient specters of destruction and abandonment, unhappiness and anxiety, and these lead to depression.

Divorce has often been compared or likened to mourning because of the loss it involves, the crisis that it provokes, and the character of the mental response to its presence. The child, indeed, truly undergoes a crisis–in the precise psychological sense of the term–in relation to the immediate, secondary and psychic consequences of the event. During this period of alteration in the character of the family context our role can be very important: we can throw light on how the partners react to each other and how their relationship can be improved, we can offer advice, and we can give support and succor to the child himself.

The age of the young patient has a very great impact on what happens after the divorce and on the possible psychopathological symptoms that might arise, whether of a behavioral, psychosomatic, or mental character, with all that these imply for the existential state of the child or his life at school. No period of the child's early life–from the first years to adolescence–is immune to the impact of divorce, and each period has its own particular problems and difficulties when divorce intrudes into the life of the child.

Divorce is more damaging when the period of development in the life of the child is of especial importance to his well-being. In children the trauma of divorce affects the mechanisms of attachment. Furthermore, the consequences and impact of divorce are felt in the despair about separation which is felt by every child of every age. Further risks are run in relation to the solving of Oedipal conflicts. Adolescence may be taken as illustrative of this aspect of the whole question.

A study on adolescence and divorce which is of great importance clearly emphasizes the evident reality of this risk (J. S. Wallerstein and J. B. Kelly). The adolescent experiences the whole process of divorce in an especially painful way. The emotions that he feels include a strong sense of loss, betrayal, a deep sadness, and a great anger towards parents who have destroyed the family at a period of great importance in his life. His ability to overcome this crisis depend both upon his mental structure and upon the attitude of the parents. The authors of this study stress how dangerous and damaging it is to introduce the child into the private life of the parents, and at times into the most intimate areas of that relationship, exposing the child to information and charges which diminish the sexuality of one or both of the previous companions.

The authors also give precise indications as to how long this period of turmoil for the child lasts before there is a stabilization of the situation, and it is thought that this period lasts from one to two years. The adolescent, in overall terms, is much better equipped to deal with divorce than his much younger counterpart. Nonetheless, it remains true that for those adolescents who have a fragile make-up divorce can be a high-risk phenomenon which leads to instability and imbalance. The authors give the example of two brothers, one of whom was able to overcome the crisis; his sibling, however, became a juvenile delinquent. From this example the authors deduce how important is the whole question of the fragility or otherwise of the child, and thereby draw attention to the centrality of the question of such fragility. As is the case with any age, divorce often takes the form of a second trauma for those who have already experienced insecurity, a conflictual environment, and a life dogged by ill-fortune.

Arising as it does in discord, divorce rarely avoids a high level of conflict; in addition, there arise great divisions and disagreement over the child himself, who be-

comes, as it were, part of what is at stake. This conflict is sometimes highly violent and pronounced–as is the case with legal action–but also takes highly muted and disguised forms: each parent can become the object of demeaning attacks by the other and can even be accused of the most heinous misdemeanors. This means that the image that the child has of his parent –with whom, of course, he identifies himself–becomes compromised and undermined, and he thus finds that he has modelled himself, or models himself, quite unexpectedly, on someone far from perfect, or, indeed, on someone to be criticized.

The child's being encouraged to take the side of one or other of the parents can have many unfavorable consequences.

I can think of a child whose father fell seriously ill after the separation, and under the influence of the family on her father's side this girl directly accused the mother of having broken up the family and thereby caused the father's illness and, later, his death. In truth, one was dealing with a case of alcoholism caused both by both separation and illness.

I also remember that a pre-adolescent girl came to see me about obsessive anxieties that were afflicting her and which were causing her great distress. She was constantly besieged by a recurrent nightmare: " I turn on the radio and hear my mother's voice. I am gripped by fear when I realize that it is not my mother speaking but my father: he has changed his voice in order to make me confess her secret. " Many years before the divorce the girl and her sister had been active accomplices in the secret affair of the mother with another man which had been kept hidden from the father of these two girls.

Dissociation is always present, even in cases where the subsequent reorganization of the family is free from frontal conflict and carried out well, and where it appears that the child is able to adapt to the new situation without experiencing internal or external fractures. This presence of dissociation is borne out by the pathologies and somatic manifestations which are themselves expressions of latent conflicts unable to find mental expression: eating and sleeping disorders and disturbances, recurrent stomach pains, breathing problems, and so forth. One illustration of all this is the behavioral neurosis termed " judicious child. " This condition involves the presentation of an apparently calm and smooth exterior. But this outward appearance is achieved at the price of a reductive conformity and a difficult internal conflict which overwhelms the child. Such an attitude is an attempt to keep the father and the mother together and to achieve an impossible reconciliation. Jean Denis Bredin's " child of divorce " is, in novel form, a revealing clinical description of the suffering which such a child has to undergo.

What happens in the long term to the child depends upon numerous variables which must all be examined and analyzed very carefully. Of primary importance in this process are the changes that take place in the family structure and the moral and material consequences that these changes involve for the child himself.

The new family configurations are not the direct and immediate product of the divorce but they are often its indirect consequence. In social paediatrics they are often the background to present worries. Many terms have come into use to cover the various forms that these new configurations take: single-parent, two-parent, reconstructed or changed family composition, polymorphism, and so forth. Although they are not very common, their increase and serious implications cause deep concern, both in themselves and as regards the personality of those adults who live with the child.

One of the most obvious long-term effects is the presence of divorce over the generations. This phenomenon, which has been known about and described for a very long time, has been explained in a variety of ways, which are not necessarily mutually exclusive: identification with the unfaithful partner–that is, with the source of aggression–and fragile and weak unions–that is, change being taken

as a norm or uncertainty being built into the personality because of previous troubles and turmoil. These are all circumstances which act to devalue marriage and, at a deeper level, to undermine individual and human values.

The Role of Ideal Systems

I would like to dwell for a while on a question which has certainly been considered at length from an ethical and moral point of view but which has not received nearly enough attention in psychopathological terms–the role of ideal systems in the formation of the psyche of the child, its effective support, the quality of mental life, and the resulting balance of his personality. I am encouraged in this endeavor by research which has been published recently in the *French Psychiatric Review*. The subject of my paper here today can gain from a digression into this area

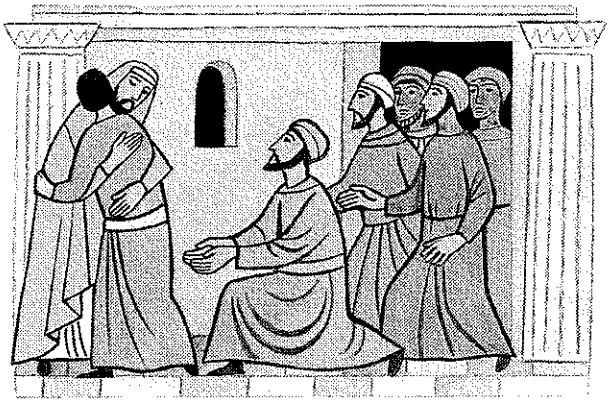
One of the most sensitive pathogenic aspects of divorce is the laceration of that system of values which had been built around the parents and which had hitherto been seen as indestructible by the child, and this notwithstanding the disruptive risks and specters which inhabit the spirit of every child because of the internal conflicts at work within him. The destruction of the family context is seen by him as a betrayal, and this in turn puts the child's ideals under very severe pressure. The child and the adolescent feel themselves personally betrayed and develop a lower opinion of the parent held responsible for this betrayal. In turn, this causes an undermining of their self-esteem and an attack on the ideal of the self which is internalized within the young patient. One of the most obvious consequences of this state of affairs is a discrediting of the ideals about life as a couple and, at a more general level, of the model of the stable union between a man and a woman.

There are other deeper and more subtle consequences, and these involve the ability to form authentic value systems which conform to the ideal of the ego in its existing forms after there has taken place–in Freudian thought–Oedipal evolution, and it has been subjected to the needs of the superego.

The parents become inflamed by their disputes and immersed in their legal litigation, and in so doing they become engaged in distortions which undermine their own principles. Without their knowing about it, these distortions introduce a false element into their parental functions: the very principles which uphold rectitude and truth put the child in an impossible situation which he can only escape from if he employs lies, deceit, and dissimulation. The risk of all this, obviously enough, is that such behavior becomes a fixed part of his mental attitudes.

The ideal of the ego is modelled, one might say, on the narcissism of the parents (C. Chiland). Of particular relevance is the distortion of the value system of the child caused by disappointment and by the infiltration of the personality by systems of a narcissistic kind shaped by the narcissistic behavior of the parents.

Forms of character which have been shaped and influenced by deviant and atypical kinds of ideality are not of relevance here. The prototype of such forms is that described by Pierre Marty with the term Ego-ideal–something which is fully narcissistic. This term has been subsequently developed by Albert and Aude Dingli and by myself. These personalities are characterized by a prevalence of narcissistic components which work against the ability to form and maintain relationships and feel and express affection, and which also bring about behavior marked by an evident individualism.



This individualism becomes erected into the form of a system and takes on the further form of a defence of individual values. This, it may be said in passing, is a clear feature of our age, and it involves the presence of elements which are at times close to being perversions and which are often upheld as being acceptable in the name of individual freedom. Here I cannot fail to invoke once again the consequences and realities of the mass media.

Our Role

The role that we play can be one of the most important that there is, but it is never simple or easy. With regard to divorce, the medical doctor is vulnerable to the risks of involving others in his tasks, and in this way the exercise of his profession is clearly very profoundly affected. As a medical doctor he operates within the limits of being an adviser and in sharing decisions with the legal authorities

Although an expert in medical and psychological matters, he cannot avail himself of his usual methods of treatment and care.

All this is especially evident when the medical doctor has to deal with divorce. He has to face a whole range of heated situations and relationships, and in doing this he has to obey the rules of his profession which are often contradictory when applied to the realities of divorce At the same time the legal context and rules are by no means clear and easy to understand He therefore needs great strength and capacity in the exercise of his profession and in the defence of the mental and physical health of his young patient

I will not conclude, however, on a note of pessimism. In 1990, the last dates available for statistics on divorce, nine out of ten men between the ages of thirty and thirty-four who lived with children were in fact married

I will finish this paper by citing the conclusions of the famous child psychiatrist and psychoanalyst James Anthony, the author of an important work on divorce: " Notwithstanding the ease with which divorce is obtained, marriage has continued to be an attractive model for humanity. The statistics on divorce do not dwell upon those marriages which have succeeded in our society and this number is probably no lower than it once was. This shows that the ancestral triangle of father-mother-child has survived a number of immense changes better than any other human relationship and remains the basis for all the other family structures. " I will end my talk with Linton's dramatic and atomic warning: " In that twilight which is prepared for us by a science which is too wise and by governments which are mad, the last man will spend his last moments looking for his wife and his child. "

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ROGER ETCHEGARAY

Children: Culture of Peace and Culture of War

War and Peace. Tolstoy told us clearly enough that these antithetical words are often present in the same place. Or, to put it another way, they are so instable that they never stop coming and going or interacting, with the consequence that it is often difficult to know where one begins and the other ends. It is impossible to think of one without the other, to think of the culture of peace without the culture of war. A person involved in education could tell us how a child, from his very early years, often finds himself torn between these two cultures; and he could add that the first great task of education and upbringing is to ensure that the culture of love prevails over the power and force of violence.

I could address my subject in pacific fashion. I could unite with parents and those responsible for education in dwelling upon how children experience peace in the form of a thousand acts which they encounter every day in the family, at school, and at play. That wonderful book of Bernard Berenson entitled The Book of Peace makes clear what we can expect from children with regard to the achievement of peace in this world. Children are the best messengers of peace and its boldest sculptors. But the two departments of the Roman Curia of which I am president lead me in another direction with regard to the approach of my paper here today. I am encouraged to dwell upon the sad situation in which children find themselves when trapped in those armed conflicts which seem to break out all around us, and which are resolved with great difficulty.

Over the last few decades our planet has experienced about fifty wars. There have been those wars which are fully reported by the front pages of the newspapers and there have been those, like other news items, which are published on an inside page. There have been wars that we have had to accept as inevitable and which have got used to; there have also been those which we have hardly heard about and whose horror has scarcely come to our ears. Most of these wars have broken out in the third world, and these conflicts have further added to the poverty of that part of the planet, further diminishing its hopes for a certain level of prosperity. Over two thirds of the wars which are now in progress broke out in Africa, like the savanna fires of that continent. Because of the nature of these conflicts, the people who really suffer at the hands of these wars are not the armed soldiers but the civilian populations and in particular children. Over the last ten years, it is estimated, about a million children have died as a result of wars and about four million have become handicapped or mutilated. Five million have been uprooted from their homes or are now to be found in refugee camps, and over twelve million children have been made orphans because of war and all its consequences.

This sad reality is a flagrant violation of those international agreements which protect the rights of the civilian population during wartime. It is even more revolting when one considers that arms are often supplied by industrialized countries, and that these countries profit from wars which they simultaneously condemn. These countries, indeed, bear a very heavy responsibility for the suffering that is experienced and the innocent deaths which occur.

The consequences of these wars for children take many forms and are devastating in their effect. They wound both the physical and the psychical unity of these children. It is impossible to grasp the traumas that they undergo in the midst of atrocities which are a part of their daily life, and as usual to them as their bowl of rice. I would distinguish between those children who are victims of armed conflict and those who are conscripted into the fighting.

1. Children Who Are Victims of Armed Conflict

We have before our own eyes the terrible spectacle of children being killed, wounded and mutilated because of armed conflict or because of a policy of blind repression. But more than this, and flying in the face of the rules laid down by the Geneva Convention, the contending sides in these wars do not think twice about involving the civilian populations in their conflict. Civilians are besieged and reduced to hunger, denied proper medical care and supplies, and humanitarian convoys are blocked. These criminal tactics have heinous consequences, especially for children. Indeed, these last are faced with the very hard task of physical and mental survival. It would not be appro-

priate for me here to judge or point the finger at the countries which have experienced wars and thus condemned children to suffering and death. Ever since the Holy Father appointed me head of two Pontifical Councils, Justice and Peace and Cor Unum, nine years ago, I have had the burdensome privilege of visiting nearly all of those countries which have been at war. These countries are many in number and go from Southern Africa to the Horn of Africa, from Central America to the Middle East, and from what was Yugoslavia to Southeast Asia. At this point, invoking the heart of Christ as he took pity on the children of Jerusalem, I would like to weep with you before the spectacle of the destiny of these children of our world. Their fate has often caused me to weep like a child, or to hang my head in shame at being a man, were it not for the fact that I discovered many who served them and helped them with generosity and tenderness.

2. Children Who Are Conscripted into the Armed Forces

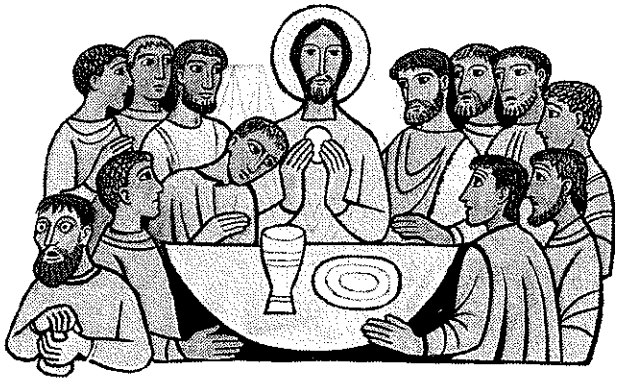
According to the principles expressed in Article 38 of the United Nations *Convention* on the rights of children (November 20, 1989), no child under the age of fifteen may be forced to take part in armed conflict. But at the present time, and this is something I have observed with my own eyes, even ten-year-olds are forced to bear arms. These children, of course, are both the victims and the instruments of war. Most of these children are press-ganged into military service, or to put it another way—kidnapped. This is a particularly disgusting form of slavery. These children are made to undergo great cruelty or savage rights in order to make them fight. I have in mind, also, a country where children are used to walk over fields and open spaces in order to clear a way through the mine fields for the adult soldiers. I have seen a camp for children crippled by having been made to do this. There also come to mind those children, both boys and girls, with guns in their belts, who were posted at the twenty checkpoints which I had to pass through to reach the headquarters of their rebel chief.

This short contribution of mine is dedicated to adults. There come to my mind the words of Bernanos: " Be true to children! Don't ever grow up! There is a plot against children on the part of the adult world. One need only read the Gospels to understand this. The Lord himself said to cardinals, theologians, historians, writers, novelists and everyone: 'Become like these children.' "

Peace is in our hands, in the hands of adults. But we can only construct and keep the peace if we manage to have the hearts of children. The spirit of childhood believes in innocence despite the evil which surrounds it; it believes in tenderness despite hypocrisy. One should never doubt that the last and final word should be in favor of life and love, notwithstanding their denial by the wickedness of men and the harsh realities of this world. The spirit of childhood is not only the spirit of the child—it would have no meaning for us if it belonged only to him. It is also that of the adult, the spirit of the childhood of an adult who does not accept that hate is stronger than love or that the culture of war is more productive than the culture of peace.

And it is in this spirit of childhood that I give you my message. This message is as simple as the words of a child, and as sweet as his or her dreams. The peace and the happiness of children, or, rather, the peace and the happiness of humanity, depend on each and every one of us becoming children once again.

ROGER Cardinal ETCHEGARAY
President of the Pontifical Council for Justice and Peace and of the Pontifical Council Cor Unum



JAN RYN

Psychosomatic Consequences of Children's Concentration Camps

Among the victims of Hitler's concentration camps in Poland children represented a significant and painful problem. As a form of planned extermination of the Polish and other Slav nations, the Nazis also created other special camps for children and adolescents.

In the Auschwitz gas chamber the followers of Hitler first of all killed pregnant women. In some instances, expectant mothers were taken to a field hospital (Revir), where they underwent abortion. Many women died from the complications associated with these procedures. In this camp, after 1943, children were allowed to be born, but were eliminated immediately after birth.

Most of the children taken to the camp were killed at once by the Nazis and then cremated in the ovens. Children were separated from their mothers during " selection, " but if the latter resisted, they were immolated along with their offspring. In this manner, in 1944, tens of thousands of children transported from Hungary and other countries perished. In the camp's final phase they were not assassinated directly, but most of them died from the living conditions and lack of food.

In the winter of 1943-1944, special barracks were organized for children and mothers brought from the Soviet Union. Torn from the arms of their mothers, in one day these children were transported to an unknown place, and many others arrived from a camp located in Polish territory, Zamosc. Most of them died of hunger and cold or in gas chambers. Only a few dozen survived.

The Nazis conducted a selection among the children and separated those representing the Nordic type–that is, blond and blue-eyed –taking the latter to Germany.

Nazi doctors participated actively in this " work " with programs of pseudoscientific experimentation known as the " Euthanasia Program. " Under this heading the Nazis assassinated thousands of psychiatric and incurably ill patients, retarded children, and others (Chroscielewski, 1969) According to Nazi ideology, these people were " unnecessary excrement " with a " life unworthy of being lived " (Lebensunswertes Leben).

The Children at the Lódz Camp

One of the largest camps for children was Lódz, where imprisoned youngsters were subjected to maximum stress: forced labor and multiple affronts. Hunger produced irreversible damage to those developing bodies, and special methods of emotional, social, moral, and ethical deprivation undermined their whole human constitution.

About 12,000 children went through this camp, but only six to eight hundred of them survived. Many of the survivors died shortly after liberation.

The behavior and psychic condition of these children were profoundly altered.

" They resembled little animals; they attacked their preceptors or teachers, treating them like the German staff at the camp.... With great difficulty they gradually acquired confidence and faith in friendly and pleasant attitude towards their protectors; these children presented symptoms of a lag in their development and maturity " (Witkowski, 1968).

In psychometric studies on survivors, interviews, questionnaires, clinical research, and special tests were used. There was analysis of the influence of factors such as age at the moment of confinement, length of stay at the camp, illnesses undergone while there, physical and psychic traumas, living conditions, hunger, cold, separation from the family, etc.

Out of one hundred former prisoners at the Lódz camp for children (62 men and 38 women), aged between 43 and 57 (an average age of 54), when the study was conducted, 97 were war invalids (5 with the first degree of invalidity, 20 with the second, and 72 with the third)

The studies showed that the traumatic factors with the greatest weight were fear, hunger, cold, separation from the family, physical traumas, illnesses, and forced labor.

In 97 people at least two chronic illnesses were found–psychiatric and involving the digestive or osteo-articular system. In this group there was a high incidence of neurosis and pseudoneurosis (63%). In twelve people neurosis persists. Chronic depressive states (63 people), irritability and impulsiveness (70 people), sleep disturbances (57 people) associated with nightmares and fear, and post-traumatic encephalopathy are the most frequent manifestations.

Encephalopathy was detected with a prevalence ten times greater than in the control group.

On a psychosocial and pedagogical level a major incidence of divorce, family conflict, suicide, and drug addiction prevails All of those examined expressed their feelings of being harmed by the war and camps, their frustration over not achieving their life goals, education, and an acceptable social position. The level of intellectual performance and instruction in this group is inferior to that found in the control group.

Among the children of those surveyed–that is, in the second generation–there were seven suicide attempts and three cases of drug addiction. As many as 65% of them presented serious difficulties in family education, in comparison to 10% in the control group (Zasepa, 1986).

It is worthwhile to present the results of the clinical research conducted by doctors and psychologists from Krakow (Poltawska et al , 1966) on a group of fifty people imprisoned in childhood at different concentration camps (Auschwitz-Birkenau, Ravensbrück, Potulice, Bergen-Belsen, Majdanek, Plaszow). There were thirty women and twenty men among them. None presented a normal state of psychic health.

Among the most frequent symptoms were nervousness, impulsiveness, irritability, headaches, memory and sleep alterations, anxiety, exhaustion, and somatic debilities.

From a clinical standpoint three groups of diagnoses were distinguished: the psycho-organic syndrome (11 people), personality alterations (13 people), and immaturity in personality (26 people).

The psycho-organic syndrome was the result of brain infections, cranial traumas, and chronic hunger.

Among the personality alterations the impulsive, anti-social, depressive, and schizoid personalities are prevalent.

The third group is characterized by infantilism, emotional sensitivity, psychoasthenic traits, and psychosomatic symptoms.

All presented a sense of being harmed and felt different from other people, obsessed by their traumatic experience at the camp.

The depth of these alterations relates to the length of imprisonment, the degree of stress, and their age at the time of confinement.

In these people's behavior we observe emotional immaturity (infantilism), hysterical traits, lack of balance, emotional maladjustment, with reactions inadequate to situations, and, finally, a prevalence of depressive states.

The axial symptoms compromise the emotional sphere and are manifested in a prevalence of " primitive " emotions: fear, anxiety, wrath, impulsiveness, obsessive-compulsive states, and antisocial behavior (Sarnecki, 1966).

The most unhappy are the persons who did not find their relatives. After liberation from the camp they grew up in orphanages, in a social and emotional void, with a sense of abandonment They have lived until the present hoping for the miracle of finding their loved ones. They sometimes lack their real names, and their personalities seem to be tacked on with their last name and profession. They experience difficulty in making decisions, putting everything off until later, until the most important matter is resolved–the encounter with the family

The children who were formerly prisoners at concentration camps are characterized by a high degree of conflict with their family and social environments, low tolerance in bearing frustration, emotional immaturity, and a tendency to resolve their conflicts irrationally.

Other Polish researchers de-

The Children of Auschwitz

According to Kosciuszkowa (1962), the children at the Auschwitz concentration camp may be divided into four groups.

1. Children cremated as soon as they arrived at the camp.

2. Children killed in a fetal state or immediately after birth.

3. Children who were born at the camp and survived.

4. Children confined at the camp as prisoners.

Profound personality alterations are observed in people born at the concentration camps or buried there in early childhood.

scribe similar characteristics (Półtawska *et al*, 1966; Witknowski, 1968), stressing the high frequency of anxiety and aggressive reactions and intense subjective awareness of being different and stigmatized on account of the camp–a feeling enduring until the present.

There is not enough room to present the cases, but more moving than the studies reported on is the story of a boy who for long years knew only one game–burying corpses! For these children everything was associated with death and fear.

Fright and danger devastated these children's souls with impunity.

From my broad medical practice with the survivors of concentration camps I would like to comment on three cases in particular–two sisters and a brother who were prisoners at camps. All of them displayed a concentration camp syndrome (*KZ-Syndrom*), with signs of organic brain lesions: the elder sister with anxiety/depression symptoms, the younger sister with the symptoms of chronic depression and psychosomatic problems, and the younger brother with profound personality alterations of a homilopathic and asthenic nature.

In accordance with their age at the time of imprisonment the siblings developed different behavioral defense mechanisms to protect themselves against traumatic factors in the life of the camp. The role of greatest burdensomeness and responsibility had to be played by the older sister, who adopted the attitude of a " mother-protectress " and " reassuring father " towards her younger siblings. The sense of responsibility for her little relatives was a source of strength and resistance in the face of external traumas for her. This emotional burden left very deep marks upon her in terms of both personality alterations and health. The broader her awareness of atrocities at the camp was, the deeper and more lasting the traces and memories of the camp were. The trauma produced by direct contact with massive deaths of other prisoners and extreme suffering produced in all of them alterations in emotions, social adjustment, and, above all, in their attitude to life and death (Ryn, 1982, 1987a).

The evolution of these alterations was as follows: 1) a phase of extreme mobilization of adaptation and defense mechanisms in the first period of imprisonment, 2) a phase of exhaustion, 3) a phase of chronic asthenization of the personality in the first months and years after liberation, and 4) a phase of chronic depression and vital hypoactivity.

Pathology of the Second Generation

The reality of the concentration camps has remained in force by way of suffering, illnesses, habits, behavior–especially in the nightmares of former prisoners–and also the structure and functioning of the family, with direct effects on the development, maturation, and health of the " second generation " –that is, the survivors' children.

Helen Epstein (1979), in her book *Children of Holocaust*, mentions the following characteristics as among the most frequent in the second generation: a sense of alienation, aggressive and destructive conduct, an ambivalent attitude towards success, difficulties in professional training, and a high incidence of depressive reactions.

Both the symptoms of the *KZ-Syndrom* (Szymusik, 1964; Kepinski, 1970; Ryn, 1981, 1987, 1991) and personality alterations (Lesniak, 1964, 1965, 1986; Jakubik, 1981, 1986) have influenced chances for readjustment to normal life.

Former prisoners present profound difficulties in social, familial, and interpersonal relations. Some readjust by turning to social or political hyperactivity; others, in contrast, manifest hypoactivity, a sense of being harmed, guilt, or inferiority (Orwid, 1964; Orwid *et al*, 1986).

None of the former prisoners has managed to readjust to normal life; they seek contact with other former prisoners and as a result form circles and clubs with those who have undergone confinement at different camps. The family is the most affected structure.

In Krakow, early research on the medical and psychological consequences for the children of former prisoners began in the 1960's, encompassing four area–biological, psychological, psychiatric, and sociopedagogical (Półtawska, 1965; Dominik, 1979).

The results showed a high incidence of neurosis, a similarity in the personality structure of parents and children, and an ambivalence relationship of dependence among them (Dominik, Teutsch, 1978).

In Wroclaw, Poland, for over twenty years longitudinal research has been conducted on the second generation of former prisoners at concentration camps (Kempisty, 1973).

Among former prisoners–the parents of the children tested–three groups of illnesses have been found: mental alterations (in 89%), diseases of the osteo-articular and locomotor systems (88%), and diseases of the digestive system (81%). In the second position are diseases of the circulatory (39%) and respiratory (29.7%) systems. The frequency of these pathologies is three to twelve times higher than in the control groups.

Among the children of former prisoners there was a high incidence of mental and psychoneurotic pathology. The diseases of the respiratory and digestive systems, respectively, are 54% and 76% higher than in the control group.

Among the children of former prisoners there has also been observed the highest incidence of suicides, lower job satisfaction, less job stability, passivity and hypersensitivity, divorce, and alcoholism.

Only 30% of those examined perform professional work with acceptance and satisfaction. The rest lack work motivation, and any professional activity quickly exhausts them. They are tolerant, passive, and submissive towards their colleagues, fearful and lacking confidence. A third of them have changed jobs two to three times over the last five years; another group is characterized by excessive optimism, a lack of a sense of reality, and living skills. In the same timespan there were seven divorces among them, as opposed to two in the control group.

The population examined also

presents different particularities in the scale of values and the acceptance of cultural norms.
In the scale of values there predominates a desire to achieve a high material standard economically, happiness, and family well-being. Their tending to seek out ideal persons outside the family nucleus may be interpreted as a way of compensating for the social disorganization in their homes and their unfavorable economic situation.
All of this indicates that both mental health and physical and social health are poor in the second generation in comparison to the control groups (Kempisty, 1979, 1986).

Conclusions

The data presented clearly show that the repercussions of the massive traumas at concentration camps do not end in the direct victims, but that the medical, psychological, and social harm extends into the present in both the children and families of former prisoners.

The children were the most innocent victims, for they died unaware of any guilt. Those who survived therefore bear with them a past which renders impossible their normal development and limits their natural, spontaneous activity.

No theory, however, has yet been formulated to explain the genesis and pathomechanism of this transmission of the *KZ-Syndrom* to the second generation. But it is probable that this legacy is more psychosocial than biological in nature, even when the influence of some biological factors cannot be dismissed.

The second generation constitutes an example of the indirect victims of the concentration camps. Similar studies are being carried out on the third generation.

There is no doubt, then, that postwar pathology does not end with the death of the last former prisoner at concentration camps. This means that it is necessary to continue medical and psychological research and work out adequate methods for treatment, rehabilitation, and re-education.

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GERALDO M AGNELO

Street Children

Brazil has been mentioned quite often by the international media, unfortunately, because of the spreading of the most dramatic aspect of our reality: violence and the abandonment of our children. The massacre which took place in front of Rio de Janeiro's Candelaria Church in July 1993, when 8 children and teenagers were murdered, shocked the conscience of every Brazilian citizen.

However, such an episode is not an isolated fact in the daily reality of a great part of our people. Mass murders have been frequently reported on the front pages of domestic and international newspapers and news reports. The massacre of 111 convicts in the Sao Paulo Detention House, the genocide of the Yanomamis, the massacre of 21 innocent people in the Vigario Geral slum, in Rio de Janeiro, are the tip of an " iceberg " of violence and human degradation which stigmatizes Brazilian society.

Every day four children or adolescents are murdered in the big cities. The Brazilian convicts are in their majority black and poor. In the slums, amid the crossfire between drug dealers and police officers, lies a significant portion of poor and honest workers, immediate victims of the line of fire and chases from either side.

Violence and the presence of children on the streets of the large centers of the Country are the most visible elements of the problems the Brazilian people have to face. Today there are around one and a half million children and adolescents wandering the streets of big cities. Not all of them lead their lives on the streets; hence expressions such as *street* kids and kids *on* the streets These two terms establish a distinction between those who no longer have family bonds–they belong to the streets–and those who spend most of their time *on* the streets, but go home to their families at the end of the " work " day. In many cases, the boy or girl on the street may just be at the stage which precedes his/her condition as a *street kid*.

The living patterns, however, are the same for both groups. Easy targets of drug dealers, prostitution, marginalization, and adult violence, these children and adolescents have to adapt to the reality imposed by the *street*. To frighten away hunger and lack of affection, these children sniff shoemakers's glue–the source of transitory dreams. The image of a boy wandering the streets with nose and mouth hidden inside a plastic bag–actually sniffing glue–has become the true badge of this situation Alcohol and other drugs are little by little incorporated into these children's universe. Thus mugging, once practiced to guarantee food, is then practiced for exchanging drugs–marijuana, cocaine, and crack. This, along with female and male prostitution, are two sides of the same coin. Brazil is today known among the developed countries as one of the new pornotourism paradises, whose main attraction is the prostitution of the under-aged

What are the causes?

Poverty is the immediate cause. Material poverty which is reflected in the political and cultural life of the Brazilian people. There are 32 million people living in extreme poverty, that is, in families with monthly income inferior to US 40 $. The social inequalities which are present at this level of absolute poverty are present throughout the country, according to the regional disparities–the Northeast is the most affected and is where the largest percentage of these numbers is found.

These poverty levels which we live with today, have their roots in the country's economic history. The economic patterns which we have had in the past 493 years have maintained both the concentration of income and social exclusion–from slavery in the colonial period to the dependent capitalism of the present. The country's impoverishment, however, has been felt in a special way in the last 10 years, largely because of the burden of foreign debt, which is over 104 5 billion dollars, and by the progressive concentration of income and land in the hands of a minority; Brazil is a country where a lot have a little and a little have a lot, a factor which is true of the majority of the countries in Latin America.

Hence, we live in a country of contrasts between a minority whit social wealth and modernity and a great majority of those deprived of access to the minimum required for their survival and development, living in a primitive world where slavery is still a reality. For example, Brazil has been constantly denounced by international organisms for violating labour rights. Fr. Ricardo was awarded the International Anti-Slavery Association prize this year for his denunciation

of rural worker slavery in Rio Maria and other municipalities of the Northern region.

The leading economic pattern, imposed in the first half of this century, was responsible for a regional derangement which caused a country-city migration wave. The result was a total inversion of the rural urban population within a four-decade period. In 1945, 75% of the Brazilian population lived in the country; this percentage is now 25%. The greatest consequence of the urban demographic explosion is the development of slums in the suburbs of large centers. Not able to absorb the permanent migration flow, big cities have become human deposits, taking in people who live in constant unemployment or underemployment, in precarious housing without basic sanitation, schools or health services... There are cities in Brazil where the number of people living in slums reaches 47%–Recife, in Pernambuco, for instance.

Male unemployment and low salaries have caused an increase in the number of women in the formal and informal work force. Besides playing their traditional role as mothers and housewives, the women have been forced to take over the role of breadwinner as well. The unemployed and, thus, idle male has added to the alcoholic rate, originating an accelerated increase in the number of cases of family dissolution and violence.

However, the female income, even when there is a male's contribution, has not been enough to guarantee the family's survival. Thus, child labour is arising in the urban setting. Today, 17.2% of children aged 10 to 14 work outside their homes. That means 3,000,000 workers of this age group.

Although it is a traditional practice in rural areas, mainly in families with low income, child labour in urban areas had almost disappeared after the first stage of Brazilian industrial development. In the struggle for survival, the child was left with the streets where he/she started selling candy to passers-by, washing and watching cars in parking lots, begging on corners, and often, instigated by an adult, mugging and dealing with drugs. Thus, the child who has gone to the streets to guarantee the support of his/her family is, little by little " seduced " by the *streets*, which offer a false sense of freedom and a false dream of autonomy.

In the streets of today there are real communities of boys and girls, adolescents and adults who once were *street children*. And there is more: in big Brazilian cities, there are already the so-called " street grandsons/daughters, " that is, the children of street boys and girls–a second generation which never knew and will never know any reality but that of the streets. And we have to face this problem, with its particular consequences, like the development of new cultural values imposed by the new reality, different from those established by the same society which has marginalized them along the way, where mugging is a way of making a living, of surviving; where sniffing glue is a leisure activity; where " live " and " die " are verbs which are used almost with the same emotion and are part of the same reality, where insecurity is twin sister and the security claimed by society is nothing but an insult to these children's reality.

Actually, we have observed that rural families coming to cities rarely want to return to the country, just as it is very unlikely that a child who is used to living on the streets will want to give up that freedom.

The way government and society see the street-kid problem

Government action regarding direct assistance to and advancement of minors has as its main characteristic authoritarianism and police repression as the pith of its interventions. The results of this action are already known: the institutional pattern has decreed its own dissolution–the government-run houses of correction for the under-aged are being closed. Gradually, the responsibilities of dealing with street kids are being left to the nongovernmental organizations; the State realizes that it is incapable of generating solutions, even if palliative, to the problem. Assistance patterns centered directly on the street chil-

dren, without taking them away from the streets, based on the recognition of their needs and on respect for their rights, have been developed satisfactorily in some Brazilian cities. However, none of these interventions has reached the point: How to keep children off the streets.

We cannot forget that the children who are born in any of the over 9 million destitute families in Brazil are candidates for " street boys/girls " tomorrow if nothing is done for them and for their families. It's also worth remembering that around 2,700,000 of these children are under 2 and already present nutritional deficiencies, with consequences for their development that may be irreparable, by the financial and moral aspects, is the starting point for understanding the Brazilian child. Around 70% of sexual violance takes place inside the home, among family members.

On the other hand, the family is the child's natural habitat; it is where they are born, grow up, and develop. We cannot reach the child if not through his/her parents and family members. This is the environment he/she will absorb and reproduce in his/her socialization process.

Global solutions

A fair and adaquate solution to prevent the numerous problems by the complex social condition of Brazil. The work to be carried out at social macro-structure level as well as at community and family level, capable of engaging every social agent, must be implemented in conjunction.

A way which has worked out

The National Conference of the Bishops of Brazil, ever attentive to the Brazilian social problems, could not remain indifferent to this plight. In its own way, it has sought means to work out action that could help overcome the cruel reality of the children found in the streets of our country. This concern has originated two forms of pasto-

(influencing their learning capability, which will consequently influence the future generation).

The family as subject and object of human advancement

No answer to this matter can leave out an investment in the family. Whenever we ask street kids why they are on the streets, they always answer, with very little variation: " I'm on the streets to help my family "; " I'm here because I couldn't stay home any longer; my parents couldn't feed us "; " I'm running away from a spanking or from sexual violence... " The problem is grounded in the family's plight. The family pattern, shaken

Brazilian children and adolescents have to face nowadays must trigger changes in both macro and micro levels of the social system. Interventions which modify the Brazilian political and social structure are being called for, as well as direct actions at disadvantaged community and family levels, seeking in the parents, relatives, and neighbors solutions capable of guaranteeing the betterment of the children's quality of life, engaging everyone in a new social ethic and in the construction of a new culture centered on respect for life and its value.

However, it is necessary that we realize that, if isolated, none of these measures will be able to reach the root of the problem originated

ral action, directed at *minors* and *children*.

The first form has always been present, not alone but in a special way, in the everyday life of these street kids–seeking advancement, protection and support of action in their defense. It is indeed a prophetic task which gives the Brazilian Church a tired but hopeful look, peculiar to someone who takes responsibility for the defense of life in the midst of a reality of death.

The second form, created in 1983, has measured its actions in preventing children's problems, carrying out its work in an organized way, directly with the families, through their community lead-

ers, who assist families in their neighborhood. They save lives, sow hope and faith, seek, together with the families, solutions to their problems, fight against marginalization. The pastoral care of children is mainly present in the suburbs of large cities and in poverty areas of small and mid–sized municipalities–in the urban and rural areas as well as on the coast. Assisting over 1,150,000 in 17,000 communities throughout Brazil, it has organized a virtual army of 57,000 community leaders who are trained and monitored by the parish, diocesan, and state coordinators to deal with health, nutrition and education, guiding parents and other family members on child education and making them aware of the child's needs for love and attention in the family and community. They trigger new cultural values centered on the child of today, future adult of tomorrow.

Pastoral action for children currently assists over 1,700,000 underprivileged children, under six, besides monitoring 86,148 pregnant women. A study has shown that the mortality rate among children under 1 who are monitored has dropped from 53 to 27 per thousand in the communities assisted.

Infant mortality in Brazil is around 56 per thousand born alive, though in poverty areas this number doubles and sometimes is even four times larger.

What are its actions?

The actions being carried out by this ministry in Brazil can be thus summarized as follows:

1) Integral support to pregnant women ensures nutritional surveillance, defense of life from pregnancy, and preparation for breast-feeding;

2) Catechism from birth to age 6, developing spirituality by fostering the value of life as a strategy to rescue human dignity in the heart of the family;

3) Promotion of breast-feeding, guaranteeing the child physical, psychological and emotional conditions which will enable his/her integral development and will ensure the mother a longer period between pregnancies;

4) Nutritional surveillance, through monthly monitoring of growth and weight, and alternative diets–teaching the women how to make better use of regional products whit high nutritional value and whit low cost which are available in their own community, such as wheat and rice bran, fruit seeds, dark green leaves, cassava, sweet potatoes, and others;

5) Control of diseases caused by diarrhea, teaching ways to prevent and control dehydration, through oral rehydration with homemade serum (Diseases caused by diarrhea are the leading cause of infant mortality for children under 1 in Brazil);

6) Promotion of routine immunization, participating in the campaigns with the objective of preventing infectious and contagious diseases, which is leading Brazil to the position of the third world country with the best rates of immunization;

7) Control of respiratory diseases, identifying situations of risk and valuing homemade remedies; signs, symptoms and treatment of pneumonia are being taught (Pneumonia is the second leading cause of infant death);

8) Prevention of domestic accidents, by means of educational techniques practiced with parents and with the community (They are the leading cause of death of children 5-15 in Brazil);

9) Prevention of sexually transmitted diseases, AIDS, for instance, within the family and community context;

10) Early childhood education, making parents and other members of the family aware of the importance of their role in the child's integral development, from pregnancy to age 6, the period in which the whole of their bio-, psycho-, and social) structure is established.

Pastoral action for children is also carrying out the following complementary projects:

1. *Income generation*: These are small projects to foster families' self-support, with the objective of improving the conditions and state

of health of underprivileged families without any alternative of income generation. Pastoral assistance currently supports 856 projects of this nature. The funds are provided after preparation for the activity chosen by the families. As soon as the project begins to generate income, the same funds are returned by the families and are deposited in a " Revolving Fund " to be used in other communitary projects;

2. *Literacy of youth and adults*: Families and community members, as well as the leaders, in the communities assisted, are offered literacy courses which make use of methodology in the context of the health, education, nutritional and evangelical action, undertaken by the ministry to children.

3. *Participation in social control*: It aims at preparing leadership to participate in municipal-level social control of public services, directly through the Municipal Councils for Health and for Children–s and Adolescents' Rights.

4. *Social Communications*: The production of printed educational material and videos has been a constant concern of the children's ministry, Child, which also produces a weekly fifteen-minute radio program called *Viva a Vida* (*Enjoy Life*)–broadcast by over 600 stations nationwide. They aim at preparing leadership, communities, and families in all basic action, besides dealing with up-to-date issues of interest for the target population.

Indeed, the prevention of diseases and of marginalization is much less expensive and prevents suffering.

All the actions carried out in 16,704 communities monitoring 1,154,904 families cost less than a mid-sized hospital–on average less than US $.50 per child. A true example of the much lower cost of prevention of diseases and violence, as opposed to the costs required to cure sick children and assist the marginalized, avoiding a loss of lives and hope as well.

Prizes awarded

The recognition of the work carried out by the Catholic Church in Brazil, which is not limited to its followers but to every child, regardless of political or religious creed, has been constant. Many prizes have been awarded in the past few years. In 1989, the Pastoral Ministry to Children was chosen among the six best international experiences in communitary health and nutrition by the INPF (International Nutrition Planners Forum, during the Fifth International Conference); in 1991 it received UNICEF's award for the best community health and nutrition service in Brazil; in 1992 it was awarded the Human Rights Prize of the French Republic *Liberté, Egalité, Fraternité*, for counteracting violence against children; and this year it received the Maurice Pate 1993 Prize, in recognition of the significant one-third reduction in the mortality rate in Ceara for the 1986-89 period.

The secret of success

Actually, all those actions wouldn't produce such efficient results if it weren't for the involvement of families in the communitary context. This is indeed one of the big secrets. Since the outset, in 1983, when Dr. Zilda Arns Neumann and I were asked by the National Conference of the Bishops of Brazil to create and develop Pastoral Care of Children, we knew it wouldn't be easy; we even thought it impossible to reach the family without the support of a community network, as we knew it would be impracticable to reach the children if not through family members–especially the mother. We were also sure of the fact that the leaders who would be qualified to undertake the work if they were from the same community, with full access to the families, within their cultural context. And so it was done. Throughout these ten years, this ministry has concentrated its efforts on monitoring the families, in the communities, through the use of trained staff members who lived in the community to carry out the work with neighborhood families, in an ecumenical way–respecting the popular culture, evangelizing them and valuing lay contributions. It is, without the slightest doubt, the most effective way to attack the root of the problems of diseases, education, religious instruction, violence and marginalization, and to promote Christian fraternity.

That is why we regard the Church's involvement with the disadvantaged families as highly important.

Conclusion

Throughout these ten years of experience, the pastoral ministry to children has proven it is possible to reduce infant mortality and malnutrition, to develop the child's potential integrally, to educate women, to prevent marginalization in the family–and, consequently, in the community and on the streets, and to promote the organization of communities–all through the constant qualification and monitoring of its staff.

As I see it, this ministry of the CNBB shows the world, today, that Brazil is a viable country, a country with a great future, a country which has a painful-looking Church because it suffers with its people, but which is also full of hope and thus is happy, a Church made of people who believe in organization and hope for a new society, in the sowing of the Reign.

This is the new Brazil we have to get to know. We should observe that for each child who dies in the streets there are millions being saved in the communities. These are miracles which are being accomplished by simple people, by poor community leaders who often are uneducated themselves, but they are people who make Jesus Christ's word come true day after day: " I have come so that all can live and have life in abundance. "

I hope that the " marketing of death, " which seems to have established itself world-wide, gives in to the " marketing of life. " It's the only way we can encourage people to engage in the process of saving lives, transforming reality, and committing themselves to work in favor of this new order which is arising in Brazil: " So that all children live, and have life in abundance. "

Most Rev GERALDO M AGNELO
Emeritus Archbishop of Londrina
Secretary of the Congregation for Divine Worship and the Sacraments, Holy See

JOAQUÍN RUIZ-GIMÉNEZ CORTES

Children's Rights

Preface

I am very sincerely and deeply grateful for the honor of being invited to this International Conference on *the child as the future of society* and on being entrusted with a paper on children's basic rights.

For well-grounded reasons I take the liberty of stressing, at the outset of these reflections, that the topic concerns *children in a global sense*, with no distinction of sex (girls and boys) or any other personal or social note; and it is understood *fully*–that is, from the first moment of a child's life in the mother's womb until adulthood (age eighteen, as a general rule), according to the terms of Article One of the *Convention on Children's Rights*, approved in a climate of consensus, as is well known, by the General Assembly of the United Nations, on November 20, 1989.

Such a complex panorama would require a broader analysis than that permitted by the space and time assigned for this paper, but it will seek to summarize the most relevant aspects around three convergent perspectives: the *past* of the problem of valuing children and providing them with emotional and practical care; the *normative protection* of their rights at the *current* moment in the world, in contrast to painful, demanding social reality, which is empirically observable; and, finally, the inevitable *reaction* to that challenge, with hope for the *future*.

I. The Process of the Gradual Recognition of the Rights of Children and Their Effective Protection Around the World

1. It is a historically proven fact that basic subjective rights–those which, in contemporary philosophy and jurisprudence, and in prevailing national and international written norms, are described *as fundamental human rights*–possess their *remote origin*, their root, in the *rise of awareness of a spiritual or material need* of the human person in society.

Recognition of the *absence of value or a good* withdrawn or seriously diminished, with harm to the development of the individual personality and collective communication, has gradually generated–in most cases, over the slow course of centuries and with acute suffering –an *ethical exigency* for public acknowledgement and effective concern, often supported by religious beliefs or philosophical or political postulates with a humanistic inspiration. The foregoing is discerned in the history of both the rights of freedom (now termed " civil and political rights ") and the rights of equality and solidarity (economic, social, and cultural rights).

From this departure point, a slow process of *development* has originated in successive stages up to the expression of initial *ethical demands in restrictive juridical norms* (a process which has not always been continuous and upward- moving, unfortunately, but which has appreciably intensified since the end of the Second World War). At the same time we detect a process of *universalization* concerning the *content* of each of these *kinds* of subjective rights and also the *territorial domain* of their effective protection (not without painful exceptional situations which reveal insufficient protective coverage, as has been brought out at the recent World Conference in Vienna).

2. This *erratic trajectory* is *equally perceptible*–with its points of light and shadow in what specifically concerns the *esteem* and *safeguarding of children's rights*.

As I am unable to examine that process in depth on this occasion, I shall limit myself to calling to mind three crucial moments of such evolution displayed in only apparently heterogeneous documents as manifestly significant, and I shall transcribe them literally.

a) The first, as the sign of a cardinal ethical- religious demand, is in the Gospel of Christ: " The people presented some children to Jesus so that He would place his hands upon them, but the disciples reproached them. Jesus, on seeing this, grew angry and said to them, *'Let the children come to me, do not prevent them, for the Kingdom of God belongs to those who are like them.* I assure you: whoever does not receive the Kingdom of God like a child will not enter it.' And He embraced the children and blessed them, placing his hands upon them " (Mk 10:13-15, cf. Mt 19:13-15 and Lk 18:15-17; complementary texts are Mk 9:33-37, Mt 18:1- 5, and Lk 9:46-48).

b) The second text, nearly two millennia later, is the preliminary, unequivocal precept of the *Con-*

vention of the United Nations on children's rights of 1989:

" The States participating *shall respect the rights set forth* in this Convention and *shall ensure their application to every child subject to their jurisdiction, without any distinction*, regardless of race, color, sex, language, religion, political or other opinions, national, ethnic, or social origin, economic status, physical impediments, birth, or any other condition of the child, of the child's parents, or of the child's legal representatives " (Article 2 1).

c) Finally, in chilling contrast, the dramatic statement by seventy-one Heads of State and Government meeting in 1990 at the World Summit on children:

" Day by day, countless children all over the world are exposed to dangers hindering their growth and development. They undergo great suffering as a result of war and violence; as the victims of racial discrimination, *apartheid*, aggression, foreign occupation, and annexion; refugee and displaced children also suffer on being forced to abandon their homes and their roots; some suffer because they are disabled children or because of a lack of attention or as the objects of cruelty and exploitation.

" Day by day, millions of children are victims of the scourges of poverty and economic crises, hunger and homelessness, epidemics, illiteracy, and environmental decay. They experience the serious effects of a lack of sustained and sustainable growth in many developing countries, especially in the least advanced, and of the problems of foreign debt.

" Every day 40,000 children die of malnutrition and various diseases, because of the acquired immune deficiency syndrome (AIDS), a lack of potable water and adequate sanitation, and the effects of the drug problem.

" These are the problems which, as political leaders, we must deal with " (*World Declaration on Children's Survival, Protection, and Development*, September 30, 1990)

3. In the light of these texts, we get in touch with the *harsh stages traversed* by the collective spirit of the peoples to continue advancing along the road to authentic, effective recognition of the basic rights of children; and at the same time we glimpse the horizon the goals remaining to be reached.

a) If we confine our reflection to this century, it is obvious that the upheaval produced by the two tremendous world wars (the entire period from 1914 to 1945), with destructive effects on civil populations and their weakest members, girls and boys, and their families, spurred the International Community to take important steps in the juridical order to articulate norms for protecting children–initially in the form of *declarations* and later as *precepts*.

In the period between the wars, the *Society of Nations* thus drew up and disseminated in 1924 a sober, but stimulating *Declaration on Children's Rights*, with the intention of advancing towards more binding norms–a purpose frustrated, unfortunately, by the collapse of that fragile organization and the outbreak of the Second World War.

After the war, with even greater harm to the young and their families, the new *United Nations*, in its crucial *Universal Declaration of Human Rights*, adopted by consensus and acclamation at the General Assembly on December 10, 1948 (Resolution 217 A [III]), not only established the *principles* of equality and nondiscrimination for any reason regarding all persons (Article 2) and the right to recognition of legal status for every human being (Article 6), but, in addition, stressed that the " *family is the natural and basic element of society* and has a right to the *protection* of society and of the State " (Article 16.3), and specifically added that " mothers and *children have a right to care and special assistance*, and that *all children*, born either in or outside of wedlock, *have a right to equal social protection* " (Article 25.2).

Although that historic *Universal Declaration* had the legal status of a mere *Recommendation*, its impelling influence was decisive for later advances. Accordingly, in the *International Agreement on Civil and Political Rights* (of December 16, 1966), now with binding force for the States participating and a certain apparatus for inspection, the principles of equality and nondiscrimination for every human person (Articles 2, 16, and 26) were ratified–and girls and boys are human persons; and, moreover, a concrete, unequivocal precept was inserted pertaining to *ius cogens*: " *All children have a right, without any discrimination* for reasons of race, color, sex, language, religion, national or social origin, economic status, or birth, to *protective measures* which their condition as minors requires, by both their families and society and the State.... *Every child shall be recorded immediately after birth* and must have *a name*... *Every child has a right to acquiring a nationality* " (Article 24).

b) A similar spirit animates the *International Agreement on Economic, Social, and Cultural Rights* (Articles 2.2 and 3), with specific reference to the protection of the family, mothers, and also children and adolescents against any kind of economic, social, or professional exploitation (Article 10).

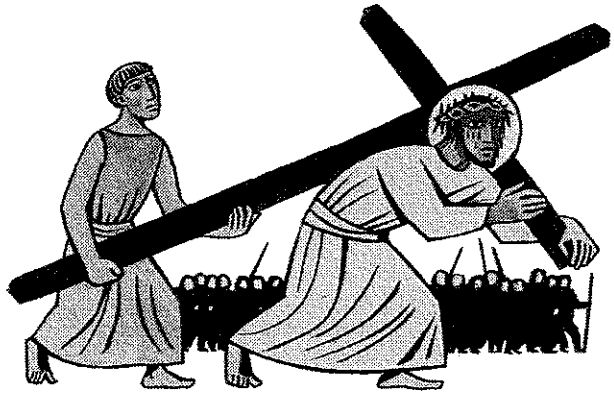
c) Nevertheless, the growing body of information gathered by the United Nations (mainly through its humanitarian aid agencies, such as UNICEF, WHO, UNESCO, ACNUR, etc.) on the increasingly serious and inhuman situation of children in many countries (especially those inappropriately called the " Third World ") prompted the UN General Assembly to demand from all governments a mobilization of resources to fulfill a beautiful decalog of basic *principles*, summarized in the new *Declaration on Children's Rights* of November 20, 1959 (Resolution 1386 [XIV]): the principle of *equality* and nondiscrimination; the principle of *special protection* for their full development, in conditions of freedom and dignity; the right to a *name and a nationality*; the right to the benefits of *social security*, health care, food, housing, recreation, and adequate medical services; special treatment for *children with physical or mental disabilities*; the right to *full development* of their personality, in an environment of love and understanding; the right to *education*; the *priority of assistance* in situa-

tions of risk; protection against *all forms of abandonment*, cruelty, exploitation, or trafficking; and protection against *practices which may foster discrimination* based on race, religion, or any other criterion, with the obligation to educate children in a spirit of understanding, tolerance, friendship among peoples, peace, universal fraternity, and service to their fellows.

It is of interest to stress that although in the articles of this substantial *Declaration* specific mention was not made of the *right to be born of children who have been conceived*, it is evident that in the fourth " whereas " of the " Preamble " it is stated that " *children*, because of their lack of physical and mental maturity, need special protection and care, including *proper legal protection, both before and after birth* "; this statement cannot be overlooked as a hermeneutic criterion and regulatory postulate in applying the system for the safeguarding of children.

d) That beautiful *Declaration* of 1959 undoubtedly stimulated a new phase in the development of norms oriented towards obtaining the *formulation of an international agreement or convention which would be binding for the nations* signing and ratifying it, and from which *control measures* could derive and, when necessary, penalties for the infractions verified.

That noble effort (stimulated by the participation of the Holy See and many governments from different continents, with differing ideological conceptions and disparate political systems, but agreeing on the urgent need to structure a more complete and operative legal order to defend children) culminated twenty years later, as we know, with the approval by the consensus of the UN General Assembly, on November 20, 1989, of the document entitled *Convention on Children's Rights*, a real *Magna Charta* of those rights which is excellent as a whole, in spite of certain deficiencies or questionable aspects, as with any collective work of such magnitude.



II. The Current Supranational System of Norms for the Basic Rights of Children and Contrasts to Observed Social Reality

1. The peak of the *pyramid of norms* concerning the advancement and protection of the basic rights of children–*latu sensu*–is constituted at this moment in history by the aforementioned *International Convention* promulgated by the United Nations on November 20, 1959 and already ratified by almost 140 countries (a unique event in the annals of ratification processes for this kind of supranational agreement).

From that peak there has descended a *cascade of norms*, already including very significant efforts to enforce and complement it–first of all, the *World Declaration on the Survival, Protection and Advancement of Children*, cited above, and its supplementary *1990-2000 Plan for Action*, approved–also by consensus–at the *World Summit* of Heads of State and Government held in New York on September 30, 1990; secondly, the formulation by the European Parliament, on July 8, 1992 (Resolution A3-0172/92), of the *European Charter on Children's Rights*, inspired by preceding norms, but adding certain praiseworthy proposals to reinforce control mechanisms and, when necessary, sanction infractions e.g., establishing an *Ombudsman* or Children's Defender (in the European community and nationally) and other valuable complementary aspects (cf. *The Official Daily Bulletin of the European Communities*, no. C 241/67, July 8, 1992).

Finally, the beneficial influence of the Convention of 1989 has also made itself felt in the sphere of many of the countries that have signed it and ratified it unreservedly (or with reservations which do not substantially alter it, except for some Islamic nations); and today we can already observe a helpful set of laws and other complementary norms for development which make clear the weight of the collective conscience in such a basic area.

2. Since it is impossible to go into this diversified panorama, I

shall confine myself to an almost synoptic summary of the rich content of that culminating United Nations *Convention*

2.1 *General Principles*

a) Equality and nondiscrimination

b) Priority of children's best interests

c) The duty of government to protect all rights, including economic, social, and cultural rights, to the extent of available resources, and, when necessary, in the framework of international cooperation (Article 4).

d) The responsibilities, rights, and duties of parents (Article 5)

mass media; the *right to upbringing and development under the responsibility of one's parents*; the right *to protection against every form of prejudice and physical, mental, or other abuse*; the right *to the special protection of government in cases of abandonment or helplessness, the right to adoption*; the right *to a statute for refugees*) (Articles 6-22).

2.2.2. *Economic, social, and cultural rights*: the right to *health care, especially for the disabled or handicapped*; the right to *the highest possible standard of health and medical attention*; the right to *nutrition*; to *social security*; to a *standard of living appropriate for their physical, mental, spiritual, moral, and social development*; theright to education at all levels and in from

stances and *trafficking* with them (Article 33).

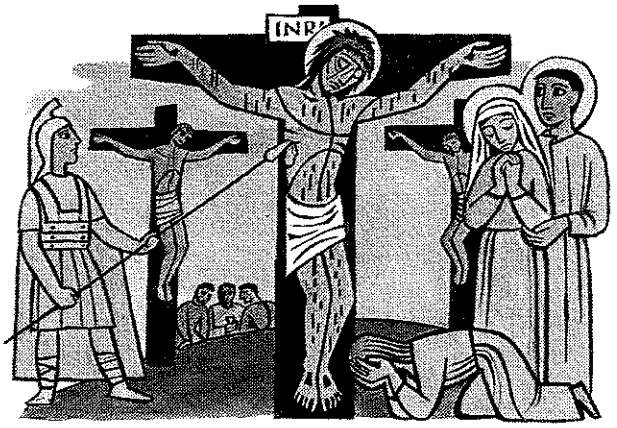
c) The rights of children in being protected *against all forms of sexual exploitation and abuse* (Article 34).

d) The rights of children in being protected *against kidnapping and the sale of or trafficking in minors*, for any purpose and under any form (Article 35).

e) The rights of children in being protected *against any other form of exploitation* (Article 36).

f) The rights of children in being protected *against torture or cruel or inhuman treatment, or being deprived of freedom* (Articles 37 and 39).

g) The rights of children *in situations of war* (Article 38).



2.2. *The Types of Rights and Duties Recognized*

2.2.1. *Civil and political rights* (using terms analogous to those of the United Nations Agreements of 1966): *the right to life and survival; to a name and nationality* and to knowing who one's parents are–*to identity*; to *not being separated from one's parents*, except in the case of clear necessity; to *entering and leaving a country*; to *freedom of expression*; to *freedom of thought, conscience, and religion*; to *freedom of association and peaceful gathering* (with the *usual restrictions*); to non-interference in one's *private-/family life and correspondence*, honor, and reputation; to *access to information* (in reference to the

every standpoint, for the *development of their personality*, and respect for *human rights, peace, tolerance, and equality*; the right to the *environment*; the rights of children representing *ethnic, religious, or linguistic minorities*; the right to *rest and recreation*; the *rights related to work* (Articles 23-31).

2.2.3. *The rights of children in anomalous or risky social circumstances*: the duties of governments regarding the protection of children in *those situations*.

a) The rights of children to *protection against economic exploitation* and against *all dangerous work* (Article 32).

b) The rights of children in being protected *against the illicit use* of narcotics and psychotropic sub-

2.2.4. *The judicial and penal rights* (guarantees) *for juvenile delinquents* (Article 40).

2.3. *Instruments and agents for protecting children's rights*

Undoubtedly, one of the leading aspects of the *Convention* lies in establishing a *system for promoting and guaranteeing* recognized rights which thus advances in the process of *effective implementation*, though still insufficient.

The basic elements in this *protective mechanism* are as follows.

2.3.1. *Primary and direct protection through the family* or, secondarily, through *other legal guardians* (Articles 5, 7, 9, 10, 14, 18, and 21).

2.3.2. *Protection through national government authorities* (also in the light of the principle of *subordination*–interpreted, however, not only under its *negative* aspect–involving non-intervention, when the family acts correctly–but also the *positive* one, when the family fails).

a) In this sphere, as regards the protection mission of *governments*, the functions explicitly conferred upon them by the *Convention* as both " *faculties or jurisdictions* " and " *duties* " are noteworthy–*Article 2*: equal protection, without discrimination; *Article 6*: protection for survival; *Article 8*: protection of identity and nationality; *Article 9*: functions in the case of divided families; *Article 11*: protection against illicit transfers; *Article 12*: protection against harm to children through abuses of the mass media; *Article 21*: functions in cases of adoption; *Article 23*: functions on behalf of disabled children; *Articles 24, 25, 26, and 27*: functions to promote health, medical services, social security, etc ; *Articles 28-31*: functions in education, rest, recreation, etc ; *Articles 32-37*: functions against all kinds of exploitation, illegal trafficking, torture, or mistreatment; *Article 38*: governments' duties regarding war situations; *Article 40*: establishment of judicial guarantees and other suitable measures for the treatment of juvenile delinquents.

b) The *protective function* which other *public institutions* and subordinate administrative authorities are to exercise, when necessary, is equally important (cf. Article 3 of the *Convention*), as with the " *Child-Defender Mayors* " (in the praiseworthy movement of solidarity reflected in the " Manifestoes " of Rome [1991], Dakar [1992], Mexico, and Pamplona [1993]).

c) And singular importance must be attached to interventions by *judicial authority*, both to *prevent* and to *sanction*, in all cases actively or passively affecting girls and boys with infractions of legal norms (Articles 32-40 of the *Convention*, and the Beijing *Regulations*).

2.3.3 In rising from the national to the *supranational* level, the *protective* system established by the *Convention* is structured into two directions of singular importance.

a) *The Children's Rights Committee*, within the United Nations, made up of ten independent experts, democratically elected for four-year terms, with the possibility of re- election (Article 43), and endowed with noteworthy *functions of control and information* on compliance by the nations participating with their duties involving protection (Article 44), and even capable of formulating " *suggestions and recommendations* " for the General Assembly (Article 45).

b) Cooperation with the Committee by the *specialized organisms* of the United Nations in these areas (particularly UNICEF, UNESCO, and WHO, among others) (Article 45)

3 *The contrast between protective legislation and the real situation of children*

Nevertheless, at the point in time where we find ourselves–the closing decade of the twentieth century–we observe a painful contrast between efforts to forge increasingly solid, specific *legal regulation* to promote and safeguard children's rights universally (as has been brought out above) and the chilling data on the *real situation* of millions and millions of girls and boys and their mothers appearing in the news disseminated by the mass media (sometimes distorted in certain respects, but well-grounded as a whole) and, above all, by the more objective and reliable information obtained by the specialized bodies of the United Nations, which substantially coincides with that acquired by different NGOs (Red Cross, Catholic Charities, Intermón, Manos Unidas, Médicos sin Fronteras, etc.).

Undoubtedly, this growing *collective awareness* of the dramatic–and, in many places, tragic–conditions in which majority sectors of the child population live wretchedly–and die–as a result of causes which can be avoided, especially in the countries of " *critical poverty* " in the world's south, explains the

aforementioned process of legislative advances on a supranational level and in the internal spheres of many governments.

This worrisome *contradiction* between legal formulations and persistent social reality does not mean that " any past time was better, " since today perfected technical means are available to obtain objective information not possessed previously; nor should it fuel fatalistic sentiments of powerlessness to overcome this tremendous challenge.

What is relevant–and urgent–is to reflect (though only summarily in this paper) on some of these *facts*, both the *dark* and the *hopeful* ones, all of which are equally real.

leased the traditional *World Report on the State of Children*, corresponding to 1993, he further refined the figures (thanks to a perfecting of statistical methods and taking into account the favorable effects over the previous two years of vaccination campaigns, medical services, installations of potable water, housing, etc.), but maintained the total of *about 35,000 girls and boys dying each day*–that is, nearly thirteen million children sacrificed on account of causes which can " technically " be remedied.

c) If we go into an examination of the *statistical pictures* added to the *Report*, we note the lacerating differences in children's situations between " *developing* " and " *industrialized* " countries–i.e., between the countries with *integral poverty* and those with a *high per capita income*.

GNP–in contrast to the " industrialized " nations, like the USA, Canada, Germany, Switzerland, Austria, France, the UK, Spain, etc., where the figures oscillate between 8 and 11 deaths of boys and girls in the first five years out of every 1000 live births.

d) Similar differences, *revealing radical socioeconomic inequalities*, are detected in the statistical tables with indicators on the degree of nutrition, health, and education, along with demographic and economic data, and on the very harsh situation of women, particularly mothers.

e) Even more recently, the publication of the new *UNICEF Report* (September 1993), with the stimulating title *The Progress of Nations*, reveals the magnitude of the challenge to be faced in order to achieve one of the basic factors for that *world progress*–namely, " the protection of the physical and mental development of girls and boys, " by putting into practice effective measures to improve survival, nutrition, health, education, demographic moderation, attention to women, and so forth throughout the world.

3.1. *Magnitude of the negative aspects*

a) At the beginning of this paper we transcribed a lacerating fragment of the *Declaration* approved by seventy- one Heads of State and Government (at the *World Summit* of New York, September 30, 1990), where the " problem " of the *survival* of children–the chilling figure is recalled of 40,000 girls and boys dying *each day* of malnutrition and various diseases, aside from the victims of wars and other forms of violence, cruelty, and exploitation of different kinds.

b) Over two years later, in December 1992, when the distinguished Executive Director of UNICEF, Mr. James Grant, re-

Accordingly, the basic *indicator* of the *rate of infant mortality* in the first five years of life for a boy or girl (TMM5) reveals, for instance, that in an African country, like Angola (or Mozambique), in the first five years 292 boys and girls out of every 1000 live births still die; in an Asian country, like Afghanistan, 257 girls and boys die in the same period; in an Ibero-American country, like Bolivia, there are 126 deaths; and this is the case in the other countries euphemistically termed " developing " in proportion to their *respective per capita*

3.2. It is important to stress that, objectively, both UNICEF reports (the usual yearly report and the last special one, just issued), without concealing any of the *negative aspects* in the situation, *also bring out the advances achieved over the last decade*, including the

saving of over three million young lives, thanks to vaccination campaigns (with the achievement of 80% immunization in that period); to this we must add another million children saved, thanks to oral rehydration therapy (ORT), from diarrhoeal diseases, and similar progress in potable water and sanitation installations, campaigns for maternal breastfeeding, and basic education and professional training programs. Clearly, as both *Reports* acknowledge, about §25 billion will be needed yearly to reach the seven basic objectives set in the *Action Plan* extending to the year 2000 (approved during the aforementioned World Summit of Heads of State and Government in 1990). These points are the following.

a) To reduce by a third the infant mortality rate of girls and boys under age one and under age five, or up to 50 and 70, respectively, for every 1000 live births, if that represents a lower mortality rate.

b) To halve the maternal mortality rate.

c) To halve the serious and moderate malnutrition rate for girls and boys under age five.

d) Universal access to potable water and sanitation facilities for eliminating human wastes.

e) Universal access to basic education and completion of elementary schooling by at least 80% of school-age children.

f) Reduction of the adult illiteracy rate to at least 50% of the level detected in 1990.

g) Improvement of the protection of girls and boys in especially difficult circumstances.

The above-mentioned figure of §25 billion yearly to finance these programs seems enormous, but as the reports bring out, it is immensely lower than what governments spend on armaments and/or military conflicts and even much less than what is consumed annually on alcoholic beverages, tobacco, and superfluous expenses, for instance.

III. Taking Up This Urgent Challenge: Paths and Main Actors

The challenge represented by the data indicating the maltreatment undergone by children–*structural* maltreatment from unjust socio-economic conditions in many countries and *circumstantial* maltreatment even in industrialized countrieskdemands not only spiritual and cultural *mobilization*, but also *in-depth, intensive action* of singular breadth; In the face of such a challenge, there is no room for ignorance, fatalism, passivity, discouragement, feelings of impotence, or a fear of solidarity–but, unfortunately, they besiege us at the close of this millennium.

Merely by way of *example*, as *perspectives on the future*, I dare to suggest the following priority steps.

1 To agree upon intensive, ongoing action by all the mass media to *inform* on the situation of children in each nation and other countries, with objective balance, bringing out obscure or dramatic aspects, but also those which are favorable and stimulating.

2. To accentuate and perfect *educational action, real training for development*, from the family to the highest levels of each society, to *foster to the maximum degree awareness and a sense of solidarity* with the child population of every country–action in which the different Churches and religious denominations, public and private school systems, and the NGO's (particularly those devoted to the advancement and defense of children's rights) must play a key role.

3. To urge all governments towards *full and unreserved ratification of the Convention* on children's rights of 1989 and respect for the statement in the Preamble on the right to legal protection of the child conceived and not yet born.

4. Constantly to ask all *public authorities* in each country (from municipalities and other local and regional communities, including the government and the highest national officials) for *adequate organization and appropriate financing for all the social services contributing to the well-being* of families and children in each country and the *allotment of 0.7% of their GNP* to cooperation with all the countries in need of development.

5. *To facilitate and assist the action and financing of all NGOs* devoted to cooperation for children in needy countries.

6 To place pressure, through the most effective channels, on the appropriate bodies of the United Nations, so that there will be progress in establishing the " *new international economic order* " (announced in 1975!); canceling the foreign debt of " developing " countries–which are not really developing–or at least converting it into social services for children in each debtor country; necessary budget allocations for the aforementioned bodies of the international community in order for them to fulfill the objectives projected in the 1989 *Convention*; and, furthermore, spurring the creation of an international penal court–permanent or independent of national governments–to judge and sanction maltreatment, exploitation, and other crimes against mothers and children.

In addition to all of these steps, and as a concluding note for this paper, it is important not to forget the luminous horizon glimpsed by the prophet Isaiah (Is 65:20) as a sign of the advent of a *new earth*: " An earth *where there will be no child living for a few days or old man who does not complete his time*. " So be it! But to achieve that, at this turbulent close of the century and the millennium, we must assimilate the beautiful observation of St. John of the Cross: " *In the evening they will examine you in love*. " In love and justice, for justice and love are inseparable to save children and the world, and to consolidate peace.

Professor JOAQUIN RUIZ-GIMENEZ
Chairman of the Spanish National UNICEF Committee

ALTYNSHASH JAGANOVA

Psychological Composure of the Child Exposed to Political Changes

I, being a representative of one of the youngest States, have the honour to participate and address you at the Eighth International Conference, entitled " The Child Is the Future of Society "

The Republic of Kazakhstan, which proclaimed its sovereignty on December 16, 1991 after the collapse of the USSR, is now a member of the UN and has been recognized by 108 countries in the world. Its territory is 2.7 million square kilometers. Countries like Great Britain, Germany, Spain, Austria, Holland and Denmark could be placed within. With boundaries totaling 12,800 kilometers, it borders on Russia, China, Uzbekistan, Kyrgyzstan and Turkmenistan. The geographic position of the republic, its location on the crossroads between the Western and the Eastern civilizations, contributed to the development of its history, economy, culture, literature and the arts, customs and traditions.

The world community knows our President, Nursultan Nawarbaev, and approves and supports his home and foreign policy. But, as you know, politics sometimes directly influences those biological and social factors determining development of the child. Even a progressive leader is sometimes not able to cope with the outcome which the republic inherited after the collapse of the former USSR.

The famine of the 30s broke out in Kazakhstan because of the inhuman policy of forced collectivization, and as a result of that the nomadic population of Kazakhstan was reduced from 5.9 to 2.5 million people. The main victims of that inhuman experiment were children. Even now we can feel the consequences of this atrocious act, which produced a most negative influence upon the health of people, upon the genetic fund of the nation, its social well-being, the language and culture.

After the end of World War II the Soviet government made a decision to construct the Semipalatinsk nuclear-testing grounds in Kazakhstan. So, in the very heart of the republic, in the land sacred for every Kazakh, which had given birth to many outstanding thinkers and writers, a most powerful source of radioactivity contamination was created.

Though this topic had been for many years closed for investigation, now we have at our disposal numerous data showing the damage done to the health of people, children among them.

For more than forty years 470 nuclear explosions were set off here. Air, surface and underground tests put the regions nearby on the verge of catastrophe and the fate of many people could serve as the evidence of it. The victims were several million people from the four regions of Kazakhstan and the bordering regions of Russia. Every nuclear explosion caused irreparable damage to the health of people, to the ground, the waters, the atmosphere, flora and fauna.

The results of the investigation conducted by the Kazakh scientists testify to the fact that the waters contain high concentrations of strontium, caesium and other radioactive elements one hundred times beyond the normal concentration. The high percentage of strontium-90 in plants was conducive to its further transmission to food products. Now the third generation of people is exposed to radiation from the ground, the water, the plants and meat of cattle. Even the official statistics of that time could not conceal the fact that there was observed the growth of oncological, autoimmune diseases, psychoses, inborn abnormalities in the irradiated regions. The maternal and infant mortality is very high; 68% of the female population has prenatal and post-partum pathologies; the corresponding average figure over the republic is lower: it reaches 29%. 86% have leukophenia of medium degree; 41% of the adult population developed nervous disorders; 50% revealed immunodeficiency processes. The general morbidity in the Semipalatinsk region is twice as high as in the republic in general. The high level of abnormalities of development is sustained; diseases of the circulatory system and of arteries are much more frequent than in other regions. For instance, iron-deficiency anemia has shown activation; in the irradiated Abai region 80% of children revealed iron-deficiency anemia.

Diseases of the nervous system are observed here more often than in other regions; every year mentally defective newborns are delivered more often than elsewhere. It is impossible to speak about harmonious development of the child under such conditions.

It is not widely known that in seven more regions of Kazakhstan nuclear and thermonuclear explosions were also produced. In fact, country was turned into the testing-

grounds of the USSR; it contributed much to the transformation of the USSR into the superpower possessing a great nuclear potential. Political ambitions of the past leadership were implemented at the cost of the lives of common people. Moreover, there were no compensations of any kind guaranteed by the government to the civillan population of the regions.

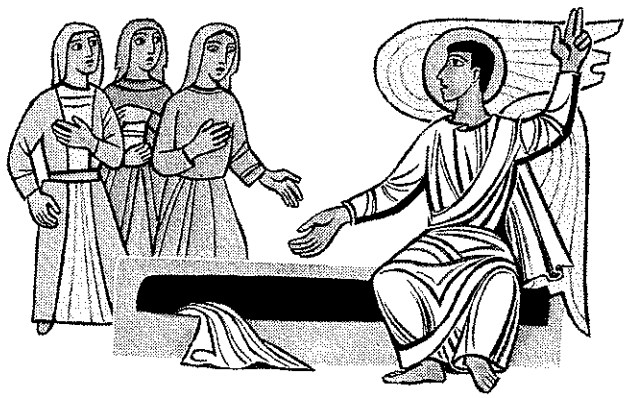
When our state gained independence, it faced the problem of how to mend this grave situation. The Parliament of the republic adopted a special law guaranteeing social protection to people who had suffered damage on account of the nuclear tests in the Somipalatinsk region. This document is, in fact, as shining examples of the dilettante approach to the problem, which in reality demanded deep investigation, special data, thorough preparation, honest decision and well-thought-out actions. Instead of the radical measures which were been necessary under those conditions, the documents only stated the dangerous developments going on in Aral region.

But the situation is increasingly worsening. Since 1960 the sea level has descended by fifteen meters; the total sea area was half reduced, the amount of the water was threefold lessened and the concentration of salt reached the highest degree. The sea bottom is revealed on the territory of 26,000 square kilometers. If we take into account the growing severity of the climate, and the catastrophic reduction of the nutritional supply, the factors causing unsatisfactory mental and physical development of children are obvious.

In the last three years scientists and physicians of Kazakhstan have conducted complex investigation of the state of halth of children living in the territories of the Aral Sea which have been declared an emergency zone.

Examination of the children aged 1-3 years and 7-12 years showed the growing incidence of developmental abnormalities and the high occurrence of maligant processes, if compared to the average index over the republic. The number of suppurative skin diseases among newborns also surpasses the statistical figure (34.7 per 1000 examined against 2.0). Respiratory diseases occupy the first place in the structure of factors causing the high morbidity of children. Every fifth child reveals pneumonia e (4.8 per 1000); skin deseases come second; acute gastrointestinal infections are in the third place; and omphalitis comes fourth in these serious statistics.

Anemia has been diagnosed in two-thirds of the examined children, and cases of it were found more often in groups of children aged 1-3 years than in those aged 7-12 years.



an enlarged state program on medical treatment, rehabilitation, and social protection of the population and is also the plan for the economic development of the region.

I cannot fail to name one more factor which aggravates the situation: the Aral Sea. The world community is well aware of this tragedy on a planetary level. As an outcome of the agrarian policy of the government, when Central Asia was made the main cotton-supplying center the rivers Amu-daria and Syr-daria were used for this purpose, and their water supply to the sea was drastically reduced. The numerous documents adopted in connection with the Aral Sea problem by the former all-Union bodies may serve

Scientists also discovered various dysfunctions of the immune system, especially those caused by radionuclides (found in the district nearby the space-launching grounds of Baikonur).

In such a way I want to demonstrate how politics or various political decisions directly or indirectly determine the physological development of the child. This influence is effected by means of different social and biological factors which are correlated and which are, unfortunately, initiated by people themselves.

Primarily, I have focused my attention on the environmental and biological factors; they are a great source of trouble for society and

myself, an MP, a publicist, a writer.

We can see the consequences of those policies now; they predetermined the poor state of health of women who are the bearers of the genetic fund of the nation

We now build a society and an economy of an open type; it will promote the integration of Kazakhstan into the modern world. But this path is full of thorns. We pass through a most complicated period; various economic ties among the former Union republics are broken; the growing inflation is accompanied by social instability and the reappearance of crime, by the collapse of moral values. The living standards of such non protected social groups as women and children are falling; there are shortages of food products, of food-stuffs for babies and clothes for children.

On the initiative of the parliamentary committee which I head, a number of legislative acts have been adopted with the aim of improving the position of the abovementioned groups in the population. So the legislative basis for settlement of social issues of women and children has been created. This work will be continued in the future. Our transition to the market-based economy is being implemented before our eyes, but in some countries it has taken several decades. The majority of the adult population, not to mention children, is not ready to accept it. Now the lures of the market world surround the child on every side; luxurious shop-windows, porno-films and thrillers from the West, the children of the rich who have everything. All this happens against the background of unlimited unlawfulness and the decline of moral values. These social contrasts cannot pass unobserved by the child. What is the way out of the situation?

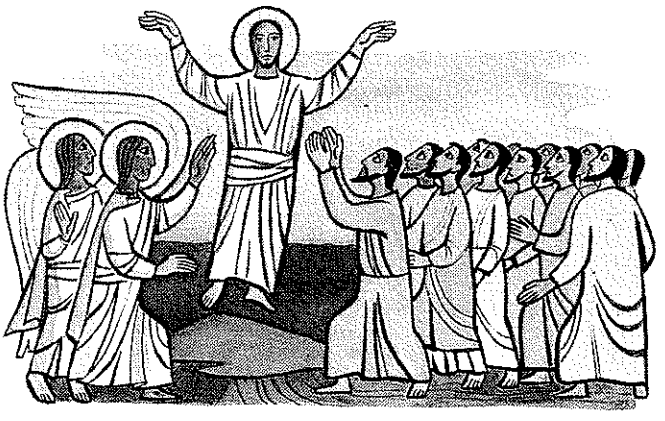
In our opinion there are several ways: first, to strengthen the social status of the family and to support it on the state level, because the family is still able to give stability to the child, to revive moral principles and the positive national traditions of Kazakhs, to appeal to religion when bringing up children. Otherwise we shall have psychoses and nervous break downs among children.

The most burning problem at present is the shortage of food products for children. The demand is covered by 10-15% from imports. We have to create our own food industry for children; now construction of several plants has been started. In the period comprising 1993-2010 fifteen plants will be built with a total output of 95 tons per day, producing milk products and also canned meat products, yielding 30,000 cans per day, and canned vegetables, with yearly output 90,000 cans, and others.

There are also measures to improve medical services, like preventive prophylactics, rehabilitation, to provide health care institutions with all necessary equipment, medicines, staff, to widen the choice of consumers for children. The parliament of the republic regularly increases the amount of allowances, compensation due to families who have children.

In conclusion, I would like to say that, despite the serious sides of our life, this is not the whole story of our young state. And the future of any state is in its children. We do our best to make them happy and healthy

Hon. ALTYNSHASH JAGANOVA
Chairman of the Parliamentary Commission on Social and Health Affairs, Republic of Kazakhstan



JORGE MARIO AFFANNI

An Environment for the Child

An optimal environment for the development of the child will be achieved by creating or protecting adequate conditions. This implies removing factors harmful to the development and maturation of the child. This task of protection requires a large measure of instinct, common sense, biological, physiological, neurobiological, and psychological knowledge. It should also take into account the values of the cultural and religious environment.

The child belongs to a species representing the summit of biological evolution. He has a spirit and is subject to a dynamic, changing, and intense evolutionary process. He begins his formation endowed with a certain genetic patrimony and hence with a sex, while remaining surrounded by an environment which is also changing as he or she advances on his way towards adulthood and with which he is constantly interacting.

In considering the environment, we should distinguish two main sets of factors in continuous interrelationship: 1) the natural environment, with its biotic and abiotic factors: soil, water, atmosphere, flora, fauna, minerals, etc.; 2) the cultural environment, formed by human achievements of every kind (cultivated areas, artificial forests, parks, dams, cities, highways, supermarkets, schools, churches, auditoriums, and casinos), influenced by technologies, economies, values, religion, and customs.

It is necessary to bear in mind that the environment influences the child in terms of growth and development, the processes of nerve formation, the maturation of cognitive processes, and the processes of psychosocial development. It may affect genetic capital by producing pre-or postnatal physical damage by means of nutritional and chemical factors, biological aggression, or immunological elements.

The experience of each child with the environment is unique and unrepeatable–hence the appropriateness of not applying exactly the same environmental conditions to all children. It is, however, obvious that certain conditions may prove beneficial for all, not only because of the absence of harmful factors, but on account of their intrinsic positive action.

The nervous and immunological systems are the main elements responsible for reacting to the environment; as a result, the determination of an optimal environment must depend on not only environmental studies, but also the findings of neuroscience and immunology.

In their progress towards adulthood, children are subjected to two very different environmental conditions: intrauterine and extrauterine. In reflecting on them, it is thus appropriate to consider the intrauterine environment and that existing after birth separately.

The Child's Environment before Birth

The mother's organism is subjected to the influence of its surroundings. The embryo's or fetus' internal medium through placental circulation receives influences from the internal environment and the mother's physiological, psychological, and immunological phenomena.

The fetus' environment is constituted by 1) the mother's blood, which through the placenta provides oxygen and nutrients while bearing off waste products, and 2) the amniotic fluid surrounding the fetus. The quantity and quality of this fluid at a given moment is the net balance of the inflow and outflow of water and solutes through the different surfaces for exchange. The placenta, the coramnios, and the fetus itself take part in this balance (Wallenburg, H.C.S., 1977). Hence the preservation of the fetus' environment depends on the mother's health, on influences from surroundings, and on the fetal state. To attend to these three factors to a great extent contributes to ensuring good conditions in the intrauterine environment. To protect it, it is necessary 1) for the influence of the cultural environment on parents or their own decisions not to impede the life of the child being formed through the crime of abortion; 2) to monitor genetic factors; 3) to monitor maternal factors; and 4) to avoid environmental factors which when acting upon the mother may have repercussions on the fetus' life. Here economic, cultural, and behavioral factors deserve mention. Among them are a low educational level, little concern for health, the use and abuse of tobacco, alcohol, and drugs; ingestion of teratogenic substances; single motherhood; short intervals between pregnancies; lack of family support; and stress. During intrauterine life the mother's exposure to radiation leads to serious mental retardation.

The Child's Environment after Birth

The main sociocultural environmental factor is maternal love and the presence of a father and loving family surroundings. The mother-child relationship must begin in the delivery room, ensuring intimate contact between the two from the first hours on. There is normally a physiological and psychological bond which is determined by a set of exchanges in emotional responses. Contact by sight, hearing (soft, gentle speech), smell, taste, and touch is basic to normal development. In particular, caressing the newborn's extremities, face, and trunk seem to play a decisive role.

The avoidance of harmful substances during lactation Lists of substances which are contraindicated or which should be administered with great precaution to mothers during lactation have been published (Behrman, R.E., 1992).

The importance of early stimulation from the environment. Modern studies point out the fundamental importance of early sensory stimulation of children, which comes from contact with the numberless stimuli in nature and the social environment or may be artificially programmed for preventive or therapeutic reasons.

Importance of contact with nature and respect for cosmic and organic rhythms. The most natural form of stimulation comes from the multiple variations in energy present in nature. It is of fundamental importance to respect the child's organic rhythms and to harmonize them as far as possible with cosmic rhythms. The circadian rhythms of day and night suggest that both children and adults should go to sleep or awaken at times coinciding as closely as possible with the hours of darkness and light marked by the presence or absence of the sun on the horizon. It is impossible to know how many children in urban areas have never contemplated a sunrise at dawn or a sunset at nightfall. They should be accustomed to viewing the starry sky and atmospheric and cosmic phenomena. It is good to be exposed to inclement weather. It is good to accustom children to bearing cold and heat, hunger, thirst, and fatigue. It is good to have them walk and run over rough terrain, immerse themselves in sea or river water, and gain first-hand observation of and contact with the wonders of the mineral, vegetable, and animal realms. Of course, these opportunities are not readily available in all regions of the earth or in urban areas, but a great deal can be done with gardens, farms, schools, parks, open-air play, and so forth.

The importance of early stimulation. During growth the activities of exercise and learning are essential for the anatomic-functional development of the nervous system. Without them, the nerve regions involved weaken and atrophy (Blackmore *et al.*, 1970; Freeman *et al.*, 1972; Hirsch *et al.*, 1970; Mitchell *et al.*, 1973; Muir *et al.*, 1973). The absence of stimulation which permits learning frequently generates abnormal behavior which of course influences all later processes.

Energy variations in the environment act as a stimulus, and the CNS is responsible for receiving those stimuli and generating responses. The interaction between environment and nervous system permits plastic changes in the latter which are indispensable for the appearance of complex phenomena like learning and memory. We know today that both axonic arborizations and synaptic endings react to stimulation with anatomic and functional changes.

These morphofunctional alterations last in the face of repeated stimulations or disappear in time in the absence thereof (Blakemore *et al.*, 1970; Freeman *et al.*, 1972). The plastic properties of the nervous system depend on age and animal species. They may generally be said to be maximum in the neonatal period. Such is the case in the child about a year old, for instance, whereas in a laboratory rat the period is the first three weeks of life. Early sensory stimulation prompts nerve development in three different ways: 1) by inductive action channeling development in a certain direction, 2) by a facilitating effect on thresholds to which anatomic and functional development respond, and 3) by action to maintain the effectiveness of a function or of already developed anatomic structures (Illingworth, 1983). The frequency and modality of early sensory experiences are important factors for child development. If they are lacking or insufficient, various functional deficits appear which may be irreversible. Early natural or artificial stimulation is a real treatment applied during the first four years of life whose function is to update their physical and intellectual potential to the utmost. It should be carried out in a continuous and programmed way on all sensory areas with respect for the natural ordering of the nervous system's maturation process. It proves obvious that early stimulation must be used preventively and supportively as well (Carbonari *et al.*, 1991). When used preventively, it should be oriented mainly towards impoverished sociocultural environments in which there are serious nutritional problems. It should also be applied to children at high risk (diabetic mothers, pathological pregnancies, infections, drugs, alcohol, tobacco, blood incompatibility, prematurity, etc.) It is appropriate as well to apply it to children suffering from an absence of minimal maternal and paternal care (Carbonari *et al.*, 1991).

Attention to Environmental Air

Air is an environmental factor which in both the sleeping and waking states constantly enters the organism through respiration. In order for it to be taken advantage of to the utmost, the way it goes in and out of the organism is of no small import. Neurobiological (Affanni et al., 1984) and medical (Lavie, 1983) research has shown cerebral and behavioral alterations in animals and children with an absence of or disturbance in nasal breathing.

Teaching good breathing habits is basic to a good use of the air (among all the functions of vegetative life, only one, respiration, obeys the will, at least under normal conditions). We do not yet have exhaustive research–and it is urgent to conduct it–on the effects of deficiencies in nasal respiration and air pollution on brains with marked plasticity, like those of the newborn.

Air pollution in urban areas is the greatest threat to human health and especially to that of children Sulphur dioxide and London smog in 1948 and 1952 caused thousands of premature deaths. The acute effects were more dramatic, but there are others which act more insidiously on a long-term basis, especially in causing respiratory diseases (Waller, 1985). In urban areas the factors producing air pollution are the burning of coal in the home and the exhaust fumes from motor vehicles. The danger of air pollution extends not only to the cities, but also to those living near congested thoroughfares.

Avoiding children's contact with pollutants. The following considerations of course apply to both children and adults, although some mainly affect the former. For instance, particles with lead were found proceeding from garden earth and house dust in polluted areas. The total lead washed off the hands of children directly relates to the lead in blood (Watt *et al.*, 1990). Lead and cadmium were found in the blood of children and adults living near copper processing plants (Andrzejak *et al.*, 1992). Lead and cadmium were found in the blood of children with emotional disturbances or inclinations towards violence (Marlowe, 1992). Lead and cadmium were detected in the human diet in polluted areas (Blanusa et al., 1990). Germinal cell mutation was demonstrated in human populations exposed to unaccustomed chemical substances. Asbestos pollution requires special attention (Crone, 1986), since children are more sensitive to the production of mesotheliomas than adults are. WHO has published a list of toxic and dangerous substances (Elsworth, 1990). Studies should be increased on children and adults living near the following industries: plastic, soap, synthetic rubber, fertilizers, synthetic fibers, medicines, detergents, cosmetics, paint, pigments, adhesives, explosives, pesticides, herbicides, and chemical substances. The effects of food additives must be monitored. We also point out the danger of radiation affecting children's brains during radiotherapy–it can lead to behavioral changes, memory loss, and, in very small children, dementia and idiocy (Elsworth, 1990). We need to increase study of the effects of exposure to electromagnetic fields with an extremely low frequency (ELF), for there is evidence that they have harmful effects (Wilson *et al.*, 1990).

The sociocultural and natural environments can exert a strong influence on the child's and the adult's potentialities, which may be classified under five headings: psychomotor, intellectual, aesthetic, social, and intuitive.

The first includes athletic and manual activity and performing specialized tasks; he second, verbal, mathematical, and spatial; the third, artistic, the ability to use symbols and metaphors, and culinary skills; the fourth, empathy and leadership; the fifth, the capacity to solve certain problems without procedures defined as logical. There are four main sources acting upon these potentialities. The first, biological, proceeds from human beings themselves; the others–cultural, interpersonal, and transpersonal–from the environment.

Biological sources. They proceed from human beings themselves and include all the genetic, morphological, and physiological conditions of those potentialities. They are modified by physical work, fatigue, pain, heat, sports, and natural or artificial sensorial stimulation. One of the main tasks of neuroscience will be to contribute to instructing adults in stimulating children's potentialities through control of the environment.

Cultural sources. Cultures differ in the way they stimulate or inhibit the development of the child's potential. For instance, the aborigines of Australia teach their children to immerse themselves periodically in a dream state. This capacity is almost completely unknown in the west. Through it, they enter a state of awareness which is altered at will. Both aborigines and some anthropologists think that in this way some information not available through other channels may be obtained. Some think it probable that the same information is also available to us in the sleep stages devoted to dreaming.

Yet most western children do not even pay attention to their dreams, cannot remember them, or do not interact with them, thereby overlooking a very important part of psychic life. Recent studies show that nearly 90% of human societies have socially approved modes of changing states of consciousness (meditation, prayer, dance, beating drums, use of certain drugs, etc.). This is observable to a much smaller degree in the west. There, for example, alcohol is one of the nonsanctioned ways to change the state of consciousness.

Yet it is one of the most dangerous drugs used. It is related to rape, crime, infection from sexually transmitted diseases, and car accidents. The cultural environment is virtually unable to teach its limited use and respond preventively to the dangers it involves. And it frequently stimulates alcohol abuse. Something similar occurs with sex. So-called sex education is mostly limited to technical aspects and concentrates on avoiding AIDS or pregnancy.

The environment may also negatively influence the child's potentialities by stimulating competition, which is taught as an inevitable reality in western schools. Our children receive prizes for work surpassing that of others. Even sports themselves are highly competitive and sometimes turn into a little war. People do not think they are playing at a sport to bring pleasure to another. Children are not taught to compete with themselves in self-donation in service to others. I feel deeper study is needed to evaluate the harm done by education for competition.

A cultural environment in which prejudice and discrimination reign also negatively influences the child's potentialities. And this is something doing great harm. Let it suffice to consider the high number of ethnic wars going on at this very time. Only an environment imbued with love for one's fellow can save itself from such threats. The harmful effects of television cannot be eluded–in many instances it becomes one of the main sources of sense impressions and ideas. The preschool years are critical. Excessive television viewing disturbs the development of potentialities. It has been pointed to as inhibiting initiative, curiosity, motivation, reasoning, and a capacity for concentration. Moreover, as action changes constantly in time, it would interfere with logical and sequential thought. This might contribute to interfering with the capacity to follow instructions, plan action, or foresee consequences. Poor programming exhibits before the child a world of crime, violence, rape, and drug addiction. We need deeper study of the effects of television on the brain and behavior, since it is one of the environmental factors which can do most harm. Undoubtedly, these effects cannot be attributed to television itself, but to a bad use of it or to perverse programming. It may be used to advantage with moderation to see educational, artistic, or sports programs–provided, however, the child is taught to be its master and not its slave.

Interpersonal sources arise from the encounter with one's fellow. An environment stimulating, teaching, and offering an example of love and unity with one's neighbor will be the best one for personality development.

Transpersonal sources refer to experiences which transcend the individual–e.g., with acts of love and unity, altruism and cooperation, the child learns to transcend selfish interests and grasp the needs of others. It should be recalled as well that there are experiences–perhaps not so rare as people usually think–in which the child abandons normal reality and penetrates a transcendent sphere. In view of their extremely delicate nature, they require an atmosphere of special understanding and wisdom.

The importance of teaching the child to live in the present. Children take advantage of their environment to the utmost when, after the age of reason, they are taught to apply their different potentialities permanently by concentrating in the present moment.

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ULRICH GOTTSTEIN

The Nuclear Threat and Children

This 8th International Conference in the Vatican is dedicated to the child, who is said to be " the future of society. " Cardinal Edouard Gagnon talked about the child as " the future of the Church, " and Cardinal Fiorenzo Angelini said in his introductory remarks that " humanity will have a better future if children, from the moment of conception, are accompanied by love and care. " How true all of these statements are! But where are the accompanying actions, where is the care to be seen in many parts of the Earth?

As Cardinal Etchegaray told us about one hour ago in his moving speech, currently over 3 million children live in refugee camps, and 12 million have lost their homes. In 1992, 500,000 children were killed in warfare; 12.5 million died of starvation, disease, and poverty, 40,000 every day. UNICEF has recently released these figures: they are a serious indictment of the rich countries of the North and West, of us Christians. Our industrialised countries, almost all of which call themselves Christian, spend 2.5 billion dollars per day on the production of weapons and earn thousands of billions through the sale of weapons. To whom and why are they sold? Not only to defend the justice and liberty of democratic nations against potential aggressors, but also to terrorist and dictatorial regimes and gangs that constantly wage egoistically-motivated wars, murder, steal land and possessions, and seduce their people with nationalistically-motivated propaganda. The consequences of this are war and cruelty. Millions of innocent people lose their house and home, their zest for life, testimonials of their past as well as their future. Primarily children and young people are the victims.

But the weapons industry revels in every new conflict, in every proliferation of war. We protest now

and again, the Holy Father admonishes the world here and there, as does the World Council of the Protestant Churches, but there is no daily public outcry against these constant sins against God and humanity. We are tolerating murder, destruction and dispossession.

On September 30th, 1990, 71 national Presidents and Prime Ministers gathered for the " First World Summit for Children. " James P. Grant, the Executive Director of UNICEF, wrote in " The State of the World's Children 1991 " that " it was the largest gathering of heads of state and government in history. The outcome was an extraordinary new commitment–a decision to try to end child death and child malnutrition on today's scale by the year 2000–and to provide basic protection for the normal physical and mental development of all the world's children "

And I repeat: On September 30th, 1990, the heads of state promised to prevent treatable causes of the death and malnutrition of children. But what else did they do, and what else was happening at the same time? In August 1990 the United Nations imposed a total embargo on Iraq, so that medicine, vaccinations and baby food were no longer delivered. The victims of this were the children, while the UN had promised to prevent disease and malnutrition in children.

A few months later, with the consent of the United Nations, the United States Air Force bombed Iraq's electricity and water supply centers, as well as the milk factory and other supply institutions, thereby violating the Geneva Conventions. The consequences were deadly epidemics of infectious diseases, like diarrhoea, with vomiting, cholera and typhoid fever, caused by the lack of pure drinking water and antibiotics. Thousands of babies also starved to death. As has been determined by the Harvard Study Group and other international physicians and scientists, 170 thousand babies and young children died of the effects of war and the embargo in 1991. I saw this sad situation with my own eyes, since our IPPNW made several trips to paediatric hospitals in Iraq with medicine and baby food during 1991, 1992 and this year.

These facts were made public by us and other groups, and then confirmed and published by the Secretary General of the United Nations and Executive Delegate Prince Sadruddin Aga Khan. But none of the heads of state who had gathered at the " First World Summit for Children " protested against the continuation of the embargo. This embargo still goes on, but where are the protests?

On September 1st this year another International Conference was held in Geneva, this time with 159 heads of state or their representatives. Again, a " unanimous solemn statement " was passed. Nations worldwide were admonished to comply with the Geneva Convention of 1949 and the Additional Protocols of 1977. " In the declaration, the nations commit themselves to doing everything to respect the Geneva Conventions in the future. " Ladies and Gentlemen, that declaration is all very well, but does it really give us any hope? Unfortunately, the answer is " no, " as long as all people, and especially we Christians, don't see to it that governments and the military respect the Geneva Conventions. The Geneva Conventions are still being adulterated.

Let's look at the theaters of war in Angola, Somalia, Uganda, Georgia, Armenia, Azerbaijan, and others; 27 wars in the present year 1993, and let's look at Yugoslavia: there, Ortodox-Christian Serbs and Catholic-Christian Croats, as well as Muslims, who also believe in one God, are committing horrible atrocities: killing children and civilians without feeling any guilty conscience, bombarding cities and civilians, destroying churches and mosques, banishing, occupying, starving out. All of this is contrary to the commandments of humanity and the Geneva Conventions. Further, let's think about Iraq and Cuba, where total sanctions are being maintained for political reasons. They don't bring suffering to the government, but rather to the children, the sick, and the elderly.

The subject of my address here is " The Nuclear Threat and Children. " I have spoken so far about war and injustice, which is a part of that subject. This is because the USA, the UK, France, Russia and most of the NATO countries find themselves in a constant state of preparation for both defence and action in conflicts all over the world. In most of these countries nuclear weapons are deployed, and we must be aware that these countries remain unwilling to reject the use of nuclear weapons: the " first strike " option still exists. The USA, the UK, France and several other NATO countries signed the " Additional Protocols to the Geneva Convertion, which forbid mass destruction weapons, but only with a *nuclear clause.* " In the nuclear clause it is stated, and I quote: " The regulations on the use of weapons introduced by Additional Protocol I are drawn up to apply to conventional weapons only *They do not regulate or forbid the use of nuclear weapons.* " (The Federal Republic of Germany will also present a corresponding notification of interpretation on the deposition of its ratification document.) Appendix 3, No. 1, (from: *German Federal Parliamentary Document* 11/6770, 1990).

As such, the world's children continue to live with the nuclear threat. I may remind you that 50,000 nuclear warheads exist in East and West, and that the United States, for instance, is still working on the development of new tactical nuclear weapons, for example, the so-called " mini-nukes, " which are particularly convenient and well-suited for battle situations. I may remind you that the Allies had stationed 1,000 nuclear weapons in the Gulf War, and that Army Field Manuals, for example, Germany's, stated: " The choice of nuclear targets is influenced by their importance for one's own operations. ... The effects of nuclear weapons may also be used to make certain areas impassable by devastation or radiation. For this purpose nuclear weapons are very useful. " (§ 1120

German Army Field Manual 100/100).

In the last World War, a small atomic bomb destroyed Hiroshima. Within a few moments and days, over 100,000 people had died; 30-40% of them were children. Humankind should have learned a lesson from that. Albert Einstein warned that " we shall require a substantially new manner of thinking if mankind is to survive. " But the nuclear arms race began in spite of that. 2,000 nuclear bombs were tested up to 1991; over 430,000 children and adults have died or will die, owing to radiation, of various forms of cancer before the end of this century. Is it surprising that young people are pessimistic about the future?

As recently as seven years ago, surveys of teenagers in the USA, the Soviet Union and the UK showed that fear of a nuclear war was the number one worry of Soviet youth, and the number two worry of American youth, just after the fear of the death of their own parents. In 1983, young people's hope of surviving a nuclear war was very slim: 80% of Soviet youth and 42% of American youth believed that no chance of survival was possible. Surveys in Canada, West Germany, Sweden, Norway, Denmark, Finland, Colombia and New Zealand have shown similar results (from E. Chivan et al., *New Engl. J. Med.* 319, 407-413 [1988]; as well as J. Tudge et al. and Boehnke et al., *Gruppendynamik* 119, 429-4542 [1988]).

Since the end of the east-west conflict, the degree of fear and worry on the part of young people has decreased somewhat–especially following Gorbachev's courageous first steps, viz. a unilateral moratorium on nuclear testing and the slight reduction in nuclear stockpiles, which were followed by the US, UK and France. But the increased hopes of a world without nuclear war would be dashed if nuclear testing were to begin again, as already happened four weeks ago in China, and if more nations were to develop nuclear wapons. At present 11 nations possess nuclear weaponry, and 10 more are expected by the year 2000.

Christian politicians, humanists, scientists, the world's population and the Christian Churches all bear a great responsibility for the fate of our Earth, which is God's creation, and for the future of our children. Important as prayers are, God needs the voices and the hands of all of us to protect children, to preserve His creation and to work for Peace and Reconciliation.

Professor ULRICH GOTTSTEIN
President of Physicians International for the Prevention of Nuclear War. Germany

ANATOLY ROMANENKO

Seven-Year Follow-Up of the Health State of Children Exposed to the Chernobyl Power Plant Accident

Time has passed since the tragic date of April 26, 1986, when the greatest technogenic radiation accident took place. Evaluation of its consequences is very important.

It is of enormous interest to analyze the dynamics of living in contact with the effects of the Chernobyl catastrophe for seven years, on the basis of the unique scientific data collected by the Center for Radiation Medicine, especially as regards children.

The available scientific results on the radiation situation after the Ukrainian accident, particularly from the most contaminated localities, allow us to estimate mean individual doses absorbed for all the Ukrainian regions (Table 1).

Study of the rate of exposure among inhabitants of the most contaminated areas was conducted by the Radioecology Laboratory. This data enables us to draw the conclusions which follow

In the first two months after the Chernobyl Power Plant Accident, at least 20-30% of a total seventy-year " accidental " dose was absorbed, mainly in thyroid glands, as a result of iodine isotopes. In seven years, about 70% of a lifetime dose was absorbed.

In general, for the whole group of exposed children, there was a significant increase in the spread of diseases. For the so-called " controlled " territories with an elevated level of radionuclide contamination, the increase in spreading of diseases in 1989 was twice as high as in 1988. The same level continued unchanged from 1990 to 1992.

This increase involved respiratory, gastrointestinal, and nervous system diseases, along with a number of eye diseases.

In all controlled territories a decrease in the percentage of healthy children and an increase in those with chronic diseases were observed (Table 2).

In another priority group, children exposed *in utero*, unfavorable changes in health status were found. The common level of disease was significantly higher than among Kiev inhabitants of the same age. The levels of gastrointestinal diseases, neurological disturbances, blood, and hemopoetic organ disorders were higher than in the control group (Table 3).

Analysis of the main health indices in children with doses exceeding 2 Gy for the thyroid gland revealed an increase in disease spreading in 1989 as compared to 1987-1988. In 1990 this index dropped, but surged up again in 1991. In children exposed to radioiodine in doses exceeding 15 Gy for the thyroid gland a continuous increase in common morbidity was found (Table 4).

Thyroid gland exposure in childhood proved critical for the appearance of later consequences of the Chernobyl disaster.

The analysis of the thyroid system status from 1986 to 1993 in different groups from the Chernobyl region included those evacuated from the thirty-kilometer zone, those living in territories contaminated by radionuclides, and inhabitants of Kiev.

The chronology of the alterations discovered was as follows.

1986 – Initial reaction of the " thyroid calm " An increase in frequency of thyroid gland disease was not observed.

The structure of thyroid pathology in clinical patients did not differ from that before the accident, nor did the hormone indices of thyroid function, with some regular shifts.

1990-1993 – Thyro-oncogenic effects first became noticeable, with a considerable increase in the number of children with thyroid gland cancer. From 1981 to 1985 frequency did not exceed 0.04-0.06 cases per 100,000 children. In 1990 thyroid cancer morbidity reached 0.23 cases in children up to age 14; in 1991, 0.19 cases per 100,000 children; and in 1992, 0.35 cases per year.

As regards the most contaminated Ukrainian regions, the aforementioned parameter was consistently higher, reaching 1.1 cases in 1992 (Kiev region and Chernigov region), 1.7 cases (Rovno region), and 0.6 cases (Jitomir region).

From 1981 to 1985 these regions had almost no thyroid cancer cases.

In the pre-accident period (1981-1985), 25 cases of thyroid cancer were diagnosed in Ukrainian children; afterwards (1986-1992), there were 113.

The most significant increases were in 1990 (25 cases), 1991 (21 cases), and 1992 (33 cases), according to data from the Kiev Endocrinology Institute.

The leading increase in thyroid cancer in the " post-Chernobyl "

period was in younger group (up to age 10).

1992-1993 – There was a gradual increase in children with autoimmune thyroiditis.

The hemopoetic and immune systems are traditionally considered to be highly sensitive to radiation, especially in childhood. A hematological survey of Prypjat children and those living in contaminated Ukrainian territories in the primary iodine period revealed no features of the hematological syndrome characteristic of the effects of acute radiation. Doses ranged from 1.2 to 12 rem. Both the leucocyte granulocyte counts were higher than normal for their age group in the first three to five days after the accident, but normalized in the following days. There was no severe granulocytopenia or lymphopenia.

At the same time in some children, mainly those who had acute respiratory diseases often and/or were highly radiosensitive, we found some qualitative changes of granulocytes and lymphopoetic cells. An increase in neutrophyl count, with toxigenic granularity, hyper– and hyposegmentation of nuclei, dissociation of cytoplasm and nucleus maturation, was characteristic.

Lymphocyte cytoplasm was hyperbasophylic with villous edges. In several cells there were structural changes of nuclei–anomalic fragmentation, cariolysis. We observed hypertrombocytoses in 1.5 % of cases, as well as high aggregative capcity of trombocytes, changes of lipid phase composition and lypoproteids of plasma.

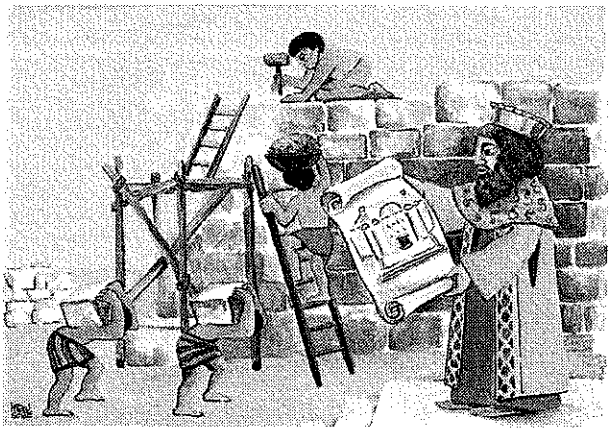
Various changes of mononuclear cells, granulocytes and platelets, their membranes and organells in some patients with radiation reactons were related to our opinion not only to radiation but to the whole complex of Chernobyl factors.

So, the 7-year monitoring didn't reveal any specilic radiogenic influence on a hemopoetic cells; the increased metabolic activities were the most persistent findings during the period: From 2800 children at risk for hematologic pathology–this group was formed alter dispaserisation of 28,000 exposed children–4 cases of acute leukemia already existed. Leukemia morbidity had the same trends as in other European countries.

Individual radiosensitivity was one of the major factors which determined the constitution, tissue and cellular reparative and adaptive-compensatory reactions; intensivity was shown at the population level by immunological and immunogenetical study of more than 11,000 persons.

HLA-typing of patients demonstrated an increased frequency of some gene complexes associated with HLA antigens A, B, C. A decrease of suppressor/cytotoxic CD8+ and CD2+ and CD3+cells was found (Table 5)

In the children living in contaminated territories there were elevated levels of CD 10 + lymphocytes (Table 6), which were accompanied by the increased presence of pan-B and 8-blast antigens (CD 19+, CD23+ subsets). The significant signs of immune system overtension were the presence of premature CD 1 CD4+8+, CD 10+ cells, and intensified enzymatic activities (table 7). The effectiveness of contacts with irradiation limita



tion was confirmed by the normalisation of metabolic disorders in children alter evacuation from Prypjat.

The possible explanation lies in the balance of alteration and compensation, regulation rates. Molecular and cell repair in the tissues with the higher rates is out of the control of damaged highly differentiated postmitotic nervous and endocrine cells where the repair and compensation rates are much slower at the cell level and may be found only at the system level. In the case where the altering effect does not predominate over the reparative activities, the total of the radiogenic defect liquidation

is the result. In the case of low level irradiation the stimulation of reparative activities can lead to hypercompensation or so called radiation hormesis. To our mind, the attitude towards this effect must be very cautious in clinical studies because of the absence of data on the distinct positive health effects in long-term investigations concerning the contamination with the undivided radionuclide compositions, for example, in Cheljabinsk, Seinipalatinsk, Windscale, *et al*

In many cases the real circumstances are the opposite The exposure with the alteration effect can be higher than a threshold which is revealed in our data by three major phenomena: 1) genetic and phenotypic predisposition; 2) the influence of risk factors of nonradiation origin; 3) accompanying pathological and pre-morbid disorders. Synergism of Chernobyl accident negative factors, including distress, is the characteristic feature in our clinical practice In these patients rehabilitation is not obtained with the repair of the radiation defect. Regulatory links cannot return to the old level of organization. In other words, a dysregulatory and disintegration defect is retained with various degrees of expression. It could be fertile soil for functional premorbid or distinct somatic pathology, and the prolonged and aggravated course of diseases.

Conclusions

1) In the population of children living in the territories contaminated by radionuclides from the Chernobyl Power Plant accident an unfavorable dynamic of health indices is growing

2) An increase of thyroid cancer cases in 1990-1993 among the children exposed to radioiodine in 1986 suggests the early appearance of remote consequencies of irradiation.

3) Persisting changes in the immune and hemopoetic system characteristic of some children require the long-term prospective supervision of exposed children

This report has been prepared on the basis of work carried out at:

- The Laboratory of Radioecology (Head, I.P.Los, Ph. D. in Cheistry);
- The Laboratory of Population Study of Children Health (Head, V.N Bugaev, Ph. D in Medicine);
- The Department of Endocrinology (Head, A.C. Cheban, Doctoral Candidate in Medicine);
- The Department of Children Hematology (Head, V G. Bebeshko, Professor, Ph. D in Medicine);
- The Laboratory of Clinical Immunology (Head, A.A. Chumak, Ph. D. in Medicine).

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Director of the Center for Radiation Medicine at the Academy of Medical Sciences, Kiev, Ukraine

Table 1 - Average personal effective doses for population living in different Ukrainian regions due to the Chernobyl Nuclear Power Station's 4-th block nuclear escape for the period 1986 to 1992

Region, District	mSv for 7 years	Region,	mSv for 7 years
Vinnitsa	5.4	Krym	1.5
Volyn	2.9	Lugansk	5.9
Dnepropetrovsk	1.8	Lvov	0.2
Donetsk	5.4	Nikolayev	3.6
Zhitomir		Odessa	4.8
Narodichi	104	Poltava	1.3
Ovruch	44	Rovno	8.1
other distr.	22	Sumy	3.0
Zakarpatye	4.9	Ternopol	2.2
Zaporozhye	1.3	Harkov	2.7
Iv.-Frankovsk	3.2	Herson	1.9
Kiev		Hmelnitsky	2.5
Ivankov	38	Cherkassyi	12.7
Polessye	173	Chernigov	10.5
other distr.	22	Chernovtsyi	7.4
Kirovograd	8.4		

Table 2 - Dynamics of distribution by health groups for children's population in controlled areas

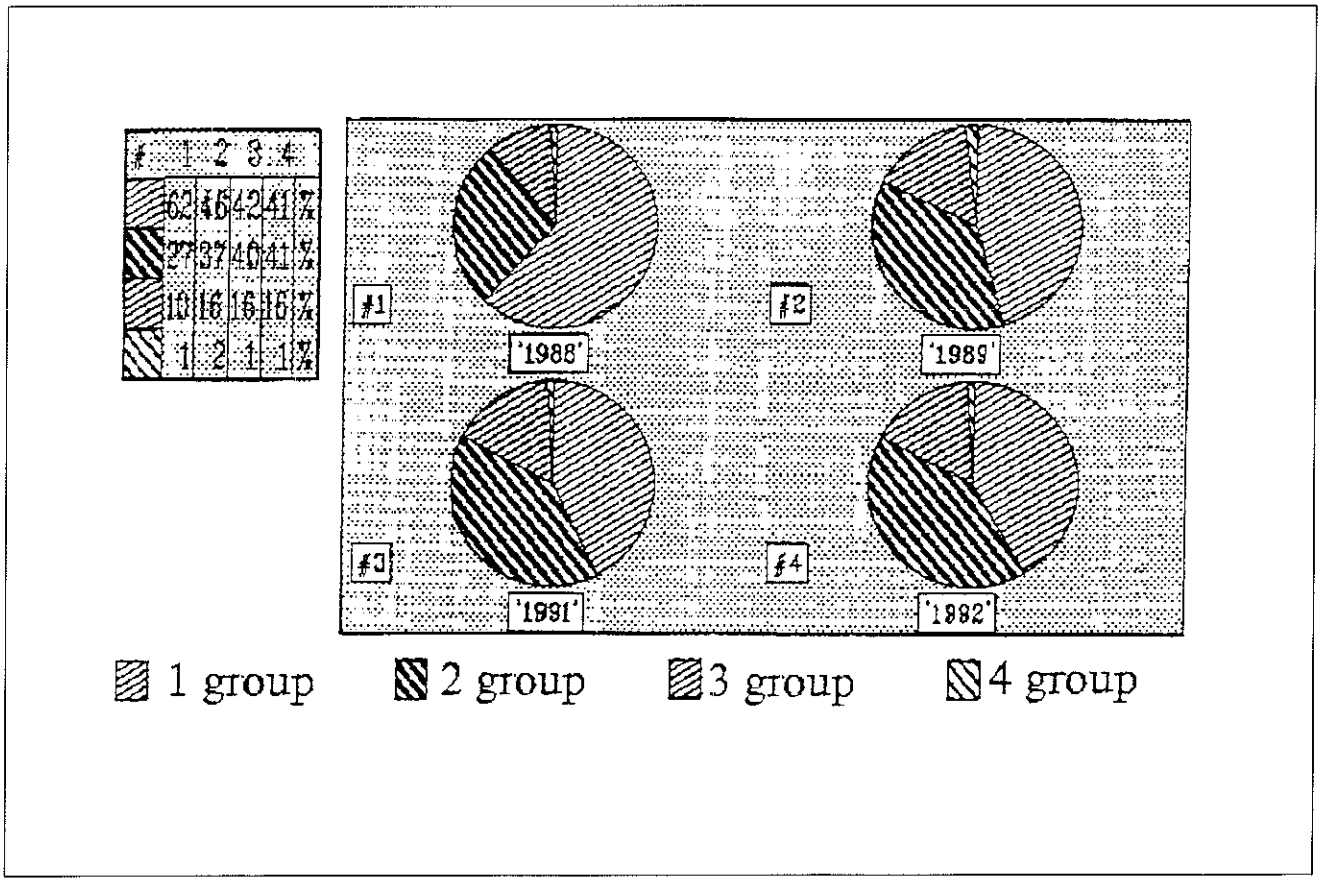

Table 3 - Comparative characteristics of morbidity level among children irradiated in utero by classes of diseases (per 1000 people)

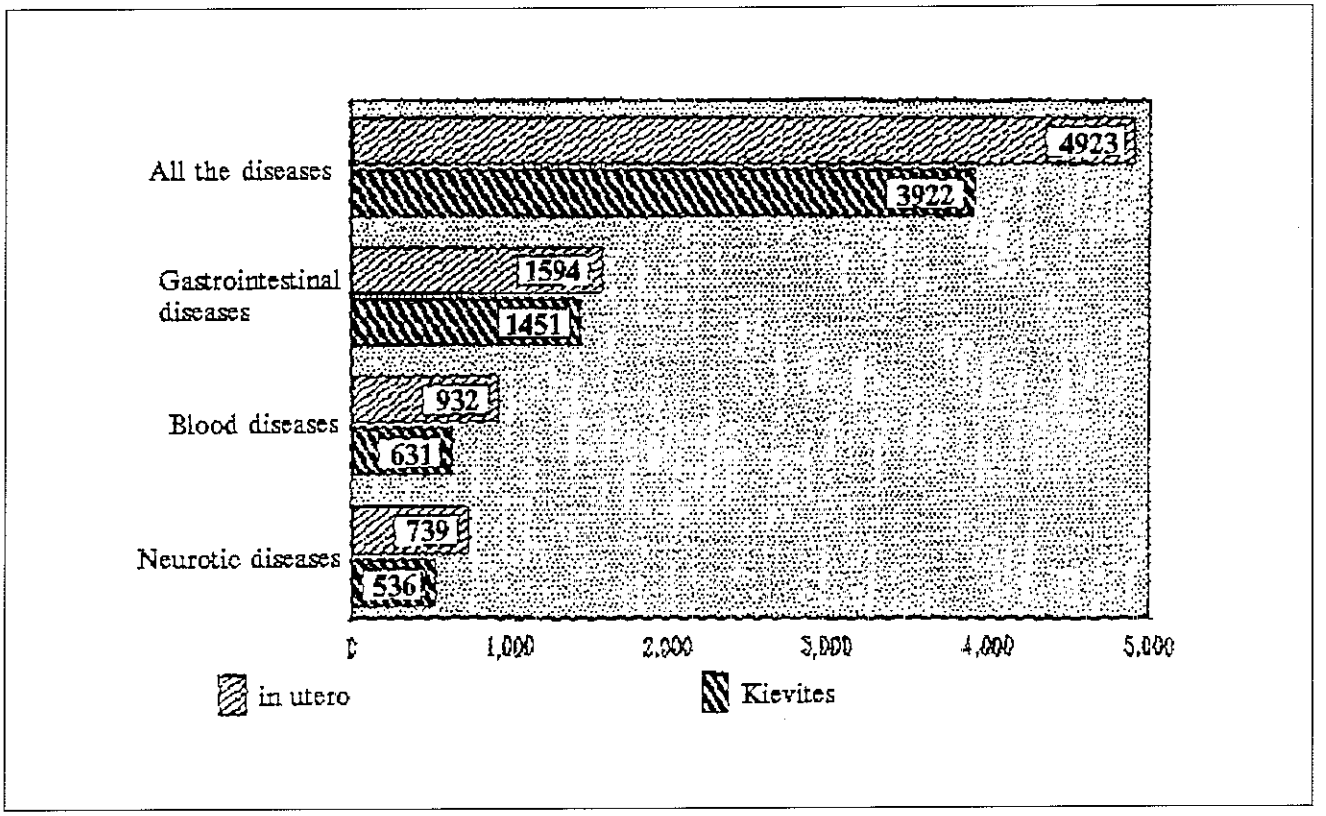

Table 4 - Level of the children's population morbidity with thyroid irradiation dose above 2 Gy

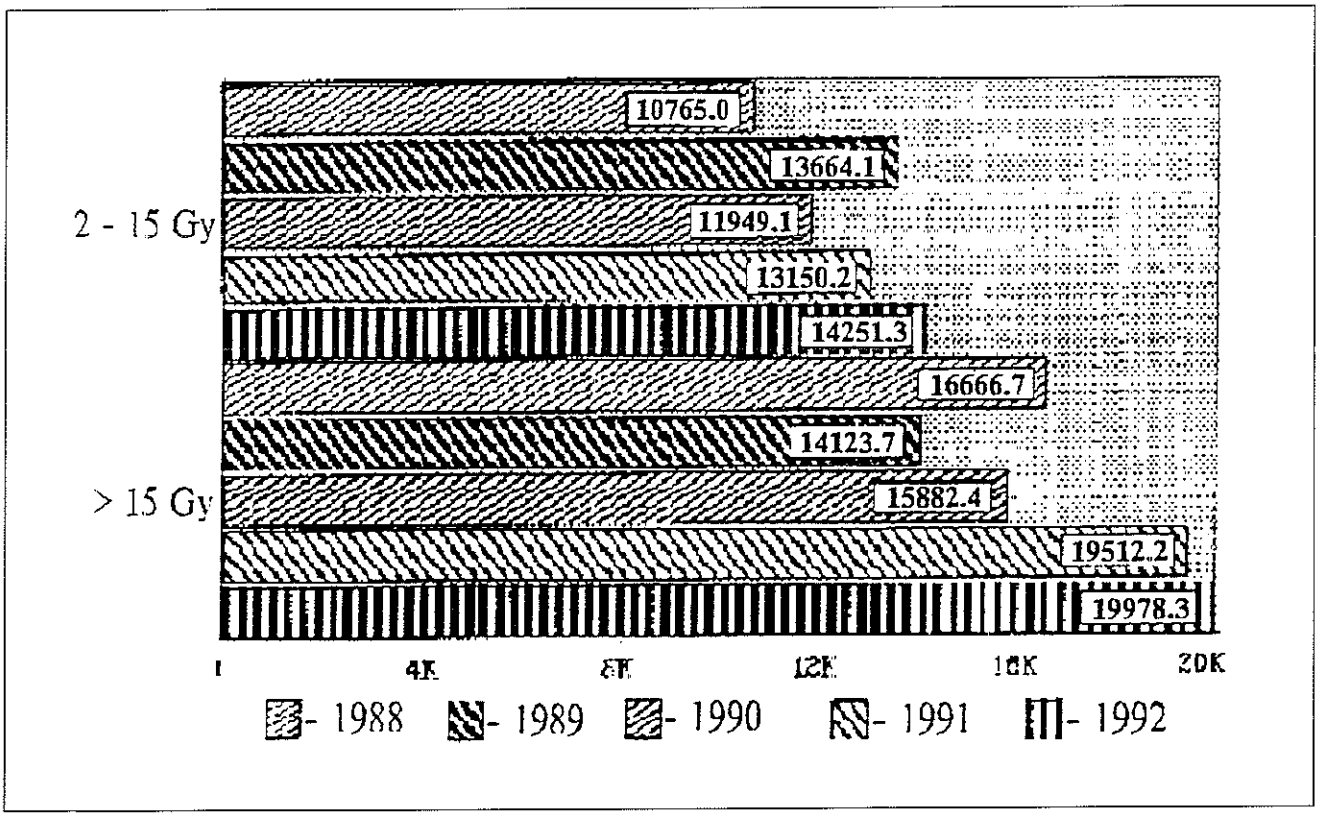

Table 5 - T-Cell subpopulations (per cent)

Clusters of differentiation		Control group	Children from contaminated territories		
			total	including	
				boys	girls
KT11(CD2)	M	63.81	50.02*	50.15	49.95
	±m	1.18	0.91	1.27	1.26
OKT3(CD3)	M	57.80	53.55*	52.65	54.38
	±m	1.95	0.80	1.40	0.95
OKT4(CD4)	M	38.51	38.69	37.70	39.95
	±m	0.89	0.74	1.24	0.63
OKT8(CD8)	M	28.26	23.23*	22.40	23.88
	±m	0.91	0.58	0.74	0.84
CD4/CD8	M	1.46	2.09	1.78	2.13
RATIO	±m	0.80	0.19	0.07	0.32

* Statistically significant differencies ($p < 0.05$)

Table 6 - T-Eg-surface antigens of lymphoid cells

Prersentage of antigen-bearing cells		Control group	Children from contaminated territories		
			total	including	
				boys	girls
CALLA(CD10)	M	0.50	1.43*	1.61	1.33
	±m	0.20	0.35	0.52	0.47
Percentage of antigenbearing cells		Control group	Children from contaminated territories		
			total	including	
				boys	girls
IKO-35(CD10)	M	4.30	8.96*	10.21	7.41
	±m	1.12	0.96	2.01	0.74

* Statistically significant differences ($p < 0.05$)

Table 7 - Enzyme activities and non-enzyme cationic protein content in peripheric white blood cells

Study parameters		Groups of children		
		control	evacuated from Prypiat	inhabitants of contaminated areas
		n = 64	n = 41	n = 69
Myeloperoxidase	M	2.12	2.15	2.53
(EC 1.11.1.7)	±m	0.05	0.02	0.04
Succinate-DH	M	1.09	1.41	1.79
(EC 1.3.99)	±m	0.09	0.04	0.03
non-enzyme	M	2.25	2.14	2.04*
cationic proteins	±m	0.06	0.02	0.02

* Statistically significant differencies ($P < 0.05$)

MICHEL TRICOT

Immigrant Children: The Phenomenon from an Educational, Healthcare, and Demographic Standpoint

1. Introduction

In order to have a clear idea of the real dimensions of the phenomenon of immigrant children from a demographic point of view, both in relation to the present day situation and particularly with regard to the future, I will present a general survey of the chief demographic facts. At the present time one can affirm without contradiction that it is the entire reality and impact of reproduction rates which will, in demographic terms, have the greatest influence on historical evolution. This paper, therefore, will concentrate on this aspect of the whole question.

At the outset it will be useful to bear in mind certain fundamental notions and ideas regarding population growth rates and their impact. I will then set out the salient facts of such reproduction rates as revealed by recent and official statistical surveys. At the end of the paper an analysis will be presented which is based on a simple understanding of the sheer size of the problem of immigration, and thus, necessarily, of the problem of immigrant children. To conclude, I will offer my chief observations and reflections.

Our work is essentially based upon official statistics published by public institutions and upon the scientific publications of the French school of demography.

2. Fundamental Concepts

2.1. *Introduction*

The purpose of this section is to outline certain fundamental concepts of the discipline of demography insofar as they relate to reproduction rates, in addition to certain basic ideas, accepted by everybody, which are associated with such fundamental concepts. Especial attention will be paid to the subject of demography. Thereafter there will be a definition and interpretation of the principal indexes of demography which are used to measure population growth rates.

One of the characteristics of the discipline of demography is the unit of time it employs. That unit will be presented and analyzed. The two fundamental and contradictory hypotheses which are used in every demographic analysis will be outlined. I am referring here to the Malthusian model and to the model formulated by the so-called "new demographic school." To conclude, there will be a brief scrutiny of the actual validity or otherwise of the statistical material used in demographic calculations.

2.2 *The Importance of the Demographic Approach*

The demographic approach seeks to understand the potential of a population in a given territory, and all the factors which can influence such potential. The subject, obviously enough, is very large. According to a recent report of the Council of Europe, demography occupies a low position on the horizons of public opinion and has achieved little purchase in the university world when compared to other disciplines.[6]

Nonetheless, demography is one of the most important scientific subjects that exists. Indeed, there are three realities on our planet which underlie the phenomenon of wealth and resources: men, information and matter. The dwelling in which people live may be taken as an example. How can it be built if there are no stones, wood or electricity (matter), no knowledge (information) and nobody to build it or live in it (man)? The same can be said of everything else.

Demography, therefore, is of essential importance in the study of man and his actions.

2.3. *Indices of Population Growth Rates*

The three main indexes by which we measure the population growth rates of a region are the final descendance index, the birth rate, and the mixed growth rate index (which is sometimes called the cyclical growth rate index).

With reference to a territory and a generation the final descendance index is the average number of children born to women aged fifty. For example women aged fifty born in France in 1930 had a final descendance of 2.6 children. In the former German Federal Republic the figure was 2.4.[15]

This index is extremely important because it enables us to measure the rate at which a population renews itself.

Indeed, there is a threshold for this index with the result that over the long term:

– if the population remains at this threshold, it will be of constant size;

– if the population rises above this threshold, it will rise on an exponential curve;

– if the population goes beneath

this threshold, it will diminish on an exponential curve.

In an advanced country with high levels of health and health care this threshold is 2.1 children every woman. This figure is based on the following considerations: a married couple must bring at least two children into the world in order to replace itself. Given that slightly more males are born than females, slightly more than two children are required to ensure that the generations are replaced. This limit is higher in countries which have lower levels of health and health care.

The problem with this index is that it can only be used for an age group which has reached fifty. For this reason we are at present only able to know the final reproductive outcome of those generations born between 1940 and 1945. But changes in growth rates can occur over a much shorter period of time. In order to take account of such an eventuality the discipline of demography must employ more sensitive methods and adopt different indexes. Such is the background to the next index.

The mixed growth rate index is arrived at by taking, in relation to a specific territory and a specific year, the average level of offspring of each generation of women of that year. For example, in France, in 1900, this index was three children every woman.[15] In 1991 the relevant figure was 1.77.[5] The renewal, growth and diminution of a population, according to this index, behaves like the index of final descendance in having a specific determining threshold. In 1991 nearly all the European countries had a mixed growth rate index below the threshold of full population renewal.

Table 1

Country	ISF	Deficit
Switzerland	1.61	–23%
France	1.77	–15%
Germany	1.40	–33%
Italy	1.26	–40%
Spain	1.28	–39%
UK	1.84	–12%

The deficit indicated here is calculated in relation to the renewal threshold. This index has two important advantages: it enables us to calculate the reproduction rate of a country and it is sensitive to rapid changes in population patterns. However, it should be noted that this is only a mathematical model of the reproduction rates of a country and does not represent actual levels of reproduction. This last observation is of particular importance because the mixed growth rate index can overstate the figures involved while actual reproduction levels can have the opposite effect. This phenomenon is especially evident in countries where women have children later in life, such as occurs, for example, in Sweden.

This index, obviously enough, requires very good demographic information about the country under examination.

In order to construct such an index one has to know the number of births of each category of women for a specific year. Such information is only really available in industrialized countries because only these advanced countries are rich enough to afford such kinds of statistical surveys.

One final observation: this index is very sensitive to a phenomenon which can only be calculated with notable difficulty: the presence within a territory of a minority group which is culturally very different from the rest of the population, which is composed of immigrants or recently naturalized persons, and which has very high levels of population growth. Such a presence makes calculations about the respective reproduction rates of the native and majority population extremely difficult. This is the case in France, Sweden, and the United States of America.

2.4. *Birth Rates*

When sufficiently trustworthy information is not available to construct a mixed growth rate index by which to calculate reproduction levels, use is made of birth rate figures. The birth rate is arrived at by calculating the number of births and the number of inhabitants in a given territory. The following table demonstrates examples of birth rates in various countries in today's world.[13]

The forecast for the year 2025 is calculated by taking certain hypotheses as a basis. These hypotheses regarding birth rates are as follows:

– that developing countries gradually reach the present-day reproduction levels of women in industrialized countries, i.e., 1.6 children per woman; and

– that the industrialized countries stabilize around a level of 1.5 children per woman.

This scenario is on the optimistic side because the reduction of the reproduction level in industrialized countries below the threshold line occurred very rapidly during

Table 2

Country	1950	1990	Decrease 1950/1990	2025	Decrease 1950/2025
Europe	19.8	12.1	–36%	8.7	–56%
Asia	42.9	25.5	–39%	13.1	–69%
Africa	48.9	41.5	–14%	25.6	–47%
Latin America	42.5	24.6	–36%	16.1	–62%
USA	24.3	15.1	–40%	10.2	–48%
Switzerland	17.3	11.9	–34%	8.4	–51%
France	19.5	12.9	–29%	8.9	–54%
Germany	15.8	10.8	–34%	7.8	–50%
Algeria	51.0	39.0	–33%	14.5	–71%
Zaire	47.3	44.7	– 5%	29.4	–37%
China	43.6	19.6	–55%	9.9	–73%

the decade which ran between 1965 and 1975. Given the rapid improvement in systems of social communication in the developing world, a similar such reduction over the next decades would appear more than likely; the reproduction rates in the industrialized countries outlined here are in fact rather lower if we take the majority and native population into account. The statistics that we have include the population growth rates of the first generation immigrants, who still have large families, coming as they do from Africa, Asia, and Latin America; to conclude, one could also postulate a further fall in reproduction rates in the industrialized countries caused by various social and economic crises; it is likely that there will also be a low rate of immigration and a rising rate of life expectancy.

The general birth rate has the advantage of being easily arrived at, and it is relatively trustworthy wherever it is calculated–the information required for its calculation is not expensive to obtain. However, it does not furnish a threshold of population renewal. This index is heavily conditioned by the age structure of the population under consideration. However, according to the information provided by this table, one can well see how populations which are below their renewal threshold have a birth rate of between fifteen and twenty per cent.

2.5. *The Two Main Currents of Thought in Present-Day Demography*

Malthusian thought dates from the eighteenth century and derives its name from the British scholar Malthus. His ideas about population expansion and decline may be expressed in the following way: If a population has a reproduction rate above the threshold of renewal, then it will grow in exponential fashion. But the material resources of the planet do not grow at the same rate, and, indeed, are limited. There will therefore arrive a moment when such resources will no longer be able to maintain the population. At such a point control and limitation of births becomes necessary and advisable.[9]

The other current of thought can be called the new demographic school, and this school is presently gaining great ground in scientific circles. This school of thought can be summarized as follows (see especially[4] and[10]): Man does not live by matter alone. He also lives by information. Whatever the character of population growth may be, the growth of matter in conjunction with information will always be sufficient to satisfy the basic needs of the population. At this point, certain examples should be given: in both cases one is dealing with arguments which are not verifiable. Nobody can calculate the exact limits of the material resources of our plant, or when they will be exhausted. On the other hand, with regard to the question of information, nobody can know how much information will be available in the future and how innovative it will be.

Malthusian thought goes back to the eighteenth century and belongs to an age when the disciplines of demography and economics were still at their early stages. Since that date knowledge has taken great leaps forward.

There can be no such thing as science without experience, that is, without the observation of facts and reality. One can never forget the lessons of history. In the second place,[10] humanity has undergone three moments of population explosion: when tools first appeared, about a million years ago; at the dawn of the agricultural age, about ten thousand years ago; and in our own era, at the time of the industrial revolution.

At the time of the first two great leaps forward the world population stabilized after reaching its maximum levels. At the present time all projections that we have available suggest that the world population will stabilize roundabout the end of the twenty-first century. This process of stabilization is often termed a phenomenon of demographic transition.

From this point of view, it would appear that the basic ideas of the

new school of demography are closer to reality than those of the Malthusian approach: at the present moment no study exists which supports the Malthusian doctrine that the limits of capacity to support new human beings have been reached or that this will be the case in one hundred, one thousand, or one million years, or ever at all. Indeed, contemporary scientific data and analyses tend to suggest that the increase in information is limitless; demographers must pay great heed to these considerations. After all, every discipline involves an approach, and no approach can exist without certain basic notions. In the same way, every discipline is at the service of man and society.

It follows from this that a good Malthusian demographer working in a world where the reproduction rate is higher than the level of renewal must dedicate his learning to a reduction of the birth rate. But, on the other hand, a good demographer of the new school of demography, when faced with a similar state of affairs, should seek to achieve a higher standard of living for present and future generations

2.6. *The Unit of Time in Demography*

A man needs about thirty years to form himself. For this reason demography usually decides upon a unit of time of thirty years. Two observations may be made in relation to this decision.

Demography cannot devote itself to what is commonly called the long term alone, that is, thirty years. A politician deals in a time scale of the next elections; a businessman considers five years a long time; economic markets work in terms of a month; journalists live by the day. It is for this reason that the work of demographers is frequently misunderstood by public opinion. After all, public opinion is not used to dealing with realities which seem far off and distant.

What happens today will have inevitable consequences thirty years from now. The forty-year-olds of the year 2030 are already born, and there will be others. They will also be the seventy-year-olds of the year 2060. If there are not enough of them for a viable social organism, then there is nothing we can do about it. Those generations which will be responsible for the decisions taken in the first part of the twenty-first century are already with us. In the world of population, holes cannot be filled in; indeed, they last for centuries. These few on the ground forty-year-olds will themselves encounter difficulties in producing enough forty-year-olds for the year 2070!

2.7. *The Reliability of Statistics*

The building blocks of the work of the demographer are the data provided by widely differing institutions. Certain examples may be given of this variability in reliability: even in such a technologically advanced country as France it would appear that there is a 2% margin of error in population estimates–that is, an error involving at least a million inhabitants.[7]

The United Nations projections of 1988[12] predicted a Nigerian population of 113 million for 1990 and more than 133 million for 1995. According to an official census carried out on the spot in 1991, the population was in fact 88 million.[8] The error, therefore, was at least 20%.

In 1988 the United Nations forecast a reproduction rate for Algerian women of 2.07 children per

head in 2025.[12] Four years later the forecast had been revised downwards by 25%.[13]

The margin of error for the predictions of the world population which were made in 1973, given the actual figures for 1992, were of the order of 10% for China and Latin America, and 5% for Europe and Africa. Here one is dealing with miscalculations involving the presence or absence of tens of millions of human beings[13] (p. 93).

These imprecisions in forecasts and predictions are to be explained with reference to the actual cost of information gathering. Such costs can usually only be borne by the wealthiest countries of the globe. On the other hand, with regard to

the figures suggested by the United Nations, it is necessary to remember that the United Nations itself is not a scientific organization but a public and political organization which is financed by the industrialized countries Furthermore, the United Nations holds almost a complete monopoly over statistics relating to the world's population; and, as is well known, monopolies often work against efficiency.

3. The Demographic Condition of the World

3.1. *Introduction*

At the outset I will describe the demographic condition of the industrialized countries. A limited projection will then be made. Thereafter, the situation in the rest of the world will be considered, and another limited projection will be proffered to the reader.

3.2. *Reproduction Rates in Industrialized Countries*

In section 2 an attempt was made to describe the present-day condition of the main European industrialized countries.

This situation well reflects what is happening in the entire industrialized world. The deficit in population terms can be likened to the deficit incurred by a company. We are presented with the nonbirth of thirteen million people in the space of ten years, the threshold level being taken as the point of reference for renewal capacity.

Certain other facts may be presented here, such as the fall in the mixed growth rate index between 1960 and 1990.[5]

Table 3

Country	Decline
Switzerland	-35%
France	-35%
Germany	-37%
Italy	-46%
Spain	-55%
UK	-33%

Here it can be seen that the fall in the mixed growth rate index is more constant in the case of Switzerland, France, the United Kingdom and Germany On the other hand, this index is much higher in the two Mediterranean countries, with a fall in the birth of a third, fourth or subsequent child between 1960 and 1990.[5]

Table 4

Country	Third child	Fourth + child
Switzerland	-33%	-75%
France	-31%	-74%
Germany	-41%	-72%
Italy	-52%	-87%
Spain	-61%	-79%
UK	-35%	-66%

The most striking fact which emerges from this table is without doubt the fall in the number of numerous families in Europe, with a drop in the number of children born per thousand women between the ages of twenty and twenty-nine.

Table 5

Country	Decline
Switzerland	-38%
France	-37%
Germany	-42%
Italy	-40%
Spain	-48%
UK	-37%

This age group is of much significance in the analysis of reproduction because it covers, on average, 60% of births in a country but only 30% of the time of reproduction.

3.3. *The Ageing of the Populations of the Industrialized Countries*

In analyzing the six countries taken as a sample, the figures supplied by the United Nations[13] reveal a fall in the number of young people between 1970 and 2025 and an increase in the number of elderly people between 1950 and 2025. A forecast of reproduction rates for the year 2025 is that outlined in paragraph 2.4, with a fall in the number of young people between the ages of zero and fourteen between 1970 and the year 2025.

Table 6A

Country	Decline
Switzerland	-36%
France	-35%
Germany	-47%
Italy	-57%
Spain	-53%
UK	-36%

Table 6B

Country	Increase
Switzerland	255%
France	248%
Germany	236%
Italy	292%
Spain	364%
UK	204%

These two tables demonstrate that in 2025 there will on average be twice as few young people as there were in 1970 and on average there will be three times more elderly people than there were in 1950.

It should be observed that the relationship between elderly people and the rest of the population will rise from a ratio of 1 to 6 in 1950 to 1 to 2 in the year 2025, at least as regards the industrialized countries.[1]

3.4 *A Limited Scenario*

Precise forecasts about reproduction rates over the next decades are not possible. A people's behavior in this area is a matter of free choice, and this is something that cannot be scientifically quantified. It may well happen that from now on there will be radical changes in reproduction behavior, caused by a variety of factors, and that this will have major effects in a large number of countries in a by no means distant future. The radical change which took place in the sixties and

seventies could well occur again in the future, but this time in the other direction.

Nonetheless, we must be able to have an idea of the consequences of certain circumscribed forms of behavior in order to make decisions based on an awareness of the causes at work in this area. In the following section I will present models of what will happen to the population levels of the industrialized countries assuming zero migration and reproduction rates equal to those of present-day Germany.[2] The figures are expressed in millions.

Table 7

Years	Million
1950	800
1980	1,000
2000	1,200
2025	1,300
2050	1,200
2100	600
2250	0

The following observations should be made.

This scenario is not the most pessimistic that could be made because it excludes the possibility of a further fall in reproduction rates in the industrialized countries. There are two reasons to suppose that such an eventuality might occur: when a population loses the will and the tendency to reproduce itself, it loses the belief that children could be wanted. Rejection of reproduction increases in strength much as the desire to work would diminish if people were not obliged to work in order to live.

Falls in reproduction rates lead to substantial economic problems and difficulties which in turn work against the whole process of reproduction.

One should also observe here that the fall in population levels is exponential when the reproduction rate falls below the renewal threshold. Furthermore, it should be stressed that this scenario involves a very substantial ageing of the populations in these European countries.

3.5. *The Reproduction Rates of Developing Countries*

At the present time the rapid population growth of developing countries is more than evident. It is obvious that this growth is essentially caused by the gradual entry of these countries into the era of the industrial revolution. The industrialized countries experienced the phenomena of this social upheaval one hundred to one hundred and fifty years ago, and one of the key features of that upheaval was a rapid increase in the population levels of these countries. Attention should also be paid to the rapid fall in their reproduction rates outlined in table 2.4. One can therefore conclude that there is no way in which the reproduction levels of humanity as a whole could fall below the renewal threshold over the next thirty years.

3.6. *A Second Limited Scenario*

Bearing in mind the same words of caution as those expressed in paragraph 3.4, a scenario for population growth rates in developing countries assuming a reproduction rate gradually reaching that of the present day German Federal Republic is here offered to the reader. The figures are expressed in millions.

Table 8

Years	Million
2000	5,000
2050	8,000
2080	8,500
2110	8,000
2200	2,000
2300	500
2400	0

This table envisages the extinction of the human race within four centuries. It demonstrates a rapid fall in the world's population in the twenty-second century. This scenario involves a very substantial ageing of the population.

4. Underlying Causes

4.1. *Introduction*

The facts outlined in the previous chapter may be summarized as follows: reproduction levels are falling rapidly throughout the world. Besides the natural causes of this demographic fall (the demographic transition), other factors can be identified which are the direct result of the action and non-action of man. Three of these factors may be outlined here, and they are of a political, ideological and scientific character.

4.2. *A Political Cause*

At a political level, and at all levels of world politics, there is an attempt being made to control the world's population growth. Many motives are behind this attempt, and here the principal motives may be outlined.

There is, among other factors, a sincere wish to help developing nations to achieve demographic transition and develop greater responsibility on the part of the couple; Malthusian demographers, when faced with reproduction rates which are above the renewal level, are unable to do anything else but advise a reduction of these reproduction rates. The ecological and environmental questions and objections which are often raised in relation to population developments are frequently based on such Malthusian ideas; the fear felt by certain strands of thought in the West, and which are provoked by population growth in the developing countries and the reduction or stabilization of population levels in industrialized countries. A good example of such fear is that expressed by Hitler a few days before his suicide: " ...the development of Asiatic, African, and perhaps also South American forms of nationalism..." This general initiative is carried out with the help of very substantial funds–millions of dollars every year. It is aimed at achieving changes in attitudes within universities, at securing the support of international and national authorities, at obtaining the help of a wide range of private bodies (thousands of such bodies are involved) which

are very active and influential at a planetary level. Certain key methods are used by this initiative and work through:

– all forms of existing social communication,

– the breaking up and substitution of local cultural systems,

– an attempt to educate girls and women and direct them towards the labor market

But the methods which are used are not merely a matter of persuasion and orientation. There is also the use of force–compulsory abortion and sterilization, economic blackmail, and so forth.

The first category covers the instruments of death–armaments, poisons and wars. Man is learning to regulate the use of armaments with ever greater rigor. For example, the bearing of arms is very carefully controlled in industrialized countries. Such a state of affairs implies that permission has to be granted by the society. However at times a certain liberalization has taken place. Certain individuals are allowed to let others die at certain moments of the latter's existence. I am thinking here of abortion and euthanasia.

The second category of instruments is that made up of the instruments which produce life. They bring into being a member of the potential population. At the present time we know about three kinds of such instruments:

– natural sexuality,

– the laboratory test tube,

– the techniques of cloning

Because of these instruments one can assert that the potential human population is limitless. One is dealing with the whole array of methods by which the female ovule can be fertilized by the male sperm, or by which cloning can be achieved. The majority of the world today is working towards a liberalization of the use of these instruments of life. The idea is that the individual should be allowed to decide which instruments he will use.

The use of natural sexuality is not subjected to social consent. Divorce, pre-marital sexual relations, contraception, homosexuality, masturbation, test-tube babies, sperm banks, the refrigeration of embryos, donor mothers, and pornography are all becoming much freer and uncontrolled. We are left with the restriction of mutual consent–rape and incest are still punished by society

Just as the confiscation of private property by the state, given the experience of a wide range of facts and many decades of implementation, seems highly deleterious, so the general liberalization of the instruments of life which is presently underway threatens the survival of the peoples of the planet, that is, the whole of humanity

4.3 *An Ideological Cause*

The twentieth century has been characterized by a debate about the fundamental rights of man. Communist states, for example, denied the right to private property. Another area of importance is man's ability to give life. The management of this dimension to man's existence is part of the process by which the human capital of the world is managed. This applies to two categories of population–that which presently exists and that which could exist. Man has two kinds of instruments by which to influence the present-day population.

4.4. *A Scientific Cause*

Man has been working on the advance and development of science for over three hundred years. He pays homage to scientific laws. He believes that such laws are the secret of his happiness. There thus arose:

– the philosophy and the mathematical sciences of the ancient Greeks;

– the growth of law under the Romans;

– the rise of theology in Medieval Europe;

– and then the growth of physics, medicine, chemistry, economic, psychiatry, business studies, psychology, sociology, the social sciences and many other similar disciplines.

In our times, the facts that we have referred to well show that the following fundamental questions are ever more pertinent and topical.

Do scientific laws relating to the management of human capital exist and if so, what are they?

Do scientific laws relating to the management of the family exist and if so, what are they?

What is a family and what is a man?

These questions well illustrate how important it is for human intelligence to apply itself to the creation and development of new sciences.

5. Conclusion

5.1. *Introduction*

These considerations clearly show the magnitude of the demographic upheavals which will afflict our planet over the next few decades. A very important aspect of these upheavals will be the phenomenon of migration. A brief survey will be given of this development–inasmuch as it affects the movement of people from the developing world towards Europe –with a view to forecasting what the future will bring. Certain suggestions will then be made to ensure that the immigrant children will be welcomed and treated in a way that fully guarantees their fundamental rights.

5.2. *Migration*

We can consider here the levels of migration from Africa, Asia and Latin America to our six sample countries between 1970 and 1990.[5] The data refer to foreign citizens resident in their host countries. " Un " stands for " unknown. "

Table 9

Country	Lat. Am.	Africa	Asia	Total
Switzerland	326%	435%	558%	150,872
France	434%	253%	277%	2,115,803
Germany	252%	410%	367%	2,201,155
Italy	NC	NC	NC	245,996
Spain	215%	1709%	480%	150,231
UK	NC	NC	NC	606,000

These are official data only. Nonetheless, they underestimate the levels of immigration since it is difficult to estimate the number of foreigners who are present because of the existence of illegal immigrants, refugees, exiles and so forth. All the data available demonstrate the rapid increase in emigration from developing countries to the European states. The size of this immigration is certainly due to an open-door policy on the part of the European countries, which have wanted to compensate for declining domestic population levels and have attempted to ensure a flexible approach to the integration of groups bearing different cultures.

5.3. *The Conditions of Acceptance*

It is important to observe that certain conditions are necessary to achieve the proper treatment of immigrant children, and these are:

– the right to join their emigrated family,

– the provision of a decent home (one should recall here that in France there are at least one and half million people without a home), and

– access to the health service.

At the present time there are a number of distinct problems connected with this last provision. Will the health services of the industrialized countries be able to deal with future health problems? The emergence of AIDS, for example, involves a decline in the immunity of the various populations. There are likely to be other similar phenomena. The health service, for the moment, can do nothing about this. On the other hand, health services will become increasingly expensive. Do we really know what will happen as a consequence?

Does the food industry, which is an essential element in population growth, perform its task of feeding the population well? Do the various populations receive the nutrition necessary for physical development and general health? What the experts have to say on the subject is very instructive and merits serious consideration.[14]

The increased mixing of populations which will occur will render the facts and figures of the whole subject ever more difficult and complicated.

The problem of integrated education shows how very important it is to liberalize elementary and secondary schooling so as to ensure that the families of immigrant children can educate their families in line with their own moral and religious beliefs. This should always be done, however, in keeping with fundamental human values.

6. Acknowledgement

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Children and the International Year of the Family

Introduction

The United Nations' declaring 1994 to be the International Year of the Family must be acknowledged with gratitude and hope. It is an initiative which the Church has welcomed from the outset with profound approval. Last June 6 the Holy Father announced the celebration of this International Year in the Church, in a spirit of cooperation and cordial dialogue in keeping with what this natural institution–the family based on marriage–entails.

Marriage and the family are not a human initiative, the product of man's creativity or capacity for invention, but an original project of God for the good of two persons, a man and a woman, who form the community of life and love, a community open to children, the " most precious gift " (*GS*, 48) God offers to spouses who become parents. It is a project of God for the good of spouses, children, and society. The Apostolic Exhortation Familiaris Consortio opportunely recalls that the couple, with the arrival of children, turns into a family in a proper sense (cf. *FC*, 69).

The United Nations presents numerous topics as suggestions. There are also abundant topics proposed by the Church as a starting point for dialogue, on the basis of her identity and the conception rooted in the Lord's will concerning what the family is and ought to be. The love of God devotes itself, " pours itself " upon marriage and the family as the secure path towards the realization and perfecting of humanity, the human person, and society.

Undoubtedly, the family, with all its integrating power, must center upon the very noble mission of procreation, signifying a characteristic cooperation and association with God, training and integrally educating children.

Some Concerns

Here are some concerns which we can merely enunciate, but which will be the object of dialogue of primary importance for the Church, which takes as an instrument of maximum utility the *Letter on the Rights of the Family*, published ten years ago. A significant step is the UN's *Convention on Children's Rights*, to which the Holy See agreed with some well-known reservations.

1. There are hundreds of millions of children born outside of a family, properly speaking, grounded on a stable union. This signifies the drama of unprotectedness and abandonment.

Children have a right to be born of authentic, responsible love, to be loved, welcomed, and brought up in the warmth of a home.

In a certain sense, humanity gets incensed against the imminent dignity of children–helpless and defenseless–and even begins a cruel persecution right from their mothers' womb–a persecution continuing, in many nations, with utter risk for children walking the streets. Not a few are victims of every kind of violence. The first concern of government leaders and legislators and of the whole of society is to ensure that there are *real families* and that they fulfill their indispensable duty.

This is, of course, linked to the demands of adequate social policies and to breaking the chains of impunity and lack of humanity marking those who do not assume responsibility for the children they have engendered.

Social policies, while necessary, do not replace specific family policies, which defend, strengthen, and guarantee unity in the communion of rights and duties of all family members. The weakest members must be respected, surrounded with particular solicitude, tenderness, and dedication.

Everything leading to a weakening of the institutional solidity is an attempt on children.

2. We are in the presence of a kind of tension between a world of adults defending *their rights* over against and to the detriment of the rights of children.

Are the numerous studies conducted not showing the magnitude of the disaster, of an ecological disaster caused by parents seeking to solve " their problems, " look for a way out, ensure their future at the expense of their children's future? The sensible increase in violence, insecurity, and problems of every kind shows that there is a direct correlation (speaking in general, we must understand) involving broken homes which fracture unity, harmony, and the lives of those they have given life to.

The pain and tragedy of many children becomes an ethical outcry questioning an adult world unable or unwilling to respond.

A significant task of the social projects for the defense of children is to attempt to offer the necessary stability to homes and provide a family-like environment for those lacking a family.

3. It is necessary to place children at the center of the home, as Jesus was the center of the home in Nazareth.

This implies that from the moment of conception they must be treated as human persons, welcomed, loved, and accompanied in their growth in all the dimensions of their existence. In their children spouses encounter not only a fruit of their mutual dedication in a donation worthy of human persons, but also a sort of supplementary security and solidity in their community.

It is necessary to love life. It is a necessary message wherever life is feared, rejected, wherever children are seen as intruders taking away peace and tranquillity, and wherever there are more coffins than cradles. These are societies shaken by the coldness of solitude, without a real future.

To celebrate the International Year of the Family consistently implies working for responsible fatherhood and motherhood, with clear ethical criteria, to help solve demographic problems requiring genuine solidarity among nations and not an avalanche of demographic imperialism at war with the dignity of peoples and families.

4. In conjunction with the International Year of the Family the Pontifical Council for the Family has been holding some International Meetings. The first one, in Rome, in June 1991, devoted to " Children's Rights, " in connection with the United Nations' *Convention*; the second, in Bangkok, in September 1992, on " The Exploitation of Children in Prostitution and Pornography; " the third, in Manila, in July 1993, on " Children and Work. " In February 1994, in Seville, Spain, an International Meeting will be held on " Adoption, " and in June, in Rio de Janeiro, Brazil, we shall be holding a World Meeting on " Street Children " which will echo the Holy Father's address in San Salvador Bahía.

This celebration must mobilize the energies of the leaders of all peoples to hoist up a kind of flag of hope–the most noble and urgent cause of children. Humanity stakes its destiny and also the quality of its spirit on this cause.

The Holy Father, who has announced the International Year of the Family in the Church, is preparing a *Letter to Families* on the occasion of this celebration.

In the entrance to our Council, as a gift of John Paul II, there is an expressive oil painting donated by the President of Indonesia. The Pope is clasping a child in his arms. This is what the Church wants to do: lift up–in her arms, in those of the world's families–children, the most precious gift of God to homes.

ALFONSO Cardinal LOPEZ TRUJILLO
President of the Pontifical Council for the Family

BERNARD AGRÉ

The African Child and the Sense of the Transcendental

It is a great honor for me to address this august assembly, and in inviting me to do so His Eminence the Cardinal President suggested the title: " The African Child and the Sense of the Transcendental. " I have been asked to be brief and this will certainly be my endeavor.

I have arranged my contribution to this conference under the following headings:

- the essential importance of the child;
- the places where his upbringing and education take place;
- the child as a relational being;
- ethical values;
- the invisible world, the door to the sacred and the transcendental;
- conclusion

A village wise man once said, " Water, the stranger, and the child are all gifts of God. They are bearers of life and joy; they are the presence here of the life beyond; they are the guarantors of man's hope for the future. " Is not water, indeed, the source of flowing life? Is not the stranger (in cultures where sharing and welcome are essential values) an expression of the divine and the founding fathers of the tribe who, at times, return to the world of the living? With regard to the child, is he not the flower of the life beyond, a guarantee of the future, a regal gift to the community? It is for these reasons that his absence from a traditional family throws all its members into increasing melancholy. This lack, if it continues, leads the couple to divorce; it also leads to great disappointment on the part of those two families who have gone to great lengths, and expense, to plant what turns out to be a " sterile tree. " The birth of a child, on the other hand, gives rise to great social and ritual celebrations and festivities; and these, in turn, strengthen the ties within the couple and between the various members of the wider family: grandparents, uncles, aunts, cousins, and all the rest–they have received a daughter or a son who will lengthen and continue the family line. Presents of all kinds, songs, dances, poems, well-wishing, the bestowing of the name and surname–all these bear witness to the community's giving of welcome and to the official entrance of the child into the family and tribal circles.

The child's parents–who are, of course, very happy about this arrival–will do anything to ensure and promote the child's survival and upbringing. They do not hesitate in the least to involve others in the child's upbringing; they are engaged in a centuries-old process, shaped by tradition, which involves both ancestors and future generations.

1. The Child's Points of Contact and Places of Upbringing and Education

By tradition the child is a part of the group as a whole and of the entire line. All the tribe takes an interest in his upbringing and education because its general reputation is involved. Both mother and father, in the eyes of the whole tribe, are fully responsible for his becoming a complete person (that is, a balanced adult who is able to communicate with the world around him. The worst thing you can say to a father or a mother is that their child is worth nothing, that he knows nobody. Hence the very great importance of the progressive upbringing and education which is imparted by the " paternal court. " Thus, for example, in the northwestern region of the Ivory Coast a small child is told repeatedly by his mother that if " your playmate insults you, insult him back; if he hits you, hit him back twice; but if your father or mother are talking to, you keep quiet and listen to them in silence " The child receives his basic knowledge about the world around him, and about what the suitable behavior for a person of his social rank and age should be, from his mother, father, near relatives, brothers and sisters. The family circle which looks after him extends outward, in concentric rings, and includes the company of " older brothers " for the boy and the company of " older sisters " for the girl. This kind of natural kindred of various hues and colors has the great advantage of being able to place the child in a warm and stimulating environment made up of those who are older than he These older people teach him how to walk, how to run, and how to listen to the song of the forests. He learns about the mysteries of the fields and meadows and listens to the silence of nature.

Because of his elders, his five senses become fully aware of the complexity and intricacy of the world around him.

Together with them he takes part in those general games which at one time were very common in the villages and country districts. This was before the emergence of King Soccer, which now holds sway over the masses, in the country areas as well. With his " older brothers " he learns how to fish in the rivers or on the coasts He learns how to set traps and climb dangerous trees to come into contact with the fruits of the land. If he lives by the sea, at the age of six or ten he will have already learnt how to swim and sail a small boat. He acquires, by imitation, family gestures, natural abilities, and the ability to dance. The same may be said of his own sensibility and his command over his own body.

At the age of twelve to fourteen, in traditional societies, there comes a rather long period of initiation.

At that moment children of the same age, with their parents' permission, undertake preparations for such initiation. These involve teaching and practical instruction A group of older children gather around the teacher, who may be male or female, depending on the circumstances, and distance themselves from the rest of the village in a special place dedicated to those who are to undergo the initiation rites.

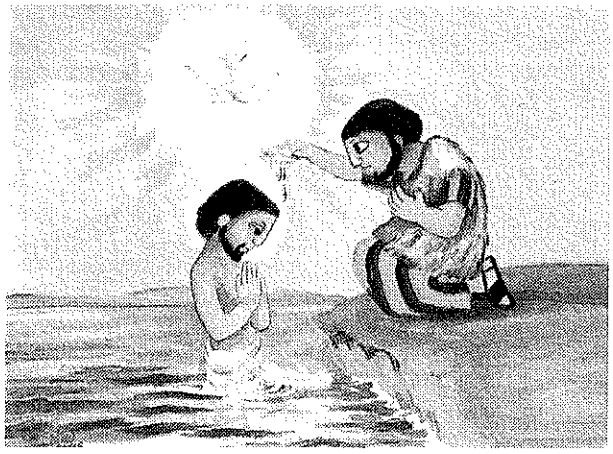
These teachers of how things should be done and how life should be lived not only teach their pupils how to discipline themselves through the use of adult methods and gestures, but also inculcate the ethical rules of honoring the group. These aim at defending the reputation of the family and promoting forms of behavior which uphold the prestige of the tribe. A ritual ceremony of a highly detailed character unites the children, parents and elders of the tribe on a special day, and by this means the child passes from his present condition to a new state of adulthood

Once this official act, which sanctions the entry of the child into the different group of young adults, has taken place, the child comes under the careful watch of his parents and the wise men of the village.

Not only the parents, but also aunts and uncles, and his various cousins, try their utmost to encourage him to do good and to discourage him from doing bad. The child has learnt to pay great attention to the rebukes and approval of his elders. This is not something that is resented. The solidarity of the clan leads to such a state of affairs. No parent rejects or questions it. It is written into daily life and is expressed in the smallest of ways in spoken words, or through a look, which often communicates much more than gestures or sentences In this way the child acquires the values which enrich the very heart of his personal and social existence. And it is through such direct contact and a kind of osmosis that he is able, gradually, to discover and enter into the complex web of the world around him–a world made up of thought and feelings, the invisible and the transcendental.

2. The Child and This Environment: Relational Being

The psychic, physical, and social well-being of the child can only be achieved if he is at peace with invisible and visible nature, with his fellow men, and with the world beyond our own. This is the primary dimension of his being human.



From a very early age the child, as has been observed, begins to explore the tangible real world around him with the help of his parents, those older than him, and the wise men of the tribe. He very soon manages to come to terms with values other than those he encounters daily, what he sees, hears, touches, tastes, and feels. He discovers that inanimate things also have a soul, that they have something which cannot be quantified but which is nonetheless real and important.

The group involved in his upbringing, in which each individual has a special role to play, contributes an original element and opens to him a hitherto unknown dimension which his ever alert intelligence has not perceived. Before engaging in the activity of ploughing, for example, he has already heard his father or his mother address the land in the following terms: " Mother earth, forgive me for the harm I do as I hurt your back. I have no choice in the matter because the children that you have given me must be fed. " Or they speak to the river in the following words: " Please let me pass, Father, even if, for the moment, I must dirty your shining face by stirring up the mud as I cross. Forgive me, but you know that there is something which calls me from the other bank. " In this way the child assimilates other cultural features of the land, the rivers, the trees, the mountains, and so forth. This whole world carries within itself his own dynamism, his existential project. For this reason the child is never static or empty of life. Even illness bears within itself its own laws, its own dynamic, its own theses and antitheses; and these he will subsequently have to learn and to dominate in order to get better.

The child will have no difficulty in passing from the material and multidimensional world to the world of reason and abstract thought. Even though there is a constant and willing use in this area of images and practical examples, it is necessary for the child to have been present at family gatherings, and at the village council held under the tree where speeches are made, in order to understand the subtleties of language and complexities of elaborate thought, the art of speaking, and the virtue of silence, the eloquence of what is not said. Among children it is not rare for them to be found talking in the full African dialect, and this well demonstrates that they wish to go beyond their own world and enter that of the adults of their own society.

3. Ethical Values

The child is involved with such values in capillary fashion. Before the arrival of television, in the light of the moon and in front of the fire, the elders and wise men told great tales at sittings that would last a long time. The storytellers would finish off their tales with rhythmic songs in order to keep people's attention, and they nearly always asked questions and told riddles which had a moral message.

Such questions expressed respect for life, the value of each human being, whether beautiful or deformed, rich or poor, handsome or suffering from leprosy or some similar affliction. The child was taught to respect and welcome the stranger through the telling of stories about hosts who were not welcoming or kind and thus had offended the sacred laws of hospitality.

Fitting stories are used to instruct children about the value of the spoken word; in certain tribes this comes to be expressed in the custom of the blood pact. Loyalty and absolute discretion are the necessary components of this ritual, and between families and between tribes hidden and underlying alliances are formed in this fashion.

Other moral and social values are acquired by the child in the same way through anecdotes, sayings, and formalized notions. For example, one can make reference here to family and clan solidarity, the need to share things, the search for agreement, reconciliation, respect for the elderly, the way in which old people and young people complement one another within society, the individual and social consequences of a bad act, even when it is hidden from sight.

Thus it is that the African child (when, that is, he is brought up within a traditional context) never grows up in a materialistic, cold, egocentric, and horizontal universe. He is constantly immersed in the invisible world, in the world of the ancestors and the spirits, those invisible companions, at times kindly and at times hostile in their attitude towards the child and his family. The child has to learn how

to win the graces of those supernatural forces which are kindly and obtain protection against the bad influence of those supernatural forces which are wicked.

4. The Invisible World is the Child's Open Door to the Sacred and the Transcendental

It cannot be denied that the universe of the ancestors and the spirits has always been present within the African mentality. This omnipresence of the invisible is borne out by the various kinds of attempts which have, and are, made to give them offerings and sacrifices. The ancestors and spirits are expected to give protection and help to the child. For this reason the child is taught words of prayer and invocations to ward off the evil forces.

One should observe that ceremonies, amongst other cultural phenomena, clearly mark the different stages of the child's life: birth, the bestowing of a name, initiation, weddings, illnesses, death and funerals. Occasions like these are moments of more deeply felt and more intense communication with the members of the family who live in the world beyond our own, a world which certain languages describe with the terms the " great world " or the " great village " In addition to the role given to protectors and mediums in predicting the future, ancestors are given the special task of acting as a bridge between the child and God the creator. Through familial contact with this world of invisible forces, which are either friendly or hostile, the child comes into natural contact with the sense of the sacred He comes to understand and grasp that some things are to be respected in a religious sense, that is to say that they are not to be offended: certain places and certain beings. There are sacred rivers, sacred fish, sacred forests, and sacred huts where the profane are not allowed to go.

These places may not be violated. This would involve a sacrilege which would subsequently be punished by the ancestors and the spirits.

All tribes have sacred places Is it not possible to suggest that this reverence of forests is a very early and favorable example of that ecological attitude which is so popular in today's world?

Through his contact with adults the child must learn to honor the sacred temples where the families and tribe are required to perform ritual expressions of communal piety. The special days and weeks devoted to this activity involve gatherings and ceremonies which have a very marked effect on the imagination of the child. From a very early age the child learns that in addition to certain sacred places such as mountains, springs and huts, he must respect and revere certain figures such as the heads of the tribe, medicine men, religious leaders, healers and seers. In addition to the respect due to the elderly, to the wise, and to the official or unofficial bearers of power, there is the reverential fear, and very intense fear, that he feels towards the mysteries of the secret caste of masks.

For the traditional mentality these masks represent ancestors, spirits, gods, and kinds of sprites. They transmit messages to the living in the form of signs, orders, advice or threats

Like the adult, the child comes to share in the widespread belief in a transcendental, supreme and sole God through parables, tales and other stories. This being is God the Creator who lives far from men, to be true, but who is involved in the daily lives of men through the action of spirits. The child believes that he is the head of the spirits, the ancestors and the living. He is not to be trifled with, for as the wise men declare, " if someone is stupid enough to spit into the air at God, that spit will fall right back into his face. " God is the absolute, the supreme power. He has the right to be prayed to, to be sacrificed to; he is seated at the center of the galaxy of the spirits and the ancestors.

Conclusion

Balance and harmony in life, from childhood to adulthood, is gained from loyalty to nature, trust in man, whether friendly or hostile, and trust in the invisible world, which is infinite in character. This trilogy of the real brings about a balanced search for human wisdom and knowledge.

If the first contacts of the child employ the senses as the most effective means of exploration, it is nevertheless true that after a short while reason and belief in God and the spirits come to take their place. They ensure that the child lives in the mysterious spheres of the spiritual and the supernatural. Spiritual and material, natural and supernatural–these realms become so bound up that the child, like his adult counterpart, finds that in his life it is very difficult to distinguish the boundaries between them. The African tradition, which is very distant from the dry and rigid Cartesian philosophy which largely reduces man to horizontal terms, brings up children to develop the vertical dimension and to consider this reality as a means by which to understand existence itself.

Nowadays, because of the endless bombardment of the messages of the mass media, many Africans fall foul of the dangers of consumer societies; they gradually lose their sense of the supernatural; and for this reason, like their contemporaries in America, Europe and Asia, they need to rediscover the fundamental values of the inner self and to regain spirituality. This is especially so given the terrible voids that now afflict man, this new Prometheus, as he falls victim to the vertigo caused by his own discoveries and by his numerous errors of judgement and perspective.

The man of today, surely, would do well to rediscover, from the very beginning of infancy, those dimensions of the real which integrate the visible and the invisible and give true priority to the divine and the transcendental

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JOSEPH GABRIEL FERNÁNDEZ

The Child's Capacity for Religious Choice

This is a subject which involves many sociological and psychological factors. First of all, there are problems with regard to the definition of " children. " For the sake of our consideration we will take children who belong to the age group of five to fifteen. From the point of view of developmental psychology, they include elementary school age, middle school age and early adolescentre

The ability to make religious choices among children can vary according to culture, educational level, influence of the parents and of religion. A uniform conclusion on this issue is very difficult. It also depends upon the intellectual and moral development of each child.

To study the ability of a child to make religious choices, it is very important that we take into consideration various stages of the intellectual development of a child.

According to the findings of Jean Piaget, the eminent Swiss developmental psychologist, the intellectual development of an individual takes place in four stages:

1) Sensory motor stage (about 2 years of age)

2) Pre-occupational stage (2-6 years of age)

3) Concrete operational stage (6-12 years of age)

4) Formal operational stage (12 years of age)

I. During infancy intelligence consists of sensory and motor patterns which the child uses to explore his environment and to gain specific ends. However, during early school age the child develops a qualitatively new form of thinking. Piaget describes this new stage of intellectual development as concrete operational thought. To understand this stage, it is essential to have some idea of the Piagetian notion of mental operations. A mental operation is a transformation which is carried out in thought rather than in action. Piaget suggests that these transformations are

nonetheless built upon some physical relationship which the younger child can perform but cannot articulate. During concrete operations, the child begins to appreciate a large group of actions which can be performed on objects, and he can perform them mentally without having to perform them behaviourally. In this period, the child can formulate the notion of a creative power like God. He can also be aware of a need of a set of rules and practices concerning man's relationship with God.

According to Erik Erikson, the central growth task of children in this period is to develop initiative. Only to the extent that parents have

during this period is to develop a deep conviction that existence is trustworthy. Parents themselves must feel enough trust (in themselves, each other, life, God) so that the small child can develop a sense of basic trust which is essential for life. Both mother and father are gods to the child. Our first awareness of that which is greater than ourselves upon which we must depend for life comes from parents. In this way the face of God in later life can often be the face of the parent. Not all parents are loving and kind. Many children suffer under persecuting, dominating, judgmental parents, or weak and ineffective parents. Hence, when we

continuation of faith and realism.... The query of the psychologist and that of the theologian meet in the consideration of one common question. ... Whether or not a given form of organized religion at a given time and in a given community is or is not able to accomplish that systematic reassurance of adults which is necessary for reliable transmission of basic reassurance to small children. ... I know only too well that whenever organized religion fails, there remains in human life a very basic void which is not taken care of by the mere denial of faith or by an irrational over-evaluation of substitute dogmas. He who believes that he

come to accept their own autonomy and value their assertive initiative, will they be able to support their children's expressions of autonomy and initiative. The religion of the parents, if it is moralistic or authoritarian, can reinforce the negative side of children's growth conflicts and increase their shame, self-doubt and guilt. In contrast, salugenic religion can strengthen the parents' self-acceptance by the awareness that God affirms our unique personhood.

For a child, to arrive at this stage of religious faith, the parents should have helped to develop a sense of trust in early years of life. The key growth need of an infant

evaluate the ability of children to make religious choices, it is good to try and discover the picture the world creates for them.

Basic trust and hope are the foundations of all subsequent personality development. They are also the root of healthy religion. Erikson holds that the parental faith that undergirds trust and hope in the newborn has sought its safeguards institutionally in organized religions. He emphasizes the way in which religions function to renew parental trust:

" It is religion which by way of ritual methods offers man a periodic collective restitution by basic trust which in adults ripens to a

can do without religion obligates himself to undertake a new accounting of basic human needs. "

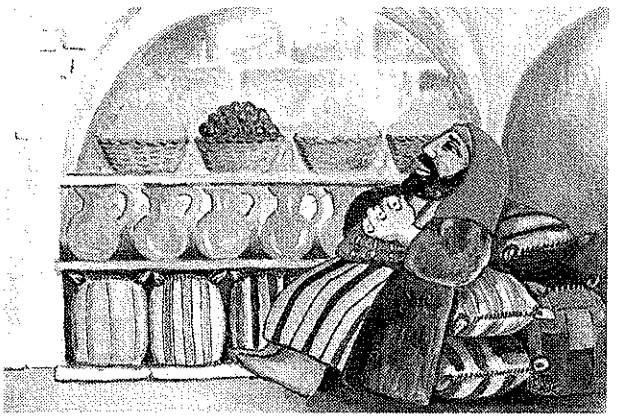
II. Religious choice at middle school age (6-11)

Growth tasks at this stage are industry and firming up one's sexual identity by close relations with the same-sexed parent and peers of the same sex. According to Erikson, " industry " involves learning the skills and tools that are valued in one's culture. Theories of both Erikson and Piaget emphasize the intellectual development of children during this period. The emphasis of both of these theories is

on intellectual growth, competence, and a growing investment in work. During this time, the child is learning the fundamental skills of his culture. Whether it be reading, writing or helping in the kitchen or on the farm, the child spends a great deal of his day-to-day existence learning the skills that are valued by his society. As the child gains confidence in his skills, he begins to have a more realistic image of his own potential contribution to the larger community. The middle-school-age period is the time to relate to a social unit that is larger than the family.

Perhaps the most impressive area of growth during this period is the acquisition of intellectual skills. Now the child is able to direct his attention through the use of conceptual principles as well as through perceived events. The areas of science, history and mathematics are accessible to a child who can master some of the principles of causality. So he is capable of entertaining an explanatory hypothesis and evaluating the evidence which would support or disprove the hypothesis. All these cognitive skills allow the child to move rapidly beyond the limits of his own experience into consideration of events that happened long ago, that might happen in the future, or that are hypothesized as happening all the time.

When we study the intellectual development of the child in this period we come to know that he is capable of concrete decisions. He is aware of certain powers working in the world which are beyond his knowledge. Through the influence of parents and society he is capable of understanding about a " power " that is God. This concept of God will not be purely abstract, but very much personal. He also becomes aware of the need for a certain system of values and practices to relate to that person who is God. Thus he becomes aware of a need for religious practices. Since the child in this period is able to think in concrete terms, he is also able to make religious choices. At the same time we cannot ignore the role of parents and society in making a choice.



III. Religious choice at puberty and in early adolescence

During this period the child develops a new cognitive style. A cognitive style can be defined as individual variations in modes of perceiving, remembering and thinking or as distinctive ways of apprehending, storing, transforming and utilizing information. It may be noted that abilities also involve the foregoing properties, but a difference in emphasis should be noted: abilities concern level of skill–the more or less of performance –whereas cognitive styles give greater weight to the manner and form of cognition.

With the attainment of the formal operational stage, the early adolescent becomes capable of abstract thinking and hence begins to think and reason in terms of abstract ideas and universal concepts. With this he also attains the ability for systematic and logical thinking; to think in terms of possibilities and hypotheses. Thus, a new world of cognitive experienes and abilities is open to the growing person. The early adolescent's intellectual quest, search for ideals and ideologies, and critical attitudes are closely associated with this newly gained intellectual ability. These formal operational abilities and skills which usually emerge at the onset for puberty need to be fostered and nurtured in the subsequent years.

During this period the early adolescent is inquisitive. He wants to formulate his own views and ideas. He will review and challenge the value systems and beliefs his parents and society have handed over to him. On the basis of his personal reflections he arrives at certain conclusions. In this decision-making

he will be very much influenced by the peer group. More than the parents, the peer group is important in this period. Though external influences are strong, the early adolescent wants to make his own decisions. Hence, the individual in this period is capable of making his own choice about his religious faith. During this period, the Church should provide him with proper guidance. We should be understanding toward his doubts, sympathetic toward his concerns, clear and definite with regard to his questions. We should also be aware of the tremendous influence the peer group has on the thinking and the lifestyle of pre-adolescents and the adolescents.

Conclusion

Human beings are born with an insatiable thirst for knowledge. Right from the beginning of life, man wants to know the " why " of everything. Even a child three years old will ask " Why is it that way? " His question in the beginning will be about concrete things. Later on it is about abstract things. God and religion may be abstract concepts, but they are related to concrete experience in life. During the various stages of childhood, religion influences the child in very many ways–as certain practices, ideals, value and belief systems. All through these stages, the child is capable of making his choices about religion in his own way. Their views and ideas may not be perfect or mature from the adults' point of view. But let us remember that faith formation is gradual and involves various developmental stages.

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UGO MIFSUD BONNICI

Premature Adulthood

The old Latin adage *maxima debetur pueri reverentia* summed up a consensus which remained constant for a long series centuries, and which, merged with the Christian Gospel's message of special predilection for the child, produced a culture of privileged protection and safeguard.

No one dared challenge the notion that the young had to be taken care of, taught, in fact formally instructed and formally and informally educated to be able to assume the mantle of adulthood fully prepared. The Civil Laws provided for tutelage, for the defence of all rights belonging to minors. Even prescription was and still is suspended during minority, and special courts had the function of monitoring the administration of the estate of people under age. Criminal Law also prescribed special punishments and aggravations for a number of crimes against minors.

Alas, we have to admit that this culture of special hallowed protection has suffered some erosion. The laws remain, but the societal mores of many countries have loosened the mesh of protection. The very notion of a young person's right to gradual psychological and physiological development, once assumed as axiomatic but affirmed as the rational justification of modes of conduct, as well as of the laws themselves, now is no longer so much in evidence. It has become unfashionable even to speak about giving scandal to young people by words uttered in their presence or by deeds performed within their range of observation.

All of us, children and young adolescents not excluded, are exposed to the epiphany of evil: of malice, violence, crude sex, as transmitted by the media, by the press, by lifestyles themselves. There is no longer an emphasis on self-restraint. Even within the family itself, some parents have low-

ered considerably their levels of inhibition. Transgression has assumed the right of exhibition, and even the natural, one would have thought, tendency towards privacy in one's own, even legitimate sexual self-expression, has been set aside. On the other hand, innocence is a very frail protection against all this deluge of crude moral insensitivity.

Perhaps the first and most important environment for gradual maturation into adult life, within the family itself, should be attended to. One observes that there was at one time a reaction against what was deemed to be excessive prudery, but a proper balance has not been struck. Some parents have been carried away by the supposedly modern uninhibited way of speaking and acting in the home

without any self-imposed censorship. Others feel they have their own " rights " to feel at ease. There is a most disturbing feature of some parents in the more advanced countries of pitting their rights against those of their offspring, and preferring self-indulgently their own. Thus, though modern psychoanalysis has thrown a lot of light on the traumatic effect on children of the break-up between parents either by separation or divorce, this matter is not being given proper weight either by the parties or even by the social forces brought into play in these circumstances. The parents are not begrudged the right to their own happiness, to their own self-fulfilment or even to their own liberation from difficult complications of inter-personal relations. The children's rights to a sane and sound development within the bounds of the natural family are deemed to be secondary; to be given some passing mention but surely not determinants of final choice. One of the traditional hinges of the mother/child relationship, that which tied the mother into a nondistinction between her own and her children's interests, has been loosened. The pursuit of happiness has become exclusively individualised or extended solely to a partner. And yet part of the gradual maturation process is provided by the " collective " family happiness. It is surely harmful to precipitate adulthood through premature initiation into parental crass egotism, through early exposure to violence, duplicity and crude sex, within one's own original nest of love. Egotism and moral insensibility we have always had. What we now have is the justification of this attitude under the banner of the right to one's own happiness without moral guilt.

Once upon a time it was assumed that one learnt how to live within the confluence of the formative forces: the family, the Church, the community. It is now being urged on the scholastic establishment that it should somehow try to perform the duties in the fulfillment of which the family is failing. Though possibly not the best housing for the task, surely not the most appropriate, it can be more reasonably ordained and controlled. How to assist the gradual assumption of adulthood through the scholastic process is still very much a matter of experimental pedagogy. I believe it is one of the hardest and noblest tasks of educational policy, so to align the whole educational establishment so that it may better fulfill the role of parallel and continuous distributor of scientific knowledge, communication skills, and cultural accretion, on the one hand, together with character formation on the other. Within this perspective the school prepares for adult life through an apprenticeship which reveals the challenge to one's own personality as well as that of living with others, in society. The technique of problem solving, of the acceptance and sometimes of the transcending of one's proper role, in fact the mode of living.

The school can now do it with some planning, even if it lacks the potency of the other agents. The school should now provide the proper pedagogical cover for instruction into the true maturity of one's sexuality. It can and should provide the means of diagnosis not only of physical and mental handicaps, but also of incipient deviance and psychopathic behaviour. The school can also stengthen the culture of reverence due to children

We have to admit that not all social evil can be explained by ignorance or lack of care. The mere expansion of schooling has not resulted in the diminution of juvenile crime, of drug addiction, of the lowering of the tone in lifestyle. In the famous film by De Sica, *Umberto D*, the poor old professor explains the young servant girl's pregnancy with her lack of knowledge of grammar. We have come to realise that there is an ignorance of the grammar of ethics, not of language. Because of the prevalent policy maintaining the secular nature of the public school whatever moral grammar is imparted may be grounded solely in natural law and some psychology, but even such and shorn of explicit reference to Christian morals, this is surely positive.

It is not by mere chance that this function of the school has been given the best structuring within the culture of the Anglo-Saxon countries which have a longer tradition of secularisation within family life and in society at large " Life Skills " and " Personal and Social Education " are now well known as an integral part of the curriculum in many English-speaking countries Maybe the need should now be felt more widely.

In a worldwide perspective, the recent UNICEF report entitled " Child Neglect in Rich Countries " has highlighted the deficiencies in child care in the western world: the point made is that while we tend to associate child suffering and deprivation with the third world countries, not enough attention is given to the cultural and moral degradation of a growing proportion of a sizeable group in the United States and Europe. Fatherlessness is the condition of a sizeable number of children now growing up in what is supposed to be the most advanced part of the globe. The point is made in this report that negligent attitudes towards children are a by-product of consumerism. It is the function of the school to redress a part of this negligence by giving more attention to the child's personal problems and self- doubt.

This function of the school, which should be merely subsidiary to the primary guidance of family and Church, can, however, in the present circumstances of modern living, be further developed and strengthened. There is a rising danger of a countervailing uncivilising precocious initiation into malice undermining the very achievements of our civilisation. Modern science has saved and is saving billions of young lives; modern technology is producing the abundance and comfort that make it possible for the billions to live with some material dignity. Political developments have seen a reaffirmation of human rights and democracy. While the four horsemen of the apocalypse are still around in so many areas of the world, they are not now being perceived as in a conquering quadriga On the other hand, we are seeing around us phenomena which pose an actual threat to the very nature of human dignity. While combating ignorance, we have not set our sights on the danger of a rising moral insensitivity and ethical deviance.

Essentially, human society–indeed, the very nature of civilization–depends on the attitude towards oneself and towards others It is in childhood and early adolescence that these crucial attitudes are formed. Modern schools of pedagogy lay emphasis on the role of play, fun and leisure in the natural development of a child's personality. In this context one is coming round again to a consensus regarding the absolute need of not robbing a child of his or her childhood, because of the other need of acquiring knowledge. The importance of preserving childhood innocence, or even nonpreoccupation with malice and violence, should perhaps be further emphasised.

There is a tendency in the more advanced nations to solve our present quandary solely or principally through legislation. New laws about the rights of the child, new provisions against child beating and use of children in pornography, more options deferred to children (the supposed rights to " divorce from parents "). These measures may be beneficial. What, however, we have to urge on ourselves more forcefully is the culture of re-establishing the safeguards to proper development, through self-restraint, through positive exertion in what is perhaps, notwithstanding all aberrations, one of the naturally most satisfying of tasks: caring for the child, reacting to what is new and growing by fostering and love

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FERRUCCIO ANTONELLI

The Difficult Moment of Adolescence

Every stage of a man's life is of critical importance.

Every stage involves losses and gains, and every stage requires adaptation. But adolescence is especially critical–it is a stage of life which involves many kinds of changes and radical transformation. By adolescence I mean the age between about thirteen and nineteen, the period described with the English suffix " -teen. " Naturally enough, I am referring to teenagers. This period experiences three losses–that of the role of child, that of the body of a child, and the loss of parents who were previously treated from the point of view of a child. It is of course true that such losses are compensated for by a number of gains, but such gains are slow in coming and difficult to achieve. In this paper I will address myself to the question of these losses alone, and I will conclude by offering some advice to parents.

Roles

For the first twelve years of our lives we are like little trains led along a track by other people; we walk along a safe and decided path. At about the age of thirteen we begin to take on responsibilities and make choices: friends, free time, and sport. The adolescent begins to explore and starts to construct his own identity. He does this not in relation to what his parents want but according to his own wants and desires. This explains the practice of hanging-about, of spending time with people of his own age without apparently doing anything. Some parents think that this is a complete waste of time. But in reality it is an authentic exercise made up of discoveries, exploration, comparisons and initiatives. A whole variety of different experiences serve to form the bases of what is in the process of becoming a new, authentic, independent and never to be repeated personality.

Those famous declarations: " You are no longer a child; now you are a little man " (or little woman) seem positive but in fact they appear as criticisms, as comments on an obvious inadequacy. It is difficult to be independent. It is much better to find allies, belong to a group, and thereby feel stronger. This is why a kind of spontaneous aggregation takes place, and why there is an immediate and enthusiastic adherence to all kinds of new fashions: ways of dressing, hair-styles, general kinds of image, special kinds of slang, various kinds of crazes. All these phenomena form a kind of uniform which offers a sense of security and expresses a group spirit.

Taking on a new role is like entering a new environment, a context made up of people still unknown to each other but nonetheless very similar. One feels somewhat ill at ease, inferior, being examined, an alien figure. How can one be like an adult and be accepted by them? How can one make sure that one shows up well? In such a situation every defect becomes a mountain–being small, having acne, having a large nose, coming from a poor family, having sweaty hands. How many obstacles there are in the way of achieving approval!

Such obstacles have to be overcome or sidetracked. For this reason one has to be adaptable and elastic rather than rigid and straightforward. Inconsistency is a defect in the adult but a rule in the life of adolescents; indeed, it is a defence mechanism. " He did everything to get a guitar, a scooter, a stereo, and all the rest. Then he dropped everything. One day he's happy and affectionate, the other he's irritable and rebellious " Parents should not worry about such things–it's all very normal.

With the change of role, all the old fixed points are called into question–family, traditions, and even religion.

Adolescents often have a crisis of religious belief; their faith is often subjected to great trials. But this, also, is logical given the circumstances.

Schoolchildren have to learn everything by heart and consider what they are taught as absolute truth. University students, on the other hand, are called upon to think, understand and reflect. At school, for example, the history of Rome is taught three times. At elementary school it is like an adventure film, full of special facts, legends and anecdotes. At middle school there are details, names, dates and class tests which seem like quizzes. During high school history is explained and discussed in causal terms.

Everything has to be investigated. And thus what is outside school, such as religion, also comes to be called into question. But religion, by its very nature, does not lend itself to rationality–it is a pure act of faith; indeed, could not be

anything else. It is like something taught at elementary school and then left for further inquiry. In the same way, or so it is to be hoped, religion comes to be put to one side, ready for later clarification and reflection.

The Body

It is at a physical level that the change is most evident–height, voice, hair, and menstruation. Sexuality emerges in a slow process, and takes place in what Frankl perceives as three stages: the amorphous tension of need becomes instinct directed towards the other sex, and then becomes tendency on becoming directed towards one individual in particular. The human species is unique in the animal kingdom in its need for a certain period of time after puberty before sexuality can be fully managed and organized.

This biological delay, which coincides with the stage of adolescence, is often the cause of painful worries, doubts, fears, compromise between impulses and taboos, and conflict between the appeal of new habits and the philosophy of old puritanism.

At this stage it is very important to impart a correct sexual education which must be based upon three rules: 1) openness–everything must be said without reserve or reticence; 2) sense of the moment - replies must be given immediately and answers must be supplied to each and every question; 3) sense of proportion–sex must be given its due significance and weight in order to avoid it acquiring the attraction of the forbidden and being dressed up in unreal colors; 4) putting masturbation in its proper context–Freud said that if a man of twenty-five denied that he had masturbated then this meant that he still did it

Masturbation should be discouraged through the use of a sporting metaphor: if you want to play football you cannot train for such a goal by playing volleyball; 5) totality–sexuality is not merely a question of the genitals, but it is also something bound up with feelings, that is, with love. True sexual education involves the teaching of love.

Parents

The adolescent would like to be able to manage without his parents but he is still not able to do so, even though he is very reluctant to admit that this is the case. The famous anecdote of the blue suit, related by Decaric, is very illustrative here –the adolescent hides his insecurity by putting up a front of being bold and forward.

A thirteen-year-old girl asks her mother which dress she thinks she should wear for a party she is going to. Her mother thinks for a little while and then suggests the blue one. The daughter reacts as though she has been bitten by a scorpion and says that blue is now out of fashion, that the dress does not suit her, that she has already worn it many times before, that her mother does not understand anything, that she is envious, that she does not want her to be a hit at the party, and so forth. One week later, the day before another party, the daughter raises the same subject. This time her mother is very careful before expressing an opinion, even she though her daughter has asked her to give it. The mother then says, " My dear, choose the one you want. " She should never have uttered such words! the daughter attacks her mother in violent fashion: " What kind of an answer is that? What kind of a mother are you! Why don't you help me? Why don't you know how to help me? I ask you for advice and you refuse to give it to me. " This is the stage of dispute, not out of a desire to pass from agreement to disagreement but because of the new realities of a relationship which is no longer that of child and " parent-as-model " but that of child and " parent-as-person-to-be-talked-to. " Many parents complain about these disputes with their children, but they are making a mistake.

These disputes indicate a spiritual vivacity, initiative, psychic energy, and achievement–that is, the desire to exist as a person. This last is something much more substantial than the simple desire to exist in the world, and then perhaps in an amorphous and passive fashion.

The relationship between children and parents is very delicate because over time it changes at least five times.

But the strange thing is that only children are aware of this obvious fact.

When the child is five-years-old, his father is a kind of God, or at least a king. When the child is ten-years-old, he is " good and kind, but sometimes I don't understand him. " At fifteen " he does not understand anything, and he is always complaining about me or acting against me. " At twenty he is " selfish, lukewarm, an old-fogey. " When the child reaches twenty-five, he concedes that his father " is sometimes right " and when he is thirty, he declares that " he is nearly always right. " The parents do not always do enough to adapt to these five changes in their role–from being the parents of a newborn child to being parents of an infant, an adolescent and an adult.

The Psychopathology of Adolescence

In making clear that adolescence is " critical " we are aware that it is an age which involves risks and vulnerability, that it is a delicate stage of development.

I am not referring here to such major deviations as drugs, drink, crime and political extremism but to the by no means rare examples of psychiatric pathology: rapid mood change with serious moments of depression, panic attacks, behavioral and sleep disturbances, nail-biting, dysmorphophobia, and obsessive ritual behavior. I am thinking above all of a wide range of psychosomatic pathologies–psychogenic eating disorders: lack of appetite and bulimia, anorexia and obesity, eating a great deal and then self-induced vomit (the famous binge-purge syndrome), orgy and purification; cephalea, digestion disorders, alopecia and other kinds of dermopathologies, psychogenic vomiting, matutinal asthenia, excessive tiredness, facial tics, nocturnal enuresis, and all the rest.

Adolescence, therefore, is certainly a most difficult phase in life, when something will possibly, rather than probably, go wrong. Furthermore there are no specialists for these maladies, even though

children have pediatricians and old people have geriatricians. Doctors dealing with the ills of teenagers should be called hebiatricians. These maladies are often wrongly recognized, underestimated, and often seen as expressions of laziness or arrogance, the product of shyness or a bad character, the result of a whim or a momentary inclination. They are often greeted with the declaration " it is something that will pass " Such ills and maladies are seen as something that the doctor should not be disturbed about. But something should be done and it is up to the parents to do it. Except in the case of authentic illness, a good relationship between the parent and the child is often the best way to cure the majority of adolescent disorders. But given that parents are necessarily self-taught when it comes to such questions, how can they manage to find the right solutions to these problems? Let us try to help them in this arduous task of theirs

Advice for Parents

Without hoping for too much, I will attempt to use these last minutes left to me to give good advice to parents. I will put this advice under five headings.

1. When children has reached more or less the age of thirteen, they should no longer be led. Instead, there should begin an attempt to follow them. It should no longer be a question of " Do this, do that, come here, go here, " and so forth, but " Do what you want and go where you want–I'll always be around, and you can count on me if you need me. " What is needed is controlled and measured freedom, not in the negative and legal sense, but in the sense of a constant and permanent readiness to help, a readiness to help which is neither obsessive nor constricting.

2. Avoid immediate reproaches. These endanger the relationship and undermine the sincere and confidential exchange of points of view. Nobody talks about what has happened or what he thinks if he is rebuked, or perhaps even punished, for every error he makes. It is better to do and say nothing on the spur of the moment–what is wanted is the promise that the subject will be discussed later, at a more opportune moment, perhaps tomorrow or the day after tomorrow

It will then be possible to explain that it would have been better to have behaved in another way. This positive form of criticism is much better than such negative methods as those expressed by such phrases as " It's not done, " or " It's wrong, " or " You'll get into trouble, " and similar such declarations.

3. However much parents attempt to put themselves on the same level as their children they are always parents. They should realize that children have already chosen their own age-group and come to the conclusion that their parents are almost aliens, old-fashioned, unable to understand things, and a little dangerous. For this reason it is useless and counterproductive to give voice to rules: the new generation obeys the latest rules, those belonging, as it were, to an updated and revised edition. The informed parent well knows how to play upon the child's respect for the opinions and judgements of the members of his own age group: " If you do that, your friends won't like it; they won't like you any more; they won't give a damn about you, " and similar such declarations

4. Naturally enough, it would not be wise, or even possible, to accept everything and allow everything. Every now and then it is clearly necessary to say " No, " and the same may be said about punishment. One need only give a convincing explanation. The best example of this is the red light, something very well known to those who use scooters.

When the traffic light is red you have to stop and there is no choice in the matter. This rule applies to everybody and if the rule is broken a fine is imposed on the transgressor.

5. The best formula by which to bring up adolescent children is that expressed by the phrase: " We'll see what you can do " " We'll see " contains the first person plural. It expresses the idea of you and me. It means I am ready to help, let's talk about it. I am ready to help you. " What you can do. " Here there is the second person singular–you. You have to decide in a free, responsible and informed fashion. I will help you but it is you who acts. " Let's see what you can do " is also the *leitmotif* of every kind of psychotherapy

It guarantees the presence of a psychology which neither molds, nor forces, nor influences. It helps the person to grow, to develop and to mature. Here is the secret by which one can be a psychologist without being an actual member of the profession.

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AKILA BELEMBAOGO

The Dramatic Situation of Early Motherhood

Before beginning this talk I would like to express my very sincere gratitude to His Eminence Cardinal Fiorenzo Angelini for his having asked my humble person to address this august assembly.

It is an even greater honor given that this important international conference on the subject " the child is the future of society, " which is organized by the Pontifical Council for Pastoral Assistance to Health Care Workers, is held at a moment of great national and international historical importance. It falls, indeed, on the fourth anniversary of the International Convention on the Rights of Children which was adopted by the General Assembly of the United Nations on November 20, 1989. At the present moment, in Geneva, the International Committee on the Rights of Children, which exists to monitor the application of this convention, and of which I am the vice president, is currently in session.

In Burkina Faso, my country of origin, the national community will be involved, in the celebration of the National Days of the Child, November 18-20. Our subject will be " the child in danger, " and the celebration will be organized by the Department for Social Action and the Family, of which I am the director.

This mobilization of opinion in different parts of the world well indicates the concern of the international community for the predicament and condition of children, a concern which is not abated by the evident progress of scientific advance.

The reality of the dramatic situation of early motherhood is a part of the very real and spiritual suffering which children undergo in silence. This subject deserves the special attention of legal, medical, and social experts, and that of religious and cultural figures and associations. In addition, third-world governments have a particular responsibility towards this great problem. Third-world countries are currently experiencing major population growth, and their populations are relatively young. Early motherhood hits girls at a very fragile period of their lives–adolescence. At this stage they still have not finished that physical and morphological development which is a precondition for their being good mothers. Given all these different aspects to the question, early motherhood gives rise to a whole host of questions which require, in turn, a large number of very different answers.

1. Important Factors in the Development of Early Motherhood

In most countries the development of early motherhood seems to be part and parcel of the interaction of a number of established values with changes in cultural and socioeconomic habits and patterns.

a. *The Influence of Traditional Values*

The large amount of research which has been carried out and the many publications which have appeared make clear that early motherhood is as much a product of ideas about life as of marriage and sexuality.

1.1. *Sexuality*

In traditional societies sexuality has always been a taboo subject. The adolescent who discovers his or her own body and wants to know more about it is treated rather badly. He or she must be satisfied with vague and unclear answers–where, that is, he or she does not receive rebukes or unkind suggestions.

The existence and practice of initiation ceremonies in most African countries involve the inculcation of sociocultural values in the girl–a sense of honor with regard to herself and her family, self-control, respect for what is forbidden. But all this is done without ever lifting the veil on female sexuality. In this way traditional values have tried to orient the girl towards child-bearing, and to set this within the clear and well-defined context of marriage.

1.2. *The Age of Marriage and Consent*

Laws in most countries establish a minimum age for the creation of a family. In Burkina Faso the law code lays down that the minimum age for marriage for a man is twenty and the minimum age for a woman is seventeen. In special cases the judge may allow a dispensation.

The aim of such laws is to ensure that there is explicit consent on the part of the young people before their marriage, and to make sure that they have reached an age which guarantees maturity in their decision. According to the traditional way of thinking, the consent of the young people is not the essential condition of marriage. In

his study of the social and legal condition of women in four countries of the Sahel, Abdel Kader Boye, in writing about Burkina Faso, observes that " marriage can be arranged without reference to the partners themselves and even against their will Most of the time they are simply confronted with a fait accompli and they have no choice in the matter This is because the family context is such that their refusal would lead to the isolation of the family and would fly in the face of a sense of an untouchable solidarity. "

This description is applicable in large measure to many African societies. This is why girls are given in marriage from a very early age, at the age of eleven to twelve, or, as is often the case, at the onset of menstruation. Physical maturation, indeed, is present very early on because of the very quick process of biological development. For this reason parents try to ensure that their daughters escape the dangers of sexual relations before marriage and the birth of illegitimate children. This is something which would compromise the honor of both the family and the girl herself. In such circumstances it is very easy to understand the importance of the relationship between marriage and early sexual relations.

1 3. Marriage and Motherhood

In a study published by the Population Council in May 1991, Solange Ajavonkamana described how most Africans believe that marriage is the context in which the woman can achieve fulfillment and acquire dignity. Such an observation would be controversial were it not for the strict connection which exists between marriage and child bearing. Marriage is not only seen as a way of furthering the race, it is the only context considered acceptable for having children. To be a wife means to be a mother. This idea of marriage raises the wife-mother to a higher level than the mere wife The terms marriage and motherhood become synonymous and thus occupy a primordial position in the scale of traditional values.

b *Cultural and Socioeconomic Change*

As has already been emphasized, traditional societies have tended to codify sexuality. Children have often ignored their own bodies because the subject has been taboo.

At the present time African countries are experiencing great changes in a whole variety of areas, in particular with regard to urbanization and schooling. By introducing new values into our society, urbanization and schooling have favored new developments in the field of early motherhood.

1.1. *Urbanization: A Factor in Early Motherhood*

While it is true that in African countries urbanization has been limited to the political and administrative cities, it is also true that such cities have become very strong points of attraction for African people. As a result, there is a very great move towards the towns.

This movement has had obvious consequences for traditional values. Cities give young people the opportunity to break free of the tutelage of their parents. The variety of traditions which are present within these cities is a further factor in this process–these traditions, rather than acting together to produce a set of viable values, end up by eroding each other and producing a vacuum. Indeed, the resulting lack or inadequacy of a suitable frame of reference leads many young women to embark on the road to early motherhood.

Furthermore, this rapid process of urbanization has encouraged young people to believe that they could find easy and well-paid jobs. But disappointment soon sets in–young women and girls are forced into necessity, and by this route as well they are led into early motherhood without ever wanting to enter into such a state.

1 2. *Schooling*

Like urbanization, schooling has also led to a postponement of marriage. But adolescents, at the same time, have very early sexual experiences. The advance of schooling, without doubt, postpones the age of marriage, but at the same time it increases the possibilities for premarital sexual relations. The disruption of the family context and the appearance of new values bestow greater freedom upon young people.

Sexuality is no longer a taboo subject for adolescent people. Every day they are bombarded by powerful forms of mass media which " provide new models of behavior and communicate ideas which strike a daily blow at the management of their own sexuality. "

The unthinking acceptance of these ideas leads educated adolescents to satisfy their curiosity and to indulge in anarchic sexual relations, or rather those kind of sexual relations which are beyond the conventional canons of behavior. A study of a group of schools in my country which was carried out in 1989 showed that 74% of boys had had their first sexual experience between the ages of fourteen and nineteen, and that 69% of girls had had theirs between the ages of fifteen and nineteen Obviously enough, this had had implications for the number of unwanted pregnancies and illegitimate births

The varied causes of early motherhood have a variety of consequences, all of which may be listed.

2. The Consequences of Early Motherhood

Early motherhood is a painful process and has a large number of consequences, both for the girl and for society.

2.1. *Consequences for Health*

These are more generally known and identified, and afflict both the mother and the child. First of all, one thinks of the resurgence of backstreet abortions and their very bad effects on the psychic and physical health of the girl. In addition, the absence of medical care during unwanted pregnancy can lead to complications both during and after birth. Furthermore, the child may be born prematurely or perhaps not survive at all.

2.2. *Social Consequences*

In societies where premarital motherhood is looked down upon there is an evident increase in such

evils as the abandonment of children, infanticide, truancy, the marginalization of the girl, and the very great difficulties that the mother must face–in a context where she is already forced into crime and a bad life merely to survive.

Early motherhood often leads to conflict between her parents; her mother is often blamed for not having brought her up properly and thus having created such a situation.

Pregnancy can often lead to an early marriage, but frequently this turns out to be very arduous and difficult for the young couple and does not work.

2.3 *The Economic Consequences*

In economic terms early motherhood can have very important consequences for the girl, the family, and government. Indeed, the costs of this phenomenon are growing rapidly and work against government plans for economic development.

3. Suggestions

This paper might appear useless without the outline of a number of suggestions which aim at the national and international elimination of this problem.

The first suggestion is of a legal character. In my opinion, it is essential that the different governments of the world adhere to and respect the International Convention on the Rights of Children. They should ensure that its articles are put into practice, not least through laws on the minimum marriage age. Everything should be done to guarantee that the laws and regulations of each state regarding these articles are accompanied by mechanisms by which they can be enforced.

The African countries must also be encouraged to ratify the African Charter on the Rights and Welfare of the Child.

This charter has a section dedicated to protecting children against deleterious social and cultural practices. This charter also calls upon the African countries to abolish those cultural practices and customs which work against the dignity, the well-being, the growth and the normal development of children, and in particular those practices and customs which damage their health and thereby threaten their lives.

The second suggestion involves the mobilization of the international community through the launching of a vast campaign of information aimed at telling the world about the terrible situation of young mothers who are lucky enough to survive. At a national level, in order to strike at the sociocultural roots of early motherhood, we must make sure that the religious leaders and influential figures of the African countries, in particular, are aware of and concerned about the very serious consequences of early marriage and early motherhood.

The third suggestion concerns health and educational programs and the social integration of children in general and adolescents in particular. These programs must receive greater support from the state and from the state's social and international partners.

Ladies and gentlemen, these are the few simple observations and suggestions that I wanted to bring to your attention. Even though I have not made use of statistics in my paper, this terrible situation is very real and is becoming ever more widespread in the world. We are still in time, however, to check and reverse this phenomenon. We can succeed if we adopt a full and complete strategy which makes suitable use of all the governmental and nongovernmental resources and structures which are available to us.

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CINTHIA R PFEFFER

Juvenile Suicide

This spring in the United States, the nation was alarmed to hear about the story of a six-year-old girl from Florida who committed suicide by jumping in front of a fast-moving train. I was called by numerous news reporters who provided detailed, perhaps unreported details of this girl's story. While on the way to school with her young sister and cousin, she remained on the train tracks, unwilling to cross them. The other children tried to coax her away and finally they pulled her off the tracks. She walked with them toward school, but when she heard the train coming, she ran back onto the tracks where she was struck dead. That morning she was tearful and talked about wanting to die and be in heaven. In this way she would wait there for her mother who was terminally ill with AIDS. It was not clear whether anyone actually recognized the intense stress and deep sadness the felt.

Suicide among children, age 5 to 14 years, is relatively rare, especially when compared to rates for adolescents and young adults, age 15 to 24 years. In the United States, approximately 266 children committed suicide in 1991. This equals an age specific suicide rate of 0.7 per 100,00 for children, age 5 to 14 years. It accounts for 3.1% of all deaths of children of this age and is the sixth leading cause of death. The rates of suicidal deaths more than doubled since 1960.

In marked contrast, approximately 5,000 youth, ages 15 to 24 years commit suicide each year in the United States. It is the third leading cause of death after accidents and homicide and accounts for 13% of 36,452 deaths in this age group. The age specific suicide rate for adolescents and young adults in the United States is 13.1 per 100,000.

Another important characteristic of suicide for children and adolescents in the United States is that the majority of suicides are caused by firearms. The increased rate of youth suicide parallels the increased use of guns and firearms. Since World War II suicide in the United States has become a major mental health problem, especially among youth born between 1946 and 1965, the baby boom cohort. The reasons for this increased rate of youth suicide are not clear, but a number of hypotheses have been offered. Most likely is that suicide among youth is a prevalent problem in technological societies and especially those making a transition into this form of social milieu. Birth cohort effects have been reported worldwide, for example, in Canada, Australia, Europe, and Asia. In each country, suicide among youth dramatically increased when the society was in major transition that disrupted family life, increased separations among relatives, and imparted a greater degree of other forms of psychopathology that had an onset at younger ages. Thus, depression, alcohol, and substance abuse, violence and eating disorders especially increased in prevalence among the young. Suicidal behavior is associated among youth with heightened mortality, psychiatric morbidity, and social dysfunction.

Suicide among all ages is most common among males. In the United States, white males are at greatest risk for suicide. This risk is followed by nonwhite males, white females, and finally nonwhite females. It occurs in all socioeconomic classes and religions, but rates are less clearly known for various ethnic groups in the United States. Relative to many other countries, the United States has high youth suicide rates.

Nonfatal suicidal acts among children and adolescents are more prevalent than suicide. Estimates are that for every suicide, there are at least 45 to 100 youth suicide attempts. The prevalence of suicide attempts among children and adolescents is not known because there are no national registries for nonfatal suicidal behavior.

Characteristics of Youth Suicidal Behavior

Suicidal behavior needs to be understood from a developmental perspective. With regard to children, it had been believed that suicidal behavior does not occur because of cognitive immaturity that precludes understanding the finality of death, emotional immaturity that limits expression of intense expression, and the highly dependent nature of children on their families which minimizes feelings of hopelessness and worthlessness. The high rate of teenage and young

adult suicides was not recognized until clusters of youth suicide in various communities occurred. The role of imitation of suicidal behavior among age peers, the alarm about excessive use of alcohol and drugs, and the availability of firearms to youth alerted the community to this tragic problem.

Children and adolescents use a wide variety of methods to carry out suicidal acts. These include running to moving vehicles, jumping from heights, ingesting toxic substances, stabbing and burning oneself, hanging and suffocation, and shooting oneself. Although children, adolescents, and adults use these methods, children often do not recognize the objective degree of lethality associated with a particular suicidal method. This is due to their cognitive inability to appreciate realistic aspects of cause-effect relationships. Therefore, it is important to appreciate that if a young child perceives a particular method to be lethal, that child may be considered to be at serious suicidal risk.

Children and adolescents intend to kill themselves. The concept of intent to cause death is an essential component in the definition of suicidal behavior. Although young children may not conceive of the permanence of death, they can think of death as their goal and can carry out self-directed methods that are highly lethal. This developmental insight is necessary in appreciating the phenomena of suicidal behavior in the young.

Risk Factors For Youth Suicidal Behavior

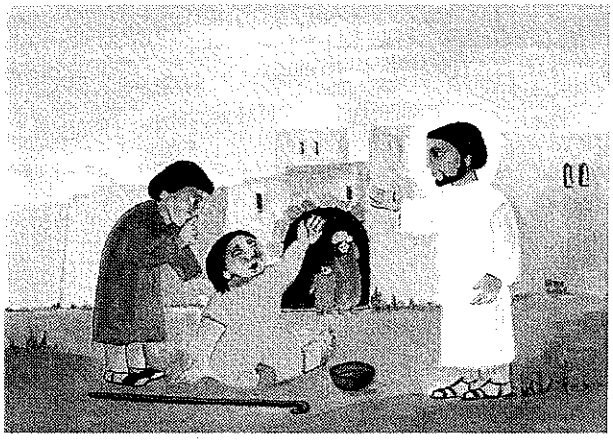
Research using varied methods involving cross-sectional and retrospective techniques suggests that mood disorder, especially major depression, is a significant risk factor for youth suicide and nonfatal suicidal acts. Factors that co-occur with depression that elevate risk for suicidal behavior are disruptive disorders involving violence and impulsivity. In addition, hopelessness, worthlessness, guilt, and poor self-esteem are relevant features of suicidal youth.

In addition to the above psychopathological symptoms, suicidal children and adolescents have poor coping mechanisms needed to solve emotional and social problems. Often suicidal children feel responsible for bad things that happen. They are unable to think about actions needed to resolve problems. They often use denial which precludes appropriate perceptions of the objective nature of their circumstances. Suicidal children will turn angry feelings onto themselves or attempt to compensate for perceived inadequacies by risk-taking behavior.

The social circumstances of suicidal children are replete with stressful life events. These tend to be chronic and the cumulative nature of stress enhances suicidal propensities. Family moves, births, deaths, other separations are more prevalent among suicidal children than normal children. Breakup of boy/girlfriend relations and other peer problems are common stressful circumstances for adolescents who are vulnerable to suicidal behavior.

The significant role of family psychopathology as a risk factor for youth suicidal behavior is noteworthy. Suicidal behavior runs in families. Parents of suicidal youth often suffer from depression, substance abuse, antisocial personality and violence. Physical and/or sexual abuse is frequently reported by suicidal children or adolescents. Such children are not only traumatized by their abusive experiences, but have chronic states of anxiety, depression, guilt, worthlessness, and mistrust. These responses preclude adequate adaptive functioning and, as a result, enhance the risk for suicidal states.

Biological factors correlated with suicidal behavior have been studied primarily in suicidal adults.



These research investigations suggest that dysfunction in neurotransmitters, especially those involving serotonin and dopamine, are prominent biological components of suicidal behavior. Low levels of 5-hydroxyindolacetic acid and low levels of homovanillic acid have been found in postmortem brains and in cerebrospinal fluid of individuals with various psychiatric diagnoses but who report suicidal, violent, impulsive behavior. Similar research has not been conducted with children and adolescents because of the substantial risk imparted by these invasive research procedures. Nevertheless, research is under way to identify peripheral biological correlates of youth suicidal behavior. One of our studies of suicidal children, age 6 to 12 years, who were compared to nonsuicidal psychiatric patients, identified elevated levels of plasma cortisol after a biological challenge using the Dexamethasone Suppression Text. This finding may be significant in that dysfunction of the hypothalamic-pituitary-adrenocortical axis has been also reported as an important response to stress.

Equilibrium of Risk and Protective Factors

It must be emphasized that youth suicidal behavior is a complex symptom that involves interrelationships among various factors. Although there may be a number of identified risk factors, it is the timing, co-occurrence, and cumulativeness of their multiple aspects that create risk for a particular child or adolescent. Counterbalancing the interelationships of risk factors are the forces of protective factors. The degree of risk is measured by the relative effects of risk and protective factors. The assessment of these will determine the unique degree of risk of suicidal behavior for a particular child or adolescent.

Among the most important protective factors against suicidal behavior is the absence of psychopathology. Psychiatric symptoms or disorders are key ingredients of vulnerability to suicidal behavior. Other protective factors involve adequate social adjustment that is maintained by the ability to maintain control over impulses, have flexible responses to upsetting situations, and a sense of hopefulness and self-worth. The external environment is protective if it offers consistent structure to a youth's daily life routine. Empathic people present in the youth's social network enable a youngster to utilize adequate adaptive mechanisms. The identification of these protective factors is an important aspect of prevention of youth suicidal behavior.

Prevention of Youth Suicidal Behavior

Prevention of suicidal behavior among children and adolescents must be approached on macrospheric levels involving sociocultural factors that can be influenced by public health policy efforts. It must also be approached from a more microspheric perspective involving factors inherent in particular individuals.

National efforts need to be placed on ameliorating disruptive social forces involving accessibility of guns and firearms, poverty and associated physical and psychological morbidity. Helpful suicide prevention efforts should focus on enhanced accessibility to medical and psychiatric services, and community efforts through religious channels, school environment, and recreational facilities to strengthen the positive aspects of social networks available to children and adolescents. De-stigmatization of suicidal behavior may make it possible for children and adolescents who are at risk for suicidal behavior and their families to seek intervention.

News and other media efforts require specific techniques that will not re-enforce the likelihood of acute imitation of real or fictional accounts of suicidal individuals. Media messages promoting suicide

prevention efforts of early identification of and treatment for children and adolescents at risk for suicidal behavior are needed.

Community resources linking school and mental health professionals with religious leaders are needed, especially in response to a suicidal death of an adolescent. Community efforts are mandatory to prevent untoward sequelae of a youth suicide that may result in serious depressive disorders among peers of the youth suicide victim. Risk for other suicidal deaths of friends and acquaintances of a youth who committed suicide has been hypothesized but not identified in recent empirical research.

Although it has been proposed that school-based special curricula to teach youth about how to identify early signs of suicidal risk and to seek intervention would be advantageous in reducing youth suicidal and nonfatal suicidal acts, these efforts have no demonstrable efficacy. Recent efforts to evaluate such school-based suicide prevention curricula suggest that there may be some adverse effects. Among these are distress of youth with previous history of suicidal acts. The lack of utilization of mental health professionals is another indication that these programs are not efficacious in preventing youth suicidal acts. Instead, it may be more useful to develop better methods to identify vulnerable youth and to assist them in developing health-promoting behavior.

Psychiatric intervention for youth at risk for suicidal behavior is essential. Unfortunately, there is little available information about efficacy of intervention to reduce suicidal behavior. Clinical experience suggests that psychotherapeutic approaches need to be offered to focus on symptoms of depression, hopelessness, worthlessness. Cognitive-behavioral intervention is advised to enhance adaptive mechanisms useful in managing stressful circumstances. Psychopharmacological treatment should target symptoms of particular psychiatric disorders that elevate risk for suicidal behavior. Family therapy can be utilized in conjunction with interventions aimed toward the suicidal youth. This treatment modality may be helpful to enhance parenting skills, to reduce psychiatric symptoms of parents, to stabilize or reduce family discord and to enhance the family milieu.

Finally, close follow-up of children and adolescents who report suicidal thoughts or suicide attempts is warranted. Children who attempt suicide are approximately six times more likely than nonsuicidal normal children to attempt suicide in the future. Children who think about suicide are about four times more likely to attempt suicide than are normal children. Adolescents who attempt suicide are at immediate risk for repeat suicide attempts. In addition, children with symptoms of major depressive disorder are at significant risk for suicidal behavior in adolescence and young adulthood and for suicide in young adulthood. Follow-up of these vulnerable youngsters and offering immediate intervention when serious risk is identified may help prevent future suicidal acts.

In conclusion, the significance of suicidal states in youth may be highlighted by a recent article in *The New York Times* discussing the suicidal death of 46-year-old Roy Raymond. He described that when he was 7 years old he first contemplated committing suicide. Subsequently, he experienced recurrent suicidal ideation at various points in his life. Although business failures, family stress resulting from divorce, and other interpersonal turmoil were considered to be major factors leading to his suicidal death, the fact that he reported suicidal ideation in childhood suggests that additional factors involving chronic suicidal vulnerability were also influential. Intensive research is needed to identify more etiologically relevant factors for risk of suicidal behavior.

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J. PATRICK CARROLL-ABBING

Juvenile Deviance

A rule of life

Deviance! A common definition classifies as deviant " anything that varies too widely from the average. " But, as a treatise on criminology points out, with a touch of humor: " people who are excessively fat or thin might both be considered deviants. " A sociological view identifies deviance as a " failure to obey the norms and accepted standards of society. " One might ask: " Who sets the norms? " " Who determines what the accepted standards are? " In the case of " legal deviance " this question is easily answered: the norms are set by a legitimate law-making body; deviance is the infraction of these rules.

" Moral deviance " is far more fundamental: the disregard for the authentic moral principles which are in themselves absolute values, not to be measured by the consensus they may or may not evoke. For the Christian they constitute a rule of life established by God, the creator and supreme law-maker, One who is also Father and Savior, lovingly concerned for man's true welfare and authentic happiness in this world and in the hereafter. It is to such a rule of life that Pope John Paul II refers in the encyclical *The Splendour of Truth Shines*: " Inasmuch as the natural law expresses the dignity of the human person and lays the foundation for his fundamental rights and duties, it is universal in its precepts and its authority extends to all mankind " " The Church, " he continues, " can never renounce the principle of truth and consistency, whereby she does not agree to call good evil and evil good, " but " she must always be careful not to break the bruised reed or to quench the dimly burning wick " (*Is* 42:3).

This is what the less powerful elements in today's discriminating society long to hear. That they have a basic dignity as human beings that cannot be taken from them; that they have fundamental rights that do not depend for their validity on the decisions and whims of their fellowmen; that a clear rule of conduct is offered that requires self-restraint but which they can safely follow so that their lives may have a sense of purpose and bring them peace of mind. That, even if they have been proceeding so far along a mistaken path, it is still possible to change one's direction and end up with a very positive result.

What can one say about juvenile deviance, in a few brief moments, that has not been repeated time and time again? That it probably points to the lack of the proper family care; that it has its roots in mental disorders; in child abuse in the widest sense of the word; in the inadequacy of the educational system; in the climate of violence that afflicts our society; in a philosophy of hedonistic permissiveness; in the failure of the State to deal with youth unemployment; in the overcrowding of the cities; in the spread of organized crime, the trafficking in drugs, the malfunctioning of the machinery of justice, the abandoning of the basic concepts of " right " and " wrong? ".

War: the school of deviance

Retracing the history of juvenile deviance, the search leads us back to the havoc of World War II. There was misery and widspread unemployment, a lack of housing and families that had disintegrated. Many men and women went back into society with spiritual wounds that were hard to heal: bitterness, resentments, a thirst for self-gratification. They were the breeding grounds in which delinquency could rapidly develop. The children had been involved in the evils of war on a worldwide scale. They had trembled under the bombs; they had been uprooted from their homes, had wandered hopelessly through the city streets, had continued to die of hunger and lose their limbs from the mines, even after the fighting ended. Psychologists theorized as to the effects that these ordeals might have on the lives of those that had survived.

Down by the docks of postwar Naples, a young priest reproached the ragged street urchin who, moments before, had stolen from an old woman at her black-market stand. The youngster turned and spat out the words: " What do you want me to do, die of hunger? I didn't ask someone to drop a bomb and kill my mother. I didn't choose not to have a home and to sleep in the cold. I... " The words stuck in his throat and, probably afraid that

tears might come, the young " thief " ran away.

" Hunger persuades one to do evil, " wrote Virgil two thousand years ago. Perhaps he, too, during his Neapolitan sojourn, had seen the " scugnizzi " of his day scraping among the offal, like starving dogs searching for food.

Today, it is the pathetic vision of other war-children that should stir us to action: in the Sudan, in Somalia, Bosnia and Liberia. Will they survive? In some recent conflicts the children themselves, fourteen and under, have been enlisted and taught how to kill. Tomorrow, what will they have become, these young ones of our times, who continue to receive the same cynical message: " It is power, self-interest and violence that count. Nothing else! "

The world stage of violence

The years had gone by. The world had become a smaller place. Mass-emigration from the countryside to the cities, and from the poorer nations of the south to the industrial ones in the north, was no longer inconceivable. It would be the forerunner of the movement of refugees in every continent extending into the 1990s, with ever-increasing elements of racism. Those original immigrants were crammed into the poorer quarters, intimidated by an alien culture. With the parents at work, the young spent most of their time on the street. Cut off from old companionships, the teenagers ganged together, creating their own aggressive mode of life. The calenders of the juvenile and criminal courts were overflowing. Prostitution, once unthought of, became an easy way–after the first awkward encounter–to meet a sudden emergency, opening the door to drugs, blackmail and crime.

In Asia and in Africa the old colonialism came to an end. There would be world cooperation, new opportunities for the young. It was a glorious dream. Before it could be realized, the wars of liberation and ethnic conflicts would cause casualties rivaling those of the Second World War. As always, it was the children in the developing countries who were the greatest victims, not only of famines and epidemics, but also of the decline in traditional moral values. In certain localities in Africa, groups of youths wandered from their homes, squatting on the outskirts of the towns, stealing systematically and selling their stolen goods in the local " thieves markets. " In the cities, begging became a lucrative profession. Senseless vandalism, especially in the newly built and long-awaited schools, was increasingly common.

In Japan, the population had striven, with great self-discipline, to start life anew. The harsh recriminations of the young against the older generation, that had been rife after the traumatic defeat, had become less bitter. Now it was the older folk to complain of the attitude of the new generation. Thousands of girls and boys had deserted their small-town homes for the great cities. At Ueno station in Tokyo, in 1963, the police picked up 5,000 runaways " and cannot guess how many got away. " There was a rise in crime by children of well-to-do families " just for the thrill of it. " In the jazz coffee shops in the Shinjuku district one could easily distinguish the " raritteru, " the boys and girls numbed by sleeping pills, helping them to drowse through life. Even in the smaller cities the kids spent their hard-earned money on the clothing fads from Europe and the latest jazz records. By 1969 *The New York Times* could write: " Nowhere is the generation gap so pronounced as in this rapidly Westernizing Asian country. "

The mirage of a " better life "

If the start of the " technological age, " ended the enchantment of the young with the Leninist dream

of society, in which " man would be truly man, man with a human face, " other materialistic philosophies and a pleasure-centered and egoistical view of life now took its place. A " better " life became the goal. Henceforth, contentment would be identified with money and with the consumer goods that it alone could provide. The teenagers dreamed: a sports hero, a rock star, the winner of a lottery made fabulous amounts. " Why not I? " The rules of honesty were being broken every day. " Why don't the older folk practice what they preach? " Everything in society was changing rapidly. Why not the restrictive rules of conduct as well, especially where sexual behavior was in question? " Good " and " bad " lost their absolute value. " Good " became whatever might seem reasonable or pleasurable, or appeared to favor self-expression. " Good " could still be defined as " not doing harm, " but exactly what was meant by " harm " was far from clear.

In such a climate the use of drugs spread at an alarming rate. Pornography was no longer viewed as vice. " It is a sign of maturity! " Just as yesterday it had been the adults in Carnaby Street, London, who had made money inventing and promoting juvenile clothing fads, today it was the adults, and not the young, who were publishing and producing the " adult " magazines and films. Again, it was the adult experts who quieted the scruples of the teenagers and their parents: " They are only young once! "

Permissive society! It was from the United States that some of the most serious warnings came as to the dangerous effects that moral laxity was having on the young. Half of the serious crimes in the U.S.–from homicide and rape to armed robbery and automobile theft–were being committed by youngsters aged ten to seventeen. " What is it in our society, " one newspaper asked, " that produces such mindless rage? " Television that glorifies violence? The ease with which repeated violent offenders are released? Economic expansion and ethnically mixed populations? A false concept of " freedom "? Moral standards that have been lowered and blurred? Hedonism and sexual license? The traditional family, church and school that have lost much of their authority? Most important, it was commonly said, was the breakdown in the family.

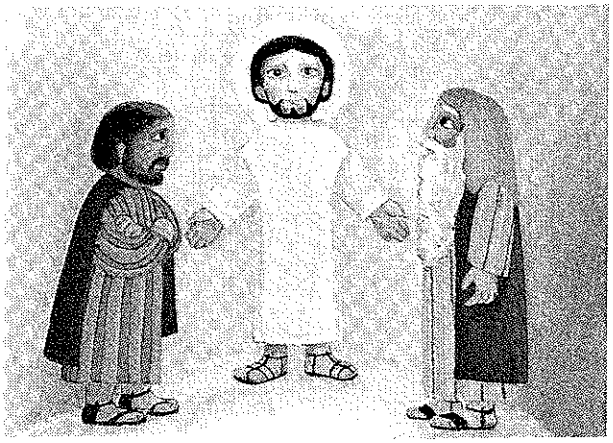
An antidote for deviance

To look at the back of a tapestry is not encouraging. Turning it around, one discovers a surprising pattern of light as well as shade on the other side. Many years had gone by since the War, but the memory of the young vagabonds of that period was as clear as ever. How afraid of them respectable society had been! Instead of sponsoring their cause, it had outlawed them. Embittered though they had been and exposed to every moral danger, one had marveled, not at the fact that they had frequently succumbed to temptation, but, rather, at the positive qualities that they had preserved: courage and a sense of protectiveness towards those younger than themselves. Why not focus on these positive elements, in an attempt to win them back? Why not try to reawaken in the youngsters themselves the hope of playing an active part in the building up of a better future?

If the young people themselves should become conscious of their own, perhaps unsuspected, potentialities, this discovery might serve as an effective challenge and, at the same time, as a defence against irrational conduct. It was this concept that had inspired the responsible self-governing system in our Boys' Towns in Italy when the first one was founded in 1945. Now, almost 50 years later and with the experience of thousands of youngsters, one never tires of making that

same appeal: " Why wait until young people become victims of delinquency? Why not teach them when they are young that their lives have a worthwhile purpose? Why lower their self-esteem by pampering them? Why underestimate their capacity for making sacrifices, which may assist in building up a more equitable and a more peaceful society? Why not encourage them by making life the splendid challenge to the courage and the generosity of youth that it was meant to be? "

The validity of this personal conviction has been confirmed by a phenomenon that a careful observer may have noted without great difficulty during the past thirty years: namely, the presence in many nations of groups of young people whose hope for a lasting peace has been centered, not around a vision of greater ease and self-indulgence, but on their own availability for altruistic service to others. Who has not heard mention of the " Peace Corps, " an idealistic movement that inspired thousands of young Americans to dedicate their special technical abilities to the needy people of far-away countries? How many youth organizations there are today–inside and outside the Church–whose young members are showing that they can " live, " with great sincerity, the faith that they profess. Many of these boys and girls themselves might previously have been classified as potential deviants. Some of their " heroes "? Francis, the " poor man " of Assisi, Dr. Albert Schweitzer, Charles de Foucault, Father Damian of Molokai. Helen Keller, Anna Frank, Maximilian Kolbe, Mother Theresa of Calcutta: people who did not give way to pessimism and whose example of extreme self-sacrifice has radically changed the way in which millions of young people look upon life.



The complexities of a new era

The years 1989 to 1992 marked the end of a historic era. The monolithic Soviet Union disintegrated and with it ended the division of the world into two ideological, political and economic blocks. A long period of peace was envisioned. The expenditures for armaments would be diverted to the creation of more adequate instruments of social justice! This was the dream.

The reality? Positive steps towards peace in South Africa, the Middle East and elsewhere! But bloody conflicts in many other lands! Urban riots in Los Angeles and terrorism in some of the great cities, including New York, Rome and Florence! " Skinheads " in Europe and hostile episodes of racism against immigrants! Elsewhere a violent fundamentalism that has nothing in common with the love of God and one's neighbour! An international debt that suffocates the hope of a better future for the poor in Latin America! Even in prosperous countries, the problem of balancing the budget that is imposing new burdens on the less affluent and the postponement of social reforms, even those most necessary for the welfare of the child!

Infancy betrayed: the nursery of delinquency

Perhaps never in history has the physical and moral integrity of children been so exposed to danger as at the present time! Never has infancy been in greater need of protection!

Children may be exiled from life from the very moment of their conception.

They may be born with AIDS or with a drug addiction; they may be abandoned, neglected or be a target for physical and sexual abuse.

They may be sold at a high price for adoption abroad or have their organs extracted and bartered for money.

They may be sold into the slavery of prostitution.

They may be condemned, by the extreme poverty of their parents, to unhealthy labor.

They may be kidnapped for a ransom or be the victim of a Mafia feud.

They may be abducted across an unguarded frontier and taught how to beg.

They may suffer through the prolonged agony of a divorce. They may take their own parents to court and themselves apply for a legal divorce from them.

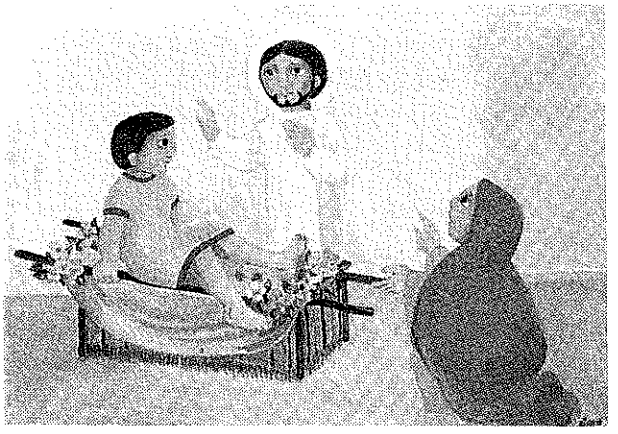
They may receive an invitation to participate in a " talk show " and reveal, in front of a television audience, the sordid details of abuse. They may read pornographic " comics " and derive their knowledge of love and sex from lurid publications. Their parents may say " Be careful, " but the child is fully aware of the drugs on sale close to the school and of the money that even a teenager can rapidly earn if he or she is only willing to " cooperate " They may seek companionship, protection and excitement as a member of a gang. If a boy does get into trouble for " borrowing " a car or owning a gun, he will quickly learn that the danger of punishment is minimal for one who is legally a " child "

Who will defend us from the children?

This is the heading of a recent article. The media have sounded the alarm. Public order and the safety of the private citizen are issues in many election campaigns. Major responsibility for youth delinquency is, as usual, assigned vaguely to one causality or another. Would it not be more logical for every agency and each individual to examine their own particular responsibilities, their own area of activity, public or private, in which they may possibly be able to effect some change for the better, benefitting one or more children?

" Wild in the Streets: Murder and Mayhem, Guns and Gangs: a Teenage Generation grows up Dangerous and Scared. " Everywhere, street-crime is becoming a major menace. " We're talking about younger and younger kids committing more and more serious crimes, " comments a European court official. A recent cover of *Time* magazine caught the eye: " Gun Crazy! A Deadly Love Affair between American Youth and Firearms. " " An estimated 100,000 students carry a gun to school, according to the National Education Association. " Their motive? To defend themselves against their armed companions! A perturbing feature comes from the certainty that, in spite of this special emergency, a powerful " gun lobby " may again succeed in blocking the necessary restrictive legislation on the sale of arms.

The problem of financial interests, often interwoven with those of organized crime, impeding protective measures for children, is far from limited to the United States. Child prostitution, to quote one very striking example, is practiced everywhere with relative impunity. To such an extent, in some areas of the Orient, that " sex-tourism " has become a booming industry, involving in one country alone over one million children. What can be said about the widespread use of children in drug trafficking and as trained " killers " in operations of the Camorra or of similar criminal groups elsewhere? To quote one other sector of abuse, that of child-labor, 145 million children under 15 are involved, all over the world, in occupations prejudicial to their health, their schooling, and their future. Even younger ones are working in the mines of Amazonia or Colombia or in the match and fireworks factories of India. In today's Europe, how many teen-agers, boys and girls, having finally succeded in finding a job, soon discover that other services, on the



borders of illegality, are demanded of them? In times of dire unemployment what must they do? If they make the wrong decision, what are they: " deviants " or " victims of abuse " or both?

Defense of the child

The Rights of a Child! November 20, 1993, marked the fourth anniversary of the adoption by the U.N. General Assembly of the Convention that constitutes a historic step forward in the promotion of child-welfare. It is the first definitive body of international law of this kind. It has been ratified up to the present by 151 nations. It is true that, in the final analysis, the only international sanction in the case of noncompliance is that of public opinion. But, for the first time, there is clear accountability. The purpose of the Convention is to ensure the protection of the essential rights of the child through measures that would obviously have an impact on their future conduct. The more positive the action taken by the U.N. and its special agencies, by each Government, by the Church, by the Non-Governmental Organizations, by fathers and mothers, teachers and judges and by each private individual, the greater will be the progress made in protecting the young and particularly those most in danger.

What a transformation there would be, if every human being could firmly believe in the very special quality that sincerity and love can infuse into even the humblest of their endeavors! Francis of Assisi had this sublime intuition when he prayed: " Lord make me an instrument of Thy peace! "

The young people as collaborators for reform

It was the month of October 1978. " I began to tremble! " That was the comment of a teenager in St. Peter's Square as the new Pope, John Paul II, began to speak. " My brothers and sisters, don't be afraid! Open wide your doors to Christ! Only He knows what is in the heart of man. So often man is uncertain as to the meaning of his life on earth. Doubt turns into desperation.... Allow me, then, to implore you: Let Christ speak. He alone has the words of Life. " John Paul II was to repeat those words again and again to the young people of the world. At the Autovelodromo in Monza on May 21, 1983: " Do not be afraid of Christ...! He will not take away your freedom....., your true and total freedom.... He has entered into our problems and into our dramas of each day.... You must live as Christians in all the human dimensions of life.... Help to build a new society in which the life of man is respected, safeguarded, protected from the very moment of its conception...! Help to build a new society in which the children and the poor do not literally die of hunger...! Help to build a new society, in which the public money is spent, not on armaments, but for the social progress of the citizens, for their economic welfare, their health, their education...! Help to build a new society, in which your fellow teenagers are not compelled to seek in drugs an illusion of happiness...! Help to build a new society in which those who can no longer produce or consume, according to the inexorable laws of today's consumer economy, are respected and protected by laws corresponding to the dignity of the human person...! Help to build a new society, in which justice, truth, love, solidarity and service are resplendent! "

Who knows how many young people, listening that day to John Paul II, wondered within themselves: " How is all this possible? What does the Holy Father think I, a single human being, without influence or power, can do to change the world? "

1993. The scene had changed: not only the vast assemblage of teenagers in Denver, but the millions of others who were watching on television, heard a reply.

" When the question is asked, ' What is to be done? ' everybody must be committed to fostering a profound sense of the value of life and the dignity of the human person; the whole of society must work to change the structure and conditions which lead people, and especially the young, to the lack of vision, the loss of esteem for themselves and for others that lead to violence. But since the root of violence is in the human heart, society will be condemned to go on causing it, feeding it and even glorifying it, unless it reaffirms the moral and religious truths which alone are an effective barrier to lawlessness and violence, because these truths alone are capable of enlightening and strengthening conscience. "

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Round Table

The Child in Different Religious Cultures

SALVATORE DE GIORGI

The Child in Christian Culture

The dignity conferred upon women in Christian culture has been paralleled, from the very outset, by the dignity bestowed upon the child. The Church took to herself the best elements of Jewish culture, from which, indeed, Christianity sprang. The Church had the same relationship with ancient Greek and Roman culture, as can been seen from her very early history. But the Church went beyond these boundaries and added a new and highly significant dimension which was rooted in the teaching and behavior of our Lord Jesus with regard to children.

Following the Jewish tradition, Christianity sees the child as a " gift of God " and its birth as a " blessing of God. " Like the first mother, " Eve, the mother of the living, " each and every woman should greet the birth of her child with the phrase: " I have gotten a man with the help of the Lord " (*Gn* 4:1). The Church in the liturgy makes her own the song of the Psalmist: " Lo, children are a heritage from the Lord, the fruits of the womb a reward " (*Ps* 126:3).

Children come from God–they are not the property of adults. From the divine origins of human life derives the authentic recognition of the personal dignity of each and every human being. This principle includes children, and includes unborn children. This recognition involves the respect, the defence and the promotion of the rights of the human person, and therefore, necessarily, of the child and the unborn child. The unborn child, indeed, is already a human being.

These are rights which come from God himself, the author of life and the creator of man and of natural, universal and inviolable rights. These rights cannot, and may not, be modified or canceled by an individual, by a group, by an authority or by the state. The inviolability of the person is a reflection of the inviolability of God himself, and it has its first and fundamental expression in the very inviolability of human life itself.

For this reason the Church, as John Paul II made clear in the Apostolic Exhortation *Christifideles Laici*, " has never surrendered when confronted with the many violations of the right to life, which is present in every human being, which have been, and continue to be, perpetrated by individuals and governments " (no. 38).

For the same reason, truly Christian culture, when faced with the enormous steps forward achieved by a technological power which gains an ever greater and deeper control over the forces which govern the procreation and the first stages of human development, lays down a very simple rule: that man should act with wisdom in the field of scientific research and its application. To put it another way: that he should behave with intelligence and love; that he should respect the inviolable personal dignity of each and every human being from the very first stages of existence; and that he should reject attempts to alter the genetic patrimony of individuals and of human reproduction. Respect for the unborn child guarantees respect for the child which has already been born.

In this area as well, Jewish culture left a deep imprint on Christian culture: the latter not only carried on the former's care and concern for children, and above all defenseless and unprotected children such as orphans, but also the emphasis within Jewish culture on the need for the parents to educate their children. This task is by no means easy, but it is certainly fundamental, and is the primary responsibility of the parents themselves. Indeed, when maternal and paternal love give rise to a wise education and upbringing, they necessarily give rise to salvation. Such love, in a certain way, is the extension and reflection of God's love; and God, after all, is the first parent of his people: He is a demanding but provident parent who does not hesitate to reprimand his children. But at the same time He is full of rich and intensely tender care and concern, as is made clear by the books of the Prophets.

The true innovation of Christian culture was Christ himself. The Son of God became man, was born of woman, and lived as a child among children. Indeed, the Incarnation led Catholic culture to understand the great inherent value of every child. It cannot be ignored that Jesus introduced a new attitude towards children into the history of humanity.

Children, indeed, occupy a vital position in God's plan for salvation; they are necessary parts of its power and universality.

Within Christian thought, the child is important not only because he is a blueprint of the mature man, and thus on a path which leads to his future adult duties and tasks, but because he already has his dignity, his meaning, and his mis-

sion–despite the fact that he is still unable to understand, to reason, and to take on and bear a status of social, political, and religious significance There is within Christianity a removal of that inferiority of the condition of childhood which is present within other cultures, but this does not mean that an idealization of childhood is taking place

Children are certainly the objects of Christ's generous and delicate love. He rebukes his disciples for having tried to keep them away from him: " Let the children come; do not keep them back from me; the Kingdom of Heaven belongs to such as these " (*Mt* 19:14). But Jesus does not do only this. He upholds the child as a fundamental ecclesiological model to be followed. At the beginning of his ministry, Jesus invited the multitude to convert to the faith of the Gospel: " Repent, and believe the gospel " (*Mk* 1:15). And in order to show the multitude what this means he took a child into his arms and declared: " Believe me, unless you become like children again, you shall not enter the kingdom of heaven " (*Mt* 18:3).

Children are a Gospel model not only because they are pure and innocent compared to adults, but also, and first and foremost, because they are " the eloquent symbol and the resplendent image of those spiritual and moral conditions which are essential to entering the kingdom of heaven and to a life fully and logically based on total self-giving to, and trust in, the Lord " (*CFL*, 47).

This was something new of great importance. There is a contrast between the absence of juridical status on the part of a child–who cannot even give evidence in a court–and the very special moral status given to the child by Our Lord.

This sets the scene for a further reality–he who has no influence or weight in society has exactly the opposite in the Church. Indeed, it should be pointed out that during infancy and childhood very valuable opportunities exist both for the building up of the Church and for the humanization of society: children and young people are not only apostles in relation to their own kind but they also perform such a role in relation to adults. They do this in the first place within the family where they can, and must, contribute to making their parents holy, as indeed the Council makes very clear (*GS*, 48).

Within the process of " dignifying " conferred by Christ on the child one can find every form of human dignity, and first and foremost that of the " poor " and the " little. " The task of every person, marked by the name of Jesus Christ, does not amount to an idealistic or theoretical adherence to God, but to a welcoming of the child, and thus, with him, to a welcoming of human dignity whenever it is threatened. A welcoming of a child in the name of Jesus Christ, therefore, means a welcoming of Our Lord himself and " He who sent him " (*Lk* 4). Jesus identifies with the smallest of our brethren.

It is here that we encounter the theological cornerstone of the respect for children and their rights which is so powerfully present within Christian culture. It is very important to observe that Jesus does not promise an eschatological, or merely future, dignifying process. On the contrary: the Kingdom of Heaven belongs to them at the present juncture in history. He does not say that theirs will be the Kingdom of Heaven; he says theirs is the Kingdom of Heaven. This means that for Jesus the dignity of the child remains intact even when it is denied, violated, or put into a state of crisis.

For this reason, as John Paul II makes clear in the apostolic Exhortation *Familiaris Consortio*, the Church is engaged in one of her fundamental missions when she expresses strong but tender care and concern for each and every child that comes into this world. Indeed, the Church is called to reveal and restate over the course of history the example and commandment given by Christ when he placed the child at the very heart of the Kingdom of God (*FC*, 26).

This very close connection between the Christian message and the dignity of the child leads to a similar evaluation and perception of the Church as a being. In other words, when the dignity of the child is violated or repudiated there takes place not only a fall in what man is but also an ecclesial crisis. The course of action which is adopted in relation to children, like that which is adopted towards the poor and the least of our brethren, is not merely one of many paths followed in the fulfilling of the mission of the Church, but the very evangelical option of the Church as a being. A Church or a Christian who failed to make the child and his dignity of central importance would deform his or her own identity–an identity marked by the incarnation of, and the temporal bearing of witness to, the Gospel.

The first church called upon to bestow dignity and centrality on children is the family, the " small Church " to be found in the home. " Welcome, love, admiration, unitive and many-sided service –whether material, related to the affections, educational or spiritual –for each and every child that comes into this world must always be a distinctive and never-to-be abandoned characteristic of Christians, and in particular of Christian families. In this way, children will be able to make their own valuable contribution to the construction of the family community and to making their parents holy (*FC*, 26), while at the same time growing " in wisdom, age, and grace before God and before men " (*Lk* 2:52).

Choice in favor of children, like choice in favor of the poor and the least of our brethren, does not render only the Church dignified: it does exactly the same for the Christian family. It is an integral part of self-fulfillment which must never be abandoned A family which fails to choose in favor of children fails to follow the path of its own fulfillment.

This common denominator of the dignity of the child has always sought to be the characteristic of Christians and the Church down the centuries. One need only think here of the constant defence of the life of the child, both before and after its birth (cf. *Didaché* 2,2; Tertullian, *Apologia* VII, 3,2).

It was Christianity which ensured the end of the abhorrent practice of the exposure of children during the first centuries AD. In Roman society, indeed, if children were not wanted, they were ex-

posed publicly on the banks of the Tiber where they could be taken and used as their new owners wanted. In the main their role within society was that of slaves. Christians, on the other hand, tried to integrate them into the community. They were taken care of, especially by virgins. And it was only with the promulgation of the Constantinian constitution that these children were protected and defended as being free men (cf *Cod. Just.* VIII, 53, 3-4).

With the development of monasticism, in both its ancient and medieval forms, children came to receive permanent dignity and protection. But above all else they were given Christian instruction. The first foundling hospital seems to have been that of Dateus, the archpriest of Milan. In 787 AD he gave over a house for the protection of abandoned children.

With the passing of time the Church devoted greater attention to the welcoming, education, protection, and advancement of childhood and early youth. At the same time this development was expressed in ever greater initiatives, institutions and works, not least this much to be admired Pontifical Council for Pastoral Assistance to Health Care Workers. This concern of the Church has produced the composition of the most beautiful pages in her history.

Motivated much more by evangelical and Christological impulses than by sociological considerations, the Church is the visible extension of the special care for the very young which was shown by our Master and Lord, Jesus Christ.

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ELIO TOAFF

Jewish Culture

True to his tradition, the Jew in reciting his prayers twice a day and expressing his belief in the one God and his love and respect for the Creator, gives voice to the biblical words: " You shall teach them diligently to your children and shall talk of them when you sit in your house, and when you walk by the way, and when you lie down and when you rise " (*Dt* 6:7).

In these words of the Scriptures we encounter, first and foremost, our duty to bestow upon our children the knowledge contained in the Torah, the moral law; and to inculcate in our children the idea that they must respect and follow its precepts. This is to done to ensure that families are not attracted by transient fashions and by events which frequently disturb the life and the existence of the individual.

Teaching and upbringing mean, above all else, that the child is made aware of the highest ideal values. This task is the most important duty of the parent and the teacher, and it is fully realized that such an undertaking is a difficult and arduous endeavor. But Jewish optimism is of great help in the fulfillment of this task, an optimism well expressed by the words from the psalms of David: " Through the mouths of babes and infants, you have founded a bulwark because of your foes, to still the enemy and the avenger. " But what should the character of this education be, according to Jewish tradition? At this point the words of the philosopher Plato come to mind. In his *Republic* he observes how the six-year-old child must know how to behave well, how to walk well, and how to bow and play. He goes on to say that when the child is ten years old he must be taught how to ride, how to throw the javelin, and how to use a bow and arrow. But for children of the same age Jewish teachers aim at a familiarity with the texts of the Torah. This means identifying with the figures of the Bible and with the values that they represent–compassion, love, and the moral and spiritual elevation of man. The acquisition of these values ensures that the conscience and the mind of the individual can translate them into practice and express them in his behavior, automatically.

Judaism, as is well known, sees the instruction of children as a noble and essential task of equal importance to every other religious value. This principle was expressed by the Jewish Fathers with a maxim which almost amounts to a didactic and pedagogic program. It is to be found in the fifth chapter of Avot: " At the age of five the child must study the Mishnah (the oral law); at the age of thirteen he must join in the observation of the precepts; at the age of fifteen he is to study the Talmud (the ethical-juridical dialectics of Judaism); at the age of eighteen he is to prepare for marriage; " and so forth.

Here, as is more than obvious, there is at work a kind of viaticum

which must accompany the child from the early days of his life until the moment when he is to take part in adult society, and thus assume the duties that such a condition implies. It is above all else the father who must ensure that such a path is followed; for this reason, as well, the father wins the affection and the respect of his children.

But the Talmud also makes clear that in addition to this kind of education and teaching it is also incumbent upon the father to teach the child a respectable profession or trade, and to instruct him in the ways of the world. This means that the child acquires the instruments by which to earn his living and to survive the difficulties of life.

In order to understand to the full the nature of the relationship between father and son, and between master and disciple, especially as regards knowledge and study of the great questions of the Jewish tradition, one can turn to the Seder. This is the rite of the Easter meal where primary importance is given to the laggadah, the story of the events relating to the Jews' slavery in, and flight from, Egypt. On this occasion the father tells his child about these chapters of ancient history, but above all else he draws the attention of his son to the values of freedom, of respect for one's neighbor. In so doing he makes clear that the abolition of all violence and all forms of oppression are universal values, true for all men. As in so many other instances, one is dealing here with experiences which greatly help to strengthen the individual and to develop his sense of responsibility and commitment.

The Holocaust was responsible for the death of over two million innocent children at the hands of Nazi bestiality.

The Jews, therefore, have been the witnesses of the greatest of all acts of violence against children; and against such a background they are especially aggrieved when they learn about the violence that is still perpetrated, today, against young people: vast numbers of children are abandoned to the streets, subjected to hunger and misery, become victims of every kind of violence, or are killed, while they attend school, by indiscriminate shelling and bombing–as, for example, is happening today, and every day, in Yugoslavia.

These are repugnant acts which are unacceptable to the human conscience, given that we are only fifty years distant from that wave of blind violence which so engulfed Europe.

The Scriptures tell us that above the Ark of the Covenant which contained the stone tablets bearing the Ten Commandments there were two cherubim, positioned one in front of the other. Their wings touched and formed a protection for the Ark. In Judaic thought the Ark is the symbol of the covenant between God and men, and the expression of the presence of the divine in the human world. The Jewish tradition maintains that those two cherubim had the faces of children, which they closely resembled. One can thus very easily understand what the Jewish Fathers wished to communicate by such a choice: children, first and foremost, are the guarantors of the continuity of, and respect for, the covenant of the Law. Children deserve every care and full respect because they are of elevated significance and great importance in representing something that is indeed higher than what the covenant symbolizes, the alliance with God, the Law and the presence itself of God on earth.

Human rights in general and the rights of children in particular continue to be of the utmost importance for the principles and action of Judaism. The idea that man is created in the image and likeness of God, which is at the very origins of man's history, not only implies the idea of equality between men but also expresses that feeling of solidarity and responsibility which each one of us must have towards his neighbor, in whose face we must discern the image itself of our Lord.

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MOHAMED SAYED TANTAMY

The Protection of Children and Islamic Law

1. In the Name of Merciful God

When God created man in the form of a man and a woman, Adam and Eve, he made the child the most loved creature of man, a part of his very being. This natural instinct was created by God for the construction and continuity of the universe, something which would be achieved by descendance from a father and a mother. The same instinct is also to be found in the animal kingdom.

The Prophet–*may God's bless-*

ing be upon him–said: " All of you, fear your God who created you from one spirit. From this spirit he created your ancestor, and therewith were born a whole host of men and women " (Sourat Annisa; Ayat 1). From one spirit, the spirit of Adam and his only wife Eve, were born many men and many women

2. The Prophets Wanted Children for Their Line

Our lord Abraham–*may he receive light*–implored God to provide him with perfect succession: " My God, give me virtuous descendants who will choose the true path and reject sin, and so render you grace. " God–*may he be praised* –answered Abraham's prayer and gave him sons and daughters. From this line were born the prophets Abraham–*may peace be with him*–thanked God for the gifts he had received at his hands. The Koran contains the lines: " May God be praised. In old age he has given me Ishmael and Isaac. You, my God, have answered my prayers " (Sourat Abraham: Ayat 39).

Thus it was also that our lord Zachariah, in old age, implored God to give him a child so that he could pass on to his son the gifts of prophecy and learning: " My God, I am weak and old, my hair is grey. I have never ceased to turn to you, even though my line is weak and my wife is sterile. My Lord, give me an heir so that he can receive my inheritance and that of the family of Jacob. Let him be an honest man (Sourat Mariam: Ayat 4-6).

Abraham and Zachariah were wise men. They asked God to give them perfect children who would serve not only their fathers but also their neighbor and their nation: " Oh Lord, render our line and our wives such as to bestow honor upon us, and make us axioms of influence for those who fear you " (Alfourcan: 74)

3. Writers and Poets Have Spoken of Their Children with Gentleness

Writers and artists have described the strength of their love, the depth of their affection, and the constancy of their protectiveness. Indeed, the number of things which can happen to children, for good or evil, in health or in sickness, is very striking. One wise man, the adviser of a prince, said: " Prince, our children are the fruit of our hearts, our rods and staff. For them we are like a protective sky or a welcoming land. If they are angry try to calm them; if they ask about something, answer them. When they are with us we are at peace; but when they suffer we are denied sleep. "

One poet so loved his daughter that he wanted her to pass his whole life with him; he wanted to save her from everything that could harm her, such as poverty or injury. He hoped that he would live for a very long time so as to be able to resolve all her needs. He even wanted her to die before he did so that she would thereby be saved from sadness

4. All Those Who Know About Islamic Law Know That It Protects Children

Islamic law protects the child both before and after birth. It chooses a virtuous, capable and prudent wife who knows how to bring children into this world who are of good health and free from handicap. Islamic law advises against marriage between those with kinship ties. For the benefit of the mental and physical health of the child, it is better to marry someone with whom one has no blood connection. The Prophet–*may God's blessing be upon him*–declares in the Hadiss: " Leave your land. Let your marriage be distant from your kinship. Your offspring will thereby be wiser, more open to the spirit, stronger in body. They will inherit new features from the other family. "

5. Islamic Law Is Concerned with the Child Before His Birth

Islamic law advises parents to ensure that three years elapse before the next conception. This allows the mother to regain all her strength and ensures that the new

child does not interfere with her duties towards the sibling. Family planning is allowed by Islamic law but it is neither morally nor legally imposed. It is permitted to people who are thus enabled to make individual choices on grounds of psychological and physical health and of social and economic well-being. God commands us to avoid disorder in our lives, and for this reason there is a need for a certain degree of planning. But we must be aware that our destiny is in his hands–He, the Master of the Invisible.

Family planning, because of its moral and material possibilities, is not in contradiction with faith in God. The fact that we do not know what God wants, and that we follow our own destinies, is a means by which we can be helped to obtain what is useful and necessary. For example a sick man consults a doctor and follows his orders. But the healing of the sick man must be attributed to the will of God alone.

Many forms of family planning have been developed. Medicine has created a great many: those to be taken orally, those which are injected, contraceptives, and so forth. Doctors alone are qualified to give advice in this area. Islamic law does not disapprove of medical discovery, as long as this does not violate Islamic teaching or cause danger to human life.

Islam wants the husband and wife to have a happy married life together. It tells them what is right and according to the law, and makes clear what is wrong and against the law. It allows them full liberty to organize their lives within the limits established by divine law and true morality.

To recapitulate: there is no text which forbids the planning of married and family life. No book written by God prohibits such planning, no book written by his prophet Mohammed–*may God's blessing be upon him*–speaks against it, and the same may be said of the works of scholars. The husband and wife have the right to organize their lives to take account of the problems which confront them, their physical and psychological health, and their social and economic circumstances.

Such problems vary according to the context, the opportunities available, the countries and societies in which they find themselves, and their families. For example, countries with a strong economy and an advanced social system can allow substantial population growth with a view to having a greater number of responsible and creative citizens. But countries with weak economies find themselves in a very different situation because they lack the means by which to support an increase in population. Most of the time the inhabitants of such countries live the lives of parasites. These countries should find a way of planning the family and married lives of their citizens and developing the means by which to promote development.

We welcome a numerous, strong, responsible and creative population. But a weak, ignorant and dissolute population should remain a minority for its own good.

6. Islamic Law Watches over a Child From the Moment of His Birth and Throughout His Life

Islamic law enjoins a father to meet his needs without miserliness but also without waste. The Hadiss tells us what the Messenger of God –*may God's blessing be upon him*–said on the subject: " The best wage is that spent by a man on his children " and " every man is responsible for, and the shepherd of, those beneath him. " For this reason children are a man's closest dependents.

Islamic law obliges the father to look after his children and to meet all his duties towards them. At the same time it obliges the mother to protect them and to breast feed them until they reach the age of two. She must help them to grow healthily, in both a physical and a psychological sense. God–*may he be praised*–said: " Mothers should breast feed their children for two years, or at least those mothers who are able to do so " (Sourat Bacarat: Ayat 233). Mothers, therefore, must breast feed their children for two whole years if they want this ordained period to be honored.

However an interruption can occur if this is necessary for the health of the mother.

Breast feeding is entrusted to the mother because she is more tender, more affectionate, and more protective. At the end of this period, the husband and wife must dedicate themselves to their children. They must help them to grow in a climate of security, tranquility, trust, tenderness and forbearance.

The mother has the right to manage the upbringing of her children until they reach adulthood. The father, by right, must take care of their needs with understanding and generosity, even when there is divorce. This is because the mother is the more capable of the two of bringing up a child. One day a mother went to see the Prophet–*may God's blessing be upon him*–and said to him: " Oh envoy of God, my womb gave welcome to a child and my breast gave him sustenance. The father has put me away and wants to take my child away from me. " The Prophet–*may God's blessing be upon him*–replied: " If you had not married him you would have had more right than he. " Islamic law decrees that the child must be protected, fed, clothed, and housed; it further requires that he receives an education and that he is brought up in good conditions. The right to custody is held in the first place by the mother, then by the father or the nearest of kin.

7. Islamic Law Seeks to Ensure that the Child Has a Complete Education and Upbringing so that He Grows up Loving His Family, his Neighbors, the Nation, and His Fellow Men, Whoever They May Be

If the child is not welcomed there is a risk that he will grow in friction with society. Tenderness brings forth tenderness, good can only lead to good. But severity only breeds severity. Many things can only be understood through a study of their opposites.

Islamic law gives religious instruction from a very early age. The child is taught the tenets of belief so that these become " second nature " to him. The child grows up and develops according to the upbringing he receives from his parents. " I have ordered parents to accustom their children to the worship of the one and almighty God. " The Hadiss relates the words of the Prophet–*may God's blessing be upon him*–" Teach your children to pray after they have reached their seventh birthday. Compel them to stop praying when they have reached the age of ten and at the same age do not allow girls and boys to sleep in the same room "

8. Islamic Law Envisages the Physical Education of Children

Mens sana in corpore sano. If the child is encouraged to develop and strengthen his body from an early age then he will grow up loving gymnastics, dynamism and youth. One day the Prophet–*may God's blessing be upon him*–passed close to a group of boys who were seeing who was the best at spear throwing. He felt great joy and said: throw sons of Ishmael, your father was a lancer. Throw, for I am on your side! But the boys stopped throwing their spears. The Prophet–*may God's blessing be upo him*–said to them: Why have you stopped? The boys answered: Oh Messenger of God, how can we throw if you encourage one side alone? The Prophet was happy at the upbringing they had received, which had caused him more happiness than their enthusiasm. He said to them: go on throwing your spears, I am on the side of everyone. Omar ben Khattab–*may God be pleased vith him*–said: " Teach your children to swim and to use the bow and arrow, and compel them to ride. "

9. Islamic Law Envisages a Sound Education for Children in Line with Their Age, Their Level of Understanding and Their Thoughts

When a child is given an education suited to his powers of reason he will become dedicated to intelligent learning and sound reflection. Islamic law obliges men and women to study, but makes no distinction between them with regard to their subjects. The child is entitled to the help of his parents in the acquisition of learning. The Prophet–*may God's blessing be upon him*–said: " The child has the right to the father's protection of his name and his position, in the same way as his father should choose a wife of good line. The child also has the right to a good upbringing and interesting instruction. The parents should also dedicate themselves to ensuring that the gift of learning is implanted in the spirit of the child from an early age. "

In the Koran one of the first revelations of the word of God to the Prophet Mohammed, the Messenger of Islam–*may God's blessing be upon him*–was the following: " In the name of God the Creator. He created man, responsible and answerable. Your generous Lord, he who has given you that which is difficult to learn. "

10. Islamic Law Envisages the Moral Upbringing and Education of Children

Islamic law wants the child to love what is right and despise what is wrong, to revere what is just and condemn tyranny and oppression, to be true to truth and to repudiate vanity, to love mercy and reject severity. Islamic law teaches the child in the ways of forgiveness, forbearance, and compassion. To ensure that these virtues enter the soul of the child, Islamic law decrees that parents bring up their children to ask for permission to enter their rooms at specific moments (from Sourat Annour, Ayat: 58). This reference contains a specific order from God–*may He be praised*–to the effect that parents should make sure that their children are accustomed to asking for permission to enter the room of the married couple. This is to avoid embarrassing consequences and an unseemly situation.

Islamic law orders parents to teach their children to carry out noble and generous acts according to true morality. There is a story in the Koran which well expresses this intention. Proof of great nobility of character and elevation of spirit is evident in the testament to Lok-

man, the first-born. The testament reads: " My son, recite your prayers, do good, condemn wrongdoing, be patient with those who have done you wrong. In this way you will give proof of your good will. Do not be proud, pretentious or vain. God does not love the man who is boastful " (Sourat Lokman, Ayat: 17, 18).

Islamic law orders parents to teach their children to tell the truth and eat well at table. Abdallah Ben Amer tells how " When I was a boy the Prophet–*may God's blessing be upon him*–came to see me. He heard my mother say to me: come here I want to give you something. The Prophet asked her what she wanted to give me. My mother replied: some dates. He said: if you do not give him any I will say that you lied. Later the Prophet–*may God's blessing be upon him*–saw that the child ate with bad manners and said to him: say your prayers and eat in the right way, with your right hand.

11. Islamic Law Has a Fundamental Principle: It Orders Parents to Be Gentle Towards Their Children and to Act in Such a Way That They Do Not Reject What Is Taught Them by Their Parents

The Prophet–*may God's blessing be upon him*–behaved very gently towards his daughter Fatma. When she drew near to him he kissed her hand and was very affectionate towards her. When he saw his young sons Hasan and Hossein he kissed them and treated them with great gentleness. A Bedouin nomad said to him: You kiss your children? The Prophet–*may God's blessing be upon him*–became sad and replied: he who is without compassion cannot be merciful. When his son Abraham died at the age of two he said: " Oh Abraham, we will be sad after you have left us. Our eyes weep, our hearts our sad, but it is not for us to know what pleases God's will ". One of the chosen ways of the Prophet–*may God's blessing be upon him*–was ensuring that charity prevailed between his children. In giving them things he made sure that they were not treated differently. He decreed order and justice to ensure that sons and daughters grow up together, living side by side and loving each other. His words are famous: " give equally to all your children "

A person of a high rank went to see him and asked him to bear witness to a present he was going to give to one of his children. The Prophet–*may God's blessing be upon him*–asked him: have you given the same thing to each of your children? The man replied that he had not. The Prophet then said: " Do not ask me to bear witness, I do not want to be a witness to injustice. "

In conclusion we can observe the following.

12. Islam Has Created Laws and Given Advice to Ensure that the Child Is Not Only Protected, but Also Well Brought Up and Well Educated

Children are not only of importance for their parents; they are also of importance for the nation. When parents manage to bring them up and educate them well, and prepare them physically, morally, and intellectually for their mission in life, then they are all happy. Parents, school, and society play a very important role in the education, upbringing, and formation of children. If society constitutes a healthy environment in which young people can fulfil their talents, be helped to avoid wickedness, and grow far from pernicious influences, then young people will become responsible adults, both in the early parts of their life and during their later years.

It is clear that most responsibility falls on the shoulders of the parents, but the mother bears the greatest burden. After all, the child is much more shaped and influenced by her than by any other person in his life.

A wise man once said: " Children are entrusted to their parents. Their heart is a precious and innocent treasure, as virgin and unsullied as a new star. They are receptive to everything. If they are accustomed to good, they will learn good and transmit it through their actions. But if they become accustomed to evil, they will be reduced to a state of misery and become lost. If this happens, the parents will be held to blame, and God –*may his name be praised*–has said, " You who believed, protect yourselves; your parents are aflame... " If parents respect their role, this will gain favor in God's sight and will be approved by the law; if the school develops a moral sense in children and gives them a chance to defend themselves through the use of sound learning; if the state gives them security, stability, and the opportunity to fulfil their legitimate aspirations and acquire what is necessary in life; if all this is achieved for the benefit of children, then the nation and parents will be happy and proud of their sons and daughters.

May God be merciful towards that prince of poets, Ahmed Chaouki! In one of his famous poems, entitled " Learning and Teaching ", he wrote:

" If women are illiterate, men will be weaned on ignorance and laziness.

" If a people loses all moral sense, may you prepare its funeral and be loud in lament

" An orphan is not he who has lost his parents–they are the source of life and have created life for their line. An orphan is he who has been ignored by his mother and whose father has always been busy. "

Children are a world of beauty and joy. Let us defend them with all our hearts and let us give them protection and everything that they need. And God–*may He be praised* –gives full worth to the man who acts well.

May peace be upon you
may you receive the mercy and blessing of God

Dr MOHAMMED SAYED TANTAWY
Mufti of the Arab Republic of Egypt

THÍCH NỮ CHÂ DỨC

Buddhist Culture

When there is an embryo of only two cells, there is already consciousness; what in Buddhism is called store-consciousness. The name is self-explanatory; it is the consciousness which maintains and preserves experience. The experience of which we talk is not the experience of the embryo alone--that is only a very small part--but the experience of all previous generations. The infinitely small contains the infinitely large. That is why we say when someone decides to have an abortion, the universe trembles. Today it is so easy to have an abortion, like taking a meal, and no one needs to take the trouble to look deeply into what they are doing. In Buddhism we take very seriously the time which is spent in the womb for a child. Habit energies are already formed by the consciousness which is there with the embryo. The mother's sadness, anger and conflicts are all felt by the child. Just as the edible food which the mother ingests becomes part of the growing embryo, so the emotions which the mother feels become part of the child's consciousness as it lies in the womb. If one day father shouts at mother, then the father is also shouting at the child in the womb. If the father and mother continue to quarrel after the baby has been born, they may think that the child does not understand anything and so they can shout at each other as much as they like, but, according to the teachings of Buddhism, that is not the case. The child is extremely sensitive to that atmosphere, and all the seeds of suffering are sown in his consciousness as a result of the parents' quarreling. Therefore it is necessary for a father to he very attentive to his wife's needs during the pregnancy and after the child is born because a fully-developed consciousness is in the baby, capable of receiving and maintaining numberless impressions from the world around. This is how Buddhist psychology sees the matter Consciousness is a miraculous thing, capable of accepting and maintaining and giving rise to all sorts of experiences and phenomena, and the consciousness of the foetus is no less developed from the point of view of accepting and maintaining than the consciousness of an adult.

When the mother holds her newly-born child in her arms, she could ask: " Who is this I am holding? " If she looks carefully and clearly, she will see that she is holding all her ancestors and all her descendents in holding the child. The child's life does not begin on the day when the child is born. The child is a continuation of the mother and father who bring it to birth and of the grandparents and the great grandparents. This continuation we can call the blood lineage. The child also has a right to a spiritual lineage. The spiritual lineage may be contained in the blood lineage; that would be true if the parents and grandparents have practiced keeping precepts, mindfulness, worship and had faith and confidence in spiritual forebears, such as the Lord Jesus Christ, the Lord Buddha, the prophets, the seers, and so on. The spiritual lineage is also separate from the blood lineage in that it is something which the child can touch anew through the medium of persons who are not related by blood to the child. Persons like this could be the priest, a teacher, a monk, a nun, or a lay person who was deeply practicing religion.

For a child born of Christian parents we could say that the spiritual ancestors are Christ, the Saints, Abraham, etc. For a child born of Buddhist parents we could say that the spiritual ancestors are the Buddha, Kasyapa, the patriarchs, and so on. If the child is born of Catholic and Buddhist parents, that child has two spiritual families. In our blood lineage we have our father's family and our mother's family; in spiritual lineage many people also have two families I know of Vietnamese people whose altar in the home is adorned by Our Lady and by the Bodhisattva Quan Yin at the same time. I myself have two spiritual families because I was raised a Christian and later came into contact with Buddhism and was ordained as a Buddhist nun. I have never abandoned my Christian ancestors. That is something it is not really possible to do.

If we do not see our ancestors in our newly-born child, if we do not allow our child and help our child to be in contact with ancestors of both the blood and the spiritual lineage, this could be a disaster. When the mother holds the baby in her arms and she has lost all confidence in the monk or the parish priest, or she has not had confidence in all monks and priests for a long time or has lost head confidence in spiritual paths and the teachers of those paths, then she cannot help her child be in contact with the line of spiritual ancestors.

She may have lost confidence because the priests or the monks did not have the capacity to inspire her by the way they talked and behaved. The monk may talk a great deal, but perhaps he does not live what he talks The mother is cut off from Christ or from Buddha because she is cut off from the people who have the responsibility of transmitting Christ or the Buddha to her and thus her child is cut off too. It is up to us who help to train Buddhist or non-Buddhist monks, priests, and nuns, so that before we allow them to go out and give spiritual guidance, we see that they have the ability to live the teachings They should have some deep realizations in matters such as death, for example Monks and nuns who live the words they teach inspire confidence in practitioners and parishioners

Did our young mother discuss seriously with her husband how they would guide their newly-born child so that he she would grow up well-rooted? We know that if a tree does not have good roots which are firmly established in the soil, the tree cannot flourish and be healthy. One of the disasters of our present-day society is rootlessness So many young people come to our practice center who are; 18,19 and 20 years old. They are looking for something. Very often they cannot express what it is they are looking for They are looking for something outside themselves which their parents and their spiritual teachers, if they ever had any, have not been able to direct them towards. They are like the prodigal son in the Christian parable who wanders over the earth looking for something without success. The prodigal son has lost touch with the riches which his own roots can provide. There is a similar story in Buddhist teachings Since you are probably already familiar with the Christian story, I shall relate the Buddhist parable.

There is a young man who is not happy with his life at home So he leaves and wanders in foreign lands for at least twenty years. During that time the father becomes a rich and important citizen while the son always remains poor. He wanders from place to place always trying to find some work for which he can be hired, just scraping together enough to live on. The father, on the other hand, moves to another country, where he continues to grow more wealthy and more important. By chance in his wanderings the son comes to the town where his father lives. The father has never forgotten the son and is always thinking what a great happiness it would be to be reunited with his son. In India at the time of the composition of the *Lotus Sutra*, the scripture in which this parable is found, it was the custom for rich and important people to distribute alms daily to mendicant monks and the very poor. It happens to be at the time of day when the father; is distributing alms that the son comes to the vicinity of the house. He does not recognize his father and feels very uncomfortable in the presence of such an important man in such rich surroundings. He has one desire and that; to be back in the company of poor people as quickly as possible. He turns around and makes off, but his father has already recognized the son and has experienced the greatest joy at seeing his son again. He tells his servants to go after the man and bring him to him. On hearing the summons the son is very afraid to go anywhere near such a rich man and opposes the two servants who have been sent to get him When they seize him and try and bring him by force, the son's fear is so great that he faints. This distresses the father greatly. He brings cold water to revive his son and tells his servants not to try to detain him but to allow him to go. The father does not reveal to anyone that this man is his son He keeps track of his son and employs two poor people to employ his son in clearing a large heap of rubbish. The three of them clear the rubbish together, and the father gives them a small stipend. The father keeps a close watch on his son. One day he disguises himself as a poor man and approaches his son He tells him that he should not wander across the face of the earth any more and he will supply the simplest needs of his son, like salt and an old cloak in the winter " Please look on me as your father, " he says; " I have watched you working and I can find no fault with your work. Let me call you my son. " The son continues to live in a hovel, but he comes more frequently to his father's mansion and grows accustomed to walking in and out. After twenty years of caring for his son in this way the father falls sick, and it seems he does not have much longer to live He summons his son and tells him that he wishes to make him his heir The son accepts but is not moved and does not consider very seriously what his father has said. Finally, when the rich man is on the point of dying, he summons all the high and important people in the kingdom, as well as his relatives, and he makes an announcement: " This is my son; it is now fifty years since he left me in such and such a town. His name is such and such. I am making him my heir. " The son was amazed, but was able to accept the words of his father and his new position in life.

This story, as the parable of the prodigal son, points to the condition of many young people of our own time They have lost contact with their heritage. Our spiritual and our traditional family heritage is what roots us and gives us stability. Of course, we use that heritage to develop and to be creative and we do not blindly follow it. In our years of development some confidence in the beautiful things our ancestors have handed down to us is very necessary so that we feel there is someone standing behind us to support us and we do not drift like a rudderless boat on the wide ocean.

If we are to transmit spiritual values to our children, the transmission will only work when we have full confidence in these values. We cannot transmit an outer show. Asian youngsters often tell us that twice a month they accompany their parents to the temple, where they prostrate to the Buddha and recite the scripture, but nobody can explain the meaning of the prostrating and the recitation to them. They feel it is just a form with no content. We sometimes organize retreats just for young people and make sure that there is plenty of time to deal with issues that are very real to the people who come on the retreat. We discuss their fears and the generation gap and

we come to a much better understanding of ourselves and each other.

We may have read about the customs and traditions of our country in former times, but the upheavals of war and the invasion by foreign powers have removed these customs. I have heard German young people say that they cannot sing their traditional songs because these songs were used by fascists to stir fervor for the fascist cause in war time. This is one way we can lose our roots. One can lose faith in religion in a similar way. Religion is misused. It is like when we hear President Bush pray to God to look after the American cause. Young people ask themselves: " Does not God lament the death of an Iraqi soldier just as much as He laments the death of an American soldier? " and because their question cannot be answered, they lose faith in their religion. War may be the most instrumental thing in depriving people of their spiritual roots. The habit of not respecting life has devastating effects on our human psychology. We only have to meet veterans from the Vietnam war to realize this

A young person without roots can seek solace in sex and in drugs. If the young person's family has not provided him with warmth and affection, he hopes that his sexual partner will do this, but in fact he has never learnt how to love and how to be loved so his sexual relationship only makes him suffer more. Governments are convinced that drug-taking is not healthy for society and therefore impose heavy penalties on those who traffic in drugs. The problem, however, does not begin with those who traffic in drugs. It begins with our lack of confidence in ourselves to be able to be in contact with what is beautiful and refreshing in life. Young people see that their parents are not happy and they therefore have little hope that they themselves can be happy. The greatest gift that parents can give to their children is their happiness. The answer to drug-taking is educating people to be in touch and fulfilled by the wonderful things which naturally surround us. In order to do this we need some training in concentration and calming the mind. I am reminded of the poem of St. Francis of Assissi in which he feels gratitude to all the natural things. That gratitude brings a lasting satisfaction because the things of nature are always at hand and we do not have to go and take drugs, which destroy our brain cells, in order to be in contact with them. We force our young people to attain goals that only a few can attain. We train them to pass examinations which only a few can pass and then we say that because they have not passed the examination there is no employment for them. Tired of this sort of pressure, the young person goes wandering and finally comes to a spiritual center where people are practicing meditation.

I was educated in part by Catholic nuns. I was very happy in that school. No one put pressure on us to achieve high marks in examinations, and we were always in touch with our spiritual tradition. During the long summer evenings we would play in the gardens, which the nuns tended so carefully. It was like being in a large family. My parents took me away from that school because they thought the academic achievement was not of a high standard

A monastery or a religious practice center can only function well if there is a family feeling among those who live there. We are not there to achieve our own ambitions and realizations, but to give support and to receive support from each other. A guest who comes to practice with us for a short time or someone who joins our community on a more permanent basis is seen as a younger brother or sister and treated with care and affection. But many of the young people who want to join a practice community do not know what family life is. Their childhood experience of family has been extremely unpleasant. They may have parents who are alcoholic, who take drugs, who abused them sexually when they were young (which is something which happens more frequently than some of us are inclined to think). They may never have sat at the table to enjoy a meal with their family. Meals have always been eaten in front of the television screen, which emits all sorts of matter to poison the child's mind: violence, fear and sexuality which is completely divorced from any of the deeper human values of love, compassion and joy. So, on coming to practice meditation in our center the first thing a young person has to learn is how to live in a family, how to sit at the table and enjoy the presence of other members of the community and how to trust the senior members of the community.

I live in a center for the practice of Buddhist meditation. There are about fifteen nuns in one hamlet, and at a distance of 3 kilometers there is another hamlet with seven or eight monks. For most of the year we are open to receiving visitors, who come either to join an especially organized retreat or to make a personal retreat from the world in order to devote time to meditation. The minimum period of a stay is one week. In the summer we receive hundreds of children; the majority are Vietnamese by birth. They have lived in the west for the greater part of their lives so they are the product of two cultures. The adopted culture is much stronger in the children than it is in the parents, and so there is a considerable generation gap. The children often wish that their parents were western and not Vietnamese parents, because they are under the impression, which could be right or wrong, that western parents are much less strict and much more open to what their children want to do. One of the perennial problems is that of staying out late at night or going somewhere with friends and not the rest of the family. In the Southeast Asian culture respect for parents and veneration for ancestors is important. The seeds the children have received in this life are western, but the seeds they have inherited from many previous generations are not western. The children have strong inclinations somewhere on the deeper levels of their consciousness to realize their Vietnamese side, but their education in the western setting has prevented them from doing this. With the young people we often sit down together and look deeply at the two cultures to see what is beautiful and what is not so beautiful in both the western and the Vietnamese culture. We have discovered that these children are most happy

when they can realize both cultures, when they can be French, for example, in the company of French people and Vietnamese in the company of Vietnamese people. They feel equally at home, like fish in water, with whichever culture they happen to find themselves. In August or July we celebrate something which we call Ancestors' Day. At first some of the children find this rather silly. Why, they ask, do we have to bow down before people who have already passed away? When we explain and they accept the reason why, they derive enormous benefit and support from the festival. We explain how we always have ancestors standing behind us. *When you cook, are you not using all the skills of your grandmother and great-grandmother before you? If your grandmother had not taught your mother how to cook, your mother would not have been able to teach you how to cook. Making flower arrangements is also like that.*

We decorate a special altar with flowers and incense, food and tea. The altar does not replace the normal altar but is placed elsewhere in the hall, usually to one side. The children wear their traditional Vietnamese dress. The very wearing of the clothes seems to make them different people. They walk more gracefully and more attentively (you could almost say more freely). They write the names of their grandparents or their great-grandparents who are deceased on a piece of colored paper and stick it to a board to one side of the altar. The oldest layman in the community is the master of ceremonies. He approaches the altar to light incense and to pour tea for the ancestors. He then reads a special letter to the ancestors. This is to inform them that we know they are present. In this tradition it is said that, as the birds have their nests, human beings have their ancestors; where the grandchildren and great grandchildren are, the grandparents are there. We rely on our ancestors for their support and we do our best to be worthy of our ancestors. We know that without our ancestors we are not capable of anything and that we are the continuation of our ancestors. Everyone then comes forward with their family, if other members of their family are present, or with friends and bows deeply to the ancestors four times. After bowing, family members turn to each other and embrace each other warmly in order to demonstrate that they show love for their ancestors by loving each other. We then sit down in the presence of the ancestors in order to enjoy a meal which we have prepared for them, bearing in mind the dishes we know they liked to eat.

Other celebrations which are considered to be important for the development of a child are the celebration when the child is one year of age. People are invited to come and witness that this child now can be said to have his own personality. This may help the mother to realize that the child is no longer one with her and will develop his own character and aspirations which could be very different from her own. She will remember to take this into account, thanks to this ceremony. The other ceremony is performed for a girl or a boy when they have reached the age of sixteen years or so. This is the time when the girl ties her hair up. People are invited to come and witness this, and the young person is given the status of an adult. This is extremely useful for young people at an age of uncertainty. It gives them confidence in their own strength to be responsible in the home and elsewhere. From now on we look on these young people differently than before the ceremony. Some equivalent to these ceremonies could be usefully adopted in the western culture. In our western culture we have had photographs of our deceased grandparents and great-grandparents on the mantel; we visit the tombs and graves of our ancestors to leave flowers there. But the significance of these actions may have been lost. In order to help our young people to have roots we need to give back significance to these actions. We can talk about our ancestors from time to time. We may even want to go further and tell our children they can talk to a deceased grandparent when they feel they need that person's support. An ancestor looking kindly down from the mantel can give a child a feeling of being rooted.

A third ceremony is the reception of precepts ceremony. From the age of seven to the age of thirteen the young person receives the three refuges and the two promises. From the age of thirteen onwards the child can receive the five precepts. In the past the reception of the three refuges has been seen as the equivalent of a Buddhist baptism. That is the official acceptance of Buddhism by the very young baby. While there is seen to be meaning in this although the child is not yet at an age to understand consciously anything which is going on in the ceremony, we still prefer to wait until the child is at an age to know what he or she is doing when receiving the three refuges. The three refuges in our tradition are recited as follows:

I take refuge in the Buddha, the one who shows me the way in this life

I take refuge in the Dharma, the way of understanding and love

I take refuge in the Sangha, the community which lives in harmony and awareness.

We explain to the children that to take the three refuges is to be in touch with the beautiful things in life; things which can protect them much more than any material possessions. We do not use words like " Buddhist " and avoid anything which could be understood as sectarian. Kneeling before the altar, the children repeat these three great refuge vows with joined palms. The children do this beautifully. Without having to be reminded, they are perfectly concentrated, and the atmosphere is very calm and supportive. After this they repeat the two promises:

I promise to develop my compassion in order to protect the lives of people, animals, plants, and minerals

I promise to develop understanding in order to live peaceably with people, animals, plants and minerals

Children of our times are often more aware of the importance of looking after the environment than

we were. Part of their ethical equipment is a sense of responsibiltiy towards the environment and protecting our mother earth At the age of thirteen the child is seen to be old enough to receive the five precepts. The five precepts are not something Buddhist; they are found in every religion in one form or another. In brief, they are the determination to protect life and not to kill; to refrain from exploiting others and taking what does not belong to oneself, to be responsible in sexual relationships and not to have more than one sexual partner, to be responsible in the use of speech (to speak lovingly and to speak the truth), to refrain from using drugs and alcohol. Young people discuss the precepts seriously and then decide whether to receive them or not. They say they are supported in difficult moments by knowing they have received the precepts, and every month the young people try to meet in groups to recite the precepts together

Practicing with our children is rewarding and enjoyable. Then the practice becomes very natural. That is how it is in Eastern cultures, and traditionally in the Christian culture in Europe it has been the same. We allow our children to sit with us when we meditate; we encourage them to offer flowers and incense on the altar. We have them walk alongside us during walking meditation. But children need each other's support in order to do these things readily. So we try to organize to have many children practicing together with the adults.

Our wish is for our children to grow up as whole people with a certain solidity and freedom. We do not want them to say, " I am Buddhist, " but desire that their way of life can bring happiness to them and to the people they meet.

Sr. THÍCH NÛ CHÂN DÚC
Buddhist nun

KULDIP SAHDEV

The Child in Indian Culture

1. First of all, would like to congratulate the Pontifical Council for Pastoral Assistance to Health Care Workers for organizing this Conference on a subject of such universal importance and profound global interest. I consider it an honor to be able to participate and speak about children in Indian Culture.

2. Indian culture–perhaps in its more ancient manifestation I should use the term Hindu culture–has throughout its several thousand years of tradition shown a keen awareness of the extremely important position occupied by the child in human society. I believe that this concept of the importance of children and the place of childhood in human life is remarkably similar across all sections of Indian society, despite the wide and amazing diversity of India, its welter of distinct regional, linguistic, and religious groupings, and forms a unique Indian view of children and childhood. But, as requested, I will be speaking primarily of Hindu culture. I must stress, however, that Hindu attitudes towards the child do not spring solely from Hindu religion, but from the larger reality of what may be called Hindu philosophy and the Hindu experience.

3. The first thing that stands out in the Indian cultural traditions is intense parental longing for children. In fact, one of the duties of a human being is considered to be carrying on the family line through marriage and begetting children. Children are also portrayed as a source of emotional, intellectual, and spiritual gratification. The famous Indian poet Kalidas wrote in his epic play *Shakuntala*, " There is nothing in the world more agreeable to touch than the embrace of one's own son. "

4. It is true that there was a preference for a son since only he could light the funeral pyre and ensure a smooth passage to the next life. A son also carried on the family name. However, this did not mean that girls were neglected or looked down upon. Both Indian mythology and ancient literature are replete with descriptions of parental love for children, irrespective of the sex of the child. Girls, in fact, were looked upon as " Lakshmi, " the Goddess of wealth, who brings good luck and prosperity.

5. The second major element in the Indian view of the child is the great emphasis placed on protective indulgence, and on education by example and persuasion as compared to the element of " disciplining the child, " which has been prominent in some other cultures. In ancient Hindu law books, children belong to a group consisting of women, the aged, the sick, and the infirm–those who deserve society's protection and claim its indulgence. Just as a man may not quarrel with learned men, priests, or teachers, he is also forbidden to speak harshly to the aged, the sick, or children.

6. The humane and indulgent attitude towards the child in India is also apparent in the ancient medical texts, which contain detailed and copious instruction on the care of a young child. These wide-ranging instructions on such diverse topics as the time when a child should be encouraged to sit up and the specification of toys with regard to color, size, and shape sound amazingly modern as they expound on the relationship between child-rearing practices and personality development. For example, the practice of persuading the child to eat or to stop crying by conjuring up scary visions of ghosts, goblins, and ferocious animals, they tell us, is to be avoided because it has a very harmful effect. The child should not be irritated, and he should be kept happy at all times, as this is crucial for his psychological development and future well-being.

7. The third element in the Indian ideology is a celebration, even an idealization of the child and childhood. Such eminent poets of India as Surdas and Tulsidas have placed childhood close to the center of poetic consciousness and creativity. Surdas, in fact, composed five hundred verses on Lord Krishna's childhood alone. True, the adulation and love showered in these verses are for the divinity of the young Krishna, but the aspects that are admiringly emphasized as divine attributes include the child's freedom of spirit and spontaneity, his simplicity, and delight in self.

8. In an adult-centered world that overvalues abstractions, prudence, and reason, it is refreshing to find Indian popular poetry celebrating such childlike virtues as intensity and vivaciousness, capacity for sorrow and delight, mercurial anger and equally quick readiness to forgive and forget injuries. In the Indian vision, these qualities are not seen as " childish, " attributes which need to be suppressed, but valuable attributes for humans of all ages, since they are an expression of the Divine.

9. Ancient Indian society was perhaps unique in that the child often became a role model for adults. There are many children or youth in Indian mythology, in the *Puranas* and *Upanishads*, who set examples of courage, dedication, devotion to duty and of upright behavior, such as Dhruva, Prahlad, Satyakama, Abhimanyu, and so on. Even the popular deities, like Krishna, Rama, Ganesh, and Hanuman, are as often worshipped in their child form as in their adult forms.

10. A child is not regarded as a *tabula rasa* or a blank piece of paper on which adults of society inscribe whatever they wish. Rather, the child is believed to bring with him memories and even the wisdom from his previous births. He is not a passive recipient of adult wisdom but modifies the behavior of adults as much as he learns from them.

11. Another significant social aspect of childhood in India is the tradition of the joint family system. The child is born in the family and lives in the family, which is often comprised of parents, grandparents, uncles, aunts, brothers, sisters, and cousins. This provided the children full physical and emotional security and a whole stable world in which to grow up. They became heir to the skills and secrets of their family and its occupational, cultural, and religious traditions, which were transferred, often orally, from generation to generation. This not only enabled the Indian family groups to keep alive their age-old traditions but led to the emergence of certain well-known families, or *gharanas*, as they were called, which excelled in specific lines of activity and creativity in the fields of crafts, art, and music. Unfortunately, this joint family sytem is beginning to break down in India, as it did elsewhere with the coming of industrialization and what has euphemistically been called modernization. This is leading to many social problems among the children, as has occurred in many other countries.

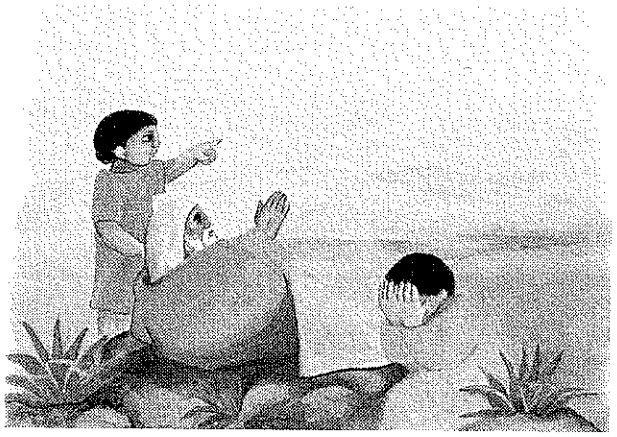
12. But since the Independence of India the Indian Government has remained committed to the proper development of the child. In fact, the Guiding Principles of State Policy enshrined in the Constitution of India oblige the state to protect children and youth against exploitation and against moral and material abandonment and to provide free and compulsory education for all children till the age of 14. As a follow-up to these provisions, the Government of India has taken several steps for the welfare of children at both the National and international level. I will not go into the details of these measures since they are not the subject of today's round table.

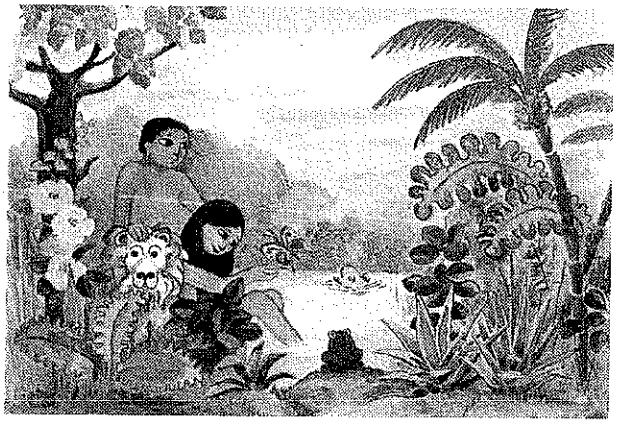
13. The results of these Government measures have been quite encouraging and positive. Again, I need not go into details. But we realize that there is no room for complacency. We know that our ancient cultural traditions are not by themselves enough to protect the child from the ill effects and problems created by industrialization and modernization and the resulting breakdown of traditional and family values. We must continue to strive to solve the still enormous problems intricately intertwined with the factors of poverty and economic development.

14. Before I end, I would like once again to thank the organizers of this conference for having chosen such an important subject. I would also like to thank all the participants of this Round Table discussion and all those who are present here. I strongly hope that this conference will help forge and strengthen cooperation in the international community for greater understanding and the welfare of the children of the whole world. I hope, above all, that this conference will lead to a more universal realization that " the child is indeed the future of society. "

H.E. KULDIP SAHDEV
Ambassador of India to Italy

Round Table





The Child in the Hospital

MARIA NEW

Management of Pain in Hospitalized Children

One of the most neglected aspects of the care of hospitalized children is the management of pain. The enhanced vulnerability of children to metabolic imbalance is a pediatric cliché, but the reality of children's vulnerability to pain is grossly unappreciated. This is evident both in the undermedication of children during chronic and acute illness and in the general neglect of nonpharmacologic techniques that help children cope with frightening and painful invasive procedures and with the social stresses of hospitalization.

Management of pediatric pain is one of the most significant gaps in medical care today. I believe that the only way to raise our standards for the comfort of children–which is vital for their sound development as well as their health–is for parents, counsellors, and all care givers to be more aware of the problem and the available solutions. To give you a sense of how neglected this area of medicine is, when I did a literature search to learn what has been written on this subject in recent years, I found that only one-tenth as many articles about pain in children have been published as compared to articles on pain in adults, and that with very rare exceptions, all the articles are in journals of nursing. This is an area which should be of central interest to everyone involved with children.

One of the reasons why children's pain is so undertreated is the prevalence of incorrect assumptions, summarized by Joy Zajac as follows:[1]

It is a commonly held belief that there is a " correct " amount of pain for a given injury. But there is no such thing as a " correct " amount of pain. Pain is subjective in individuals of any age. Temperament, psychosocial climate, and physiological variability all contribute to differences in the experience of pain.

Another is that children (particularly infants) do not feel pain as intensely as adults because their pain-conducting nerve fibers are immature. Current understanding is that young children are fully capable of experiencing pain.[2]

A third is that young children have no memory of pain. Several studies refute this assumption, even in infants.[3; 4; 5; 6]

Finally, there is a belief that narcotics can never be given safely to children because of the dual risks of addiction and respiratory depression. Children are not significantly different from adults in their metabolism of opioids after the first few months of life. While half-life of morphine is prolonged in infants, this simply means that dosage must be adjusted accordingly and regular assessment is advisable while the child is under treatment–not that an infant should suffer unnecessarily.

Another problem is that the ways in which children express discomfort and pain are different from the ways in which adults express themselves and are not widely understood within the medical community.[7] A number of pediatric pain assessment scales have been developed and are being used and tested increasingly in the United States. One of these–the most broadly successful–asks children to choose from a series of pictures of faces that express varying degrees of happiness and unhappiness. In another children pick from 1 to 5 poker chips to indicate a degree of pain. There are others, all effective.[8] A useful general approach is that of Whaley and Wong (QUEST): 1) Question the child (over 2) about pain; 2) Use pain assessment tools; 3) Evaluate the child's response to interventions against pain; 4) Secure the parents' opinion about the child's pain–studies show that parents' perceptions are particularly acute; 5) Take into account the pathology, that is, assume that, as in adults, certain procedures or surgeries are more painful than others.[9] Consciousness of the body language of infants–including time spent sleeping, crying, grimacing, lying immobile, etc.–is essential to interpreting their feelings.[10] The sound of children's crying is important to pay attention to. Cries of terror should never be heard on a pediatric ward.

Besides opioid drugs, nonpharmacologic interventions can be extremely helpful to children, whose imaginations can either fuel their fears or distract them from pain and fear. Some techniques that our Division of Infectious Diseases uses in caring for AIDS patients[12] include:

1) The " magic necklace. " Before an intervention such as an injection must take place, children are offered a beautiful necklace to wear and the nurse or parent says, " Some children say it makes it hurt less. Why don't you try it and let me know what you think? "

2) Distraction. Music, sometimes chosen by the child, can be very effective. One victim of exten-

sive burns at our hospital played Michael Jackson tapes at top volume while his wounds were debrided. Soft-pitched instrumental music is more typically soothing. Pacifiers and tactile reassurance–through swaddling or stroking–help infants. For older children, blowing bubbles, counting ceiling tiles or holding tightly to a parent's hand can be effective.

3) Use of a topical skin coolant (ethyl chloride), which lessens the pain of injection for many children.

4) Relaxation techniques, such as deep breathing or picturing a beautiful place, work especially well in adolescents.

5) Imagery. Telling a story with pleasant images and including the child or inviting the child to invent new episodes.

The role of parents is growing in the care of sick children. The main comfort a child can have during hospitalization of any length is the presence of a parent. " Rooming in ", or having a parent live in the hospital room with her child, has been recommended at The New York Hospital since the 1930s and has been slowly adopted by other institutions in recent years. In 1967 only 28 of 5000 general hospitals in the United States had facilities for parents to stay with their child overnight; by 1975, there had been a tenfold increase in available facilities, though fewer than 20% of parents took advantage of such facilities in 56% of the hospitals which made them available [13] Despite the expense and complications of having parents in the hospital, the advantages to the child and to the family are clear both in the speed with which the child recovers equilibrium after painful interventions and the ease with which the child and the family resume normal life after hospitalization.[14] If rooming in is not possible, having the parents present as much as possible, including during the times that procedures are scheduled, when they can hold and talk to their children, is the next best alternative.

Another important outlet for hospitalized children, pioneered at The New York Hospital by Dr. Milton Senn in the 1940s and one of the first facilities I raised money to renovate when I became Chairman of Pediatrics, is a Child Life Center. The Child Life Center at The New York Hospital was built to be a sanctuary from pain. No painful procedure may take place there. It is a room where children go on a daily basis simply to play. Playing relieves unexpressed anxieties, and inactivity is anathema to children.

Keeping in mind children's potential for pain, the existence of tools to help them express their pain, and the wide range of approaches to alleviating their pain will immeasurably improve the care of the hospitalized child.

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PHILIP J. GRAHAM

The Hospitalized Child: Psychological Aspects

Admission to hospital is a common experience for children living in economically developed countries. In the United Kingdom, where I live and work, about one in four children are admitted to hospital by the age of five years (DHSS, 1976). In less economically developed countries, and particularly as far as children living away from big cities are concerned, hospitalisation is an unusual, perhaps even an impossible event, for there may be no hospital within travelling distance. Hospitals are therefore one of the resultes of economic productivity, of wealth and of urbanisation. When Middle-East countries suddenly became rich, they built new, modern hospitals, often in places where there had been no hospitals at all beforehand

The provision of hospitals can be seen as part of a pattern of health care. Most health care is provided outside hospitals, as indeed it should be. It is only when children's problems require such special nursing or medical care, or such special equipment that it cannot be provided in the community, that they are admitted to hospital.

That is obvious. What happens is less obvious. In many parts of the world there are now, incredibly, too many hospital beds for children, sometimes many more than are needed. But professional staff, to keep their jobs and their status, need to admit children to their beds. So sometimes children who could be looked after in the community are admitted to the hospital. That cannot be good news. For, however good the hospital environment, it is not a replacement for home, and a separation from the family for a child who is sick, must always be a distressing experience.

In fact, when health care planning is rational, hospitals are, and should be, a long way down the list of priorities. First, there should be good preventive care in the community, with good nutrition, clean water and immunisation. Second, there should be good curative care in the community, with easy access, for example, to treatment of injuries, acute and chronic infections and, easily forgotten (though common and often handicapping), emotionally caused physical symptoms. Hospital provision is expensive and, in most circumstances, less cost effective than provision in the community in the child's home

All the same, there are certainly circumstances in which hospital care is necessary to provide the best sort of assessment and treatment for sick children. There are children, particularly babies and young children, who are so acutely ill, especially with infectious disease, that they need more skilled nursing and medical care than can be provided at home. There are children who, for diagnostic purposes, require specialised equipment only available in hospitals, and for whom at least one and perhaps several overnight stays are required. There are children who need emergency surgery (for example, for appendicitis or pyloric stenosis) who must be in the hospital for the operation and a period of recovery. Finally, there are children whose psychiatric problems have failed to respond to out-patient treatment while living at home and who may recover better away from their families.

So hospitals are necessary. Some children do need admission. As this is the case, we need to pay attention to all aspects of care. Why is it important to look at the psychological aspects? First, there is evidence that children's physical condition improves more rapidly if psychological care is of high quality.

Malnourished children recover more rapidity if they are given adquate psychosocial stimulation as well as adequate food. Children who are prepared for tonsil operations bleed less after their operations if they have been psychologically prepared. The negative emotional effects of hospitalization are reduced if strong attention is given to psychological aspects of care. Staff who work with hospitalized children should not be forgotten. Attention to their levels of stress can result in an improvement in their morale, and this surely will reflect on the quality of care they give to children.

In contrast, lack of attention to psychological aspects of care results in increased rates of emotional and behavior problems. Such effects can be long term. Repeated admissions to hospital in the 1950s in the UK, at a time when attention to psychological aspects of care was much less than it is now, resulted in higher rates of delinquency and other types of behaviour problems many years later (Quinton & Rutter, 1976). There is some evidence that, with more attention to the psychological welfare of hospitalized children, such adverse effects have been reduced or have even disappeared altogether (Shannon *et al.*, 1984).

How, then, can hospital staff re-

duce the risk of psychological disturbance in sick children who are hospitalized? How might they make hospitalization a positive experience?

The paramount principle that is necessary to achieve this end is to make the world of the hospital ward as near as possible to the world the child knows best, his or her home (Brown, 1979). Of course, the way this is achieved needs to be compatible with the delivery of the best nursing and medical care possible.

For a child, the most important and significant feature of the home is the presence of his parents and other close members of the family. This means that, for the hospitalized child, the presence of family members, and, in the case of young children, especially the mother, is the key to success in reducing adverse effects of hospitalization. Surely children need their parents around at times of illness to an even greater degree than when they are well.

a) Ideally, therefore, the mother's presence on the hospital ward should be welcomed throughout the day, and rooming-in facilities should be available for night-time accomodation as well. Twenty-four hour opportunities for visiting by parents is essential, but it is unlikely to be achieved in a satisfactory way unless the problems associated with this policy are openly addressed. Many nurses feel worried by the presence of parents on the ward. They need help to see that parents can be extremely useful, can improve communication with the child, and can lighten the load on the nurses. Parents can become very bored sitting with a sick child all day. They may need help to find things to do, and to spend time off the ward. The needs of brothers and sisters need to be considered. They need their parents, too. Parents may need help to divide their time and learn how to enlist the help of other people to look after their other children some of the time. Doctors worry about parents and visiting children bringing infection onto the ward. Except in those unusual circumstances where children have had their immune systems destroyed by illness or as part of treatment, there is no evidence visiting is likely to cause any significant harm. Of course, parents *can* sometimes be very difficult, and they can sometimes create problems with other parents by alarming them or criticising the medical or nursing staff. But, overall, the welcoming of parents on a 24-hour basis has proved a great bonus.

b) In making the hospital setting as comfortable a place as possible, nursing staff in particular need to know about a child's likes and dislikes as far as food is concerned, about the furry toy or piece of blanket the child carries about with him everywhere, about the name he likes to be called by, about the games he likes playing, the TV programmes he likes watching, and so on. Many hospitals now ask mothers to fill in questionnaires about these aspects of their children's lives on admission, so that there is no question of these important matters being forgotten. Preparation of the child before planned admission is helpful here (Wolfer and Visintainer 1979).

c) Communication. There needs to be good communication between parents and hospital staff, and, at a level appropriate to the child's understanding, between the child and the hospital staff. This means that parents must be able to talk to hospital staff about how their child is doing, how the investigations are proceeding, etc. Many hospital staff members find it very difficult to give bad news to parents. They will avoid talking to parents of a dying child. They will sometimes be more optimistic about a child's future than is realistic. Of course, doctors and nurses should not see it as their job to destroy all hope, or to suggest that nothing can be done to help very sick children. But they should recognise that parents who have a child with a chronic illness, perhaps likely to end in premature death, may psychologically need to go through a period of depression before they can adapt to the realities of the situation. They may need to mourn for the normal child they have lost. If doctors and nurses protect parents from the knowledge of the seriousness of their children's condition, they may be preventing satisfactory adaptation.

Other aspects of communication are also important. When children leave hospital they will often still require the care of local services. Hospital staff need to pay attention to the quality of communication with local health, education and social welfare services so that the transition from hospital to home can occur smoothly.

d) Preparation of children for investigatory procedures and for operations is another important aspect of the psychological care of children in the hospital. The use of puppets, books, specially-prepared play material and other techniques can be helpful here. Hospital staff need to be careful in the language they use. A child may be more frightened when he is told he will " just be put to sleep " if those were the words used when the family dog who had grown very old was taken to the veterinary surgeon to be put to death. Hospital staff need to be able to listen to children, to know what it is *they* are frightened of, because each child is likely to have *his* own special fears and fantasies. As far as possible, parents should be involved in helping in the preparation of their children for procedures and, if possible, they should accompany their children, if awake, to the anaesthetic room before they have an operation.

How can hospital staff achieve these desirable aims? Obviously, this will depend on the resources available. First, doctors and nurses do need to have time to talk both with parents and children. Communication is not a luxury part of care–it is essential, and if it is not given due attention, the physical caring will often be wasted and ineffective. If a child is unhappy and depressed in hospital, and misses his mother, his response to physical treatment is likely to be poor.

But, if it can be afforded, the presence of other staff who can specifically look after the psychosocial needs of children and their families can also be helpful. Perhaps the first priority is for a liaison nurse who can keep contact with the family for a short time after the child leaves the hospital and inform the local services of the child's needs. A play specialist on the ward can help with diversion as well as help-

ing the child express anxieties through play, drawing, etc. A social worker can support parents through times of emotional crisis and make sure that family members are receiving the financial benefits to which they are entitled. For older children admitted for longer period of time, teachers can maintain an educational program and provide continuity in the child's schooling. Mental health staff, such as psychologists and psychiatrists, can be available both for consultation about problems with individual children and their families, and for direct clinical work. This small army of extra professionals is often available in well-provided hospitals in economically developed countries and plays a valuable part in helping the hospitalized child. But a core team of a pediatrician and pediatric nurses dedicated to the care of the *whole* child and sensitive to the needs of the family is the main key to success

How are the world's hospitals dealing with the psychological needs of the hospitalized child? Many are doing a very good job. Some are not, and could do a great deal better with their limited resources. Often it is in the poorest countries that the best emotional care is provided. The family camps beside the child's bed and refuses to leave while the child is sick. They demand and get explanations from the doctors and nurses. The wards may be overcrowded, but the atmosphere is really caring. There are also some excellent programs for psychological care in some of the rich countries of the world. But there are still, even in the 1990s, hospitals where parents are only allowed to visit once or twice a week, where children who are ambulant are not allowed to wear their own clothes but have to wear hospital nightwear, where children lie for hours unattended.

There are a number of very influential people in this audience. Many of you are asked to visit children in the hospital from time to time. When you do so, I have a request to make. You can feel free to make polite expressions of approval when they show you marvellous equipment and new buildings. But please ask about how much parents are allowed to visit and how much they are involved in the care of their children. Ask how children are prepared for procedures. Notice not just whether there is play material available, but how much it is used to communicate with children. And reserve your strongest approval for those hospital staff members who score good marks in these respects. They are the real pioneers in good care for the hospitalized child.

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MIGUEL MARTÍN RODRIGO

Aspects of Ethics and Pastoral Care

I. Introduction

When the sick person is a child and the child is hospitalized, the ethics of the person–and, more concretely, bioethics–takes on a specific tonality. Without losing any of its basic parameters, it must adjust sufficiently for the purpose of promoting and defending the values of such a concrete subject.

If every sick person is by definition a weak being and consequently needs special care and respectful defense of personal rights, the two observations are accentuated in the case of sick children. Children, who in themselves are weak, are situated in utter indigence when their health is affected.

They remain entirely at the mercy of others–family, health professionals, medical institutions, health policies, and society at large, which points to the orientations it deems most appropriate for the type of social-medical attention it indicates. And that is why it is required of everyone to shape an ethics which makes the centrality of children its first objective, relegating other kinds of interests, which may be perfectly legitimate, to a secondary order on our scale of values.

And yet, before all else, it is fitting to make clear that sick children who are hospitalized are members of a society with values and who are hospitalized are members of a society with values and nonvalues shaping a moral universe within which its life process takes place and, consequently, its process of health and illness. To speak of an ethics in caring for sick children in the hospital implies reducing our framework for reflection to very limited parameters, when perhaps, in many cases, the serious ethical problem is situated in a structure which has made children become ill, or in an another preventing them from being hospitalized when necessary. In this awareness, then, we shall conduct our reflection.

II. The Families of Sick Children

It proves obvious from every standpoint that the families of sick children must be their main allies in the defense and advancement of the rights of their sick members. And normally such is the case.

It is in families, and more concretely in parents, that the exercise lies of the protection of the rights of those who, at that point, because of their age, are not capable of doing so autonomously.

Hence families are usually constituted as natural interlocutors to be informed correctly on everything regarding diagnosis, prognosis, and treatment, concerning which they will give their informed consent. With a psychic block at many moments, they will need emotional support and shielding enabling them to situate themselves and provide the response expected of them.

Quite often pastoral accompaniment will be necessary, compounded of closeness, silence, and solidarity with their pain, to help them recompose their image of God, seriously eroded by the blow undergone in one of their weakest members, and to reconstruct, starting from these very assumptions, the authentic face of God, nearby, but perceived as absent, mute, but crying out in accordance with the pain of the sick children and the effort invested in their cure.

In terms of their essential mission–particularly that of mothers–in children's lives and development, it will be necessary to decide upon adequate measures so that their presence will be guaranteed whenever possible; families must be helped not to neglect the attention required by other family members, frequently other children. And to that end it will be good to have society itself take part through solidarity exercised in the form of volunteer work, or personal economic assistance in substituting for people in jobs which are temporarily abandoned.

Sometimes–and not so infrequently as it might seem–families may cease to be the primary allies of sick children and become their main enemies. I am referring to those cases where, on being admitted, children present symptoms of maltreatment or others where a certain way of conceiving the quality of life supports taking a series of measures manifestly contrary to the right of life of the children themselves.

I am not speaking on the basis of hearsay. At my hospital the Social Work Service last year (1992) observed sixty cases of physical maltreatment presenting clear signs of its occurrence. To add thereto the cases of psychological and emotional maltreatment would mean inflating our statistics in alarming fashion; Unfortunately, it is more problematic to detect this type of aggression.

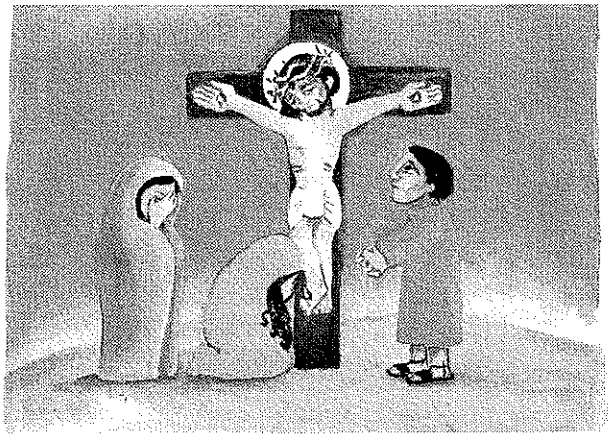
To assert that in our society

there are a good many seriously damaged–and sometimes destroyed–homes is not alarmist. The cases of separation and divorce often leaving children with no firm ground on which to base adequate development and situations of alcoholism and drug addiction imply the existence of real hells where many children are condemned to a wretched life.

To detect the cases in which this occurs and, above all, go into an analysis of the concrete circumstances while seeking more appropriate solutions represents an authentic labor of social engineering and professional courage capable of accepting the consequences deriving therefrom. It is a proven fact that the families of maltreated children tend to impede any kind of access from outside which may bring to light the pathology existing within them. And violence–previously administered on the inside–concentrates and channels itself exclusively upon whoever seeks to penetrate their obscure world.

Hence one must gather together one's pluck to carry forward any kind of action whose objective is to uncover a pathogenic reality wherein children bear the heaviest burden. Quite often health professionals are tempted to " ignore "–or at least not to get into–a process in which they intuit serious difficulties, as well as risks and dangers which are more than likely. But it is an unavoidable duty. It must not be forgotten that having to go through the hospital–usually by way of the emergency service–is perhaps the only chance for children to be discovered and, consequently, redeemed from the infernal circle in which they are immersed. Therefore, all health professionals carrying out their mission in contact with children must possess adequate sensitivity to detect situations of this kind, along with deontology and personal courage to act consistently

Another aspect in which from time to time families themselves are the main impediment involves divergent views when it comes to evaluating the quality of life their children can enjoy and, as a result, the most appropriate therapeutic measures to apply.



These disagreements appear on both extremes: families demanding the maintenance of disproportionate measures to sustain a life merely biologically or, on the other hand, those refusing to apply totally proportionate measures which would save a life perhaps not enjoying the quality desired by all, but, in any event, fully human and capable of being humanized. Paradoxically, in cases of the first kind there usually abound family structures that are not completely healthy, with a certain guilt because they feel they have not given all needed emotional support previously and are now totally obliged to demand all kinds of therapeutic action, for the main purpose of not worsening that guilt. In the other group the family profile corresponds to a culture now current which presupposes that only what can be beautiful, productive, and efficient has a right to life. At the outset we observe an utter inability to welcome within them someone not possessing such potentialities. The notable drop in births at present further accentuates the requirement that the children desired should be as one wants them to be–something often difficult to obtain.

The two conflicts, not easy to resolve, usually demand an initial understanding through which one structures a whole process of accompaniment and information helping to deal with a situation which exists and requires a response–a response presupposing a substantial change in attitudes and destined to affect later family development seriously.

III. Health Professionals

One must start from the fact that all health professionals possess a deontology which, based on their own conscience, is oriented towards attention to and care of the sick, subjects of certain rights belonging to them as such. And this must be insisted upon. The professionalism and vocational character with which the immense majority of healthcare specialists approach the sick, and even more sick children, are common currency. The child charges them emotionally in

what is usually their professional style and sometimes even their way of being.

But it would be helpful to insist that nowadays we should not always take this assertion for granted. The spectacular advance in health sciences, the broad consequent development of technology, and the superspecialization at which we have arrived have generated an educational system which has very often neglected what in other period were called " humanities. " Today we frequently find ourselves with professionals who know " almost everything about almost nothing, " and in their baggage knowledge of man is usually not found, the study of the human being as such. Basic principles are lacking in anthropology, philosophy, psychology, and, of course, ethics. Ethics, at many junctures, tends to be rooted in eminently pragmatic concepts whose axiom is nothing but " What can be done is what should be done " On other occasions it is sociological ethics which is effected: an ethics worked out by the majority currents in reflection in the latest opinion polls.

The lack of humanistic training which is sufficiently amalgamated through study and reflection and assimilated into one's own deontology proves to be an obstacle hard to overcome when proposing integral care attending to sick individuals and not circumscribed to " diseases in themselves. "

We must promote care in which man is conceived to be a complex--biopsychosociospiritual--but unitary being. And the unity of the being demands a style of interdisciplinary work in order to look after people correctly. Otherwise humanity in our hospitals--and, logically, humanity in care--is not possible.

Health professionals carrying out their activity in children's hospitals must show special sensitivity to respect for life in advancing, defending, and infusing humanity into life. And this depends on solid humanistic training which, while not at all overlooking scientific-technical education, enables us to look after life integrally and in a fundamental way when life begins to evolve from a state of debility towards all its potentialities.

IV. The Hospital: An Institution at the Service of Sick Children

Let us assert at the outset that the hospital neither is nor should be a home for anyone. It cannot fulfill a mission for which it has not been created. It is constituted as one element among many--even if of singular importance--in the totality of a system aiming at the advancement, defense, and rehabilitation of health.

Today the hospital is a center possessing a considerable scientific-technical endowment and technically qualified professionals rendering it an extremely costly resource for the community which is logically required to be effective and efficient.

Like all citizens, children must have access to it whenever they need its services. And, in thinking of them, every hospital facility ought to design a plan for layout, internal organization, and equipment--and, of course, professionals--capacitated to offer them the most appropriate pediatric care in a framework which is as untraumatic as possible for those forced to remain outside their homes and temporarily abandoned by their loved ones. To identify the environments and attention for the hospitalization of adults with those aimed at children amounts to serious negligence.

Every hospital taking pride in the care it offer to sick children cannot neglect all that is connected with social, psychological, and educational attention to them--above all, in prolonged stays. It is particularly important to integrate the family into the therapeutic process, with adequate information and the maximum possible involvement in treatment. To reinforce a good volunteer service can be of some help in this regard. Every human being--and especially the child--needs emotional ties for correct development. To block them represents a serious attack with grave consequences in this case.

The Ethics Committee--which every hospital ought to have--becomes indispensable in the case of

pediatric attention. The unique acuteness with which ethical conflicts arise whenever life is starting to unfold and the absolute incapacity for self-defense attributable to children create a necessity for this forum of analysis and decision-making which are as objective as possible. Aside from this, such a Committee must confront another, no less important challenge–to promote an ethical culture whose basic horizon is respect for and advancement of life among professionals at that facility.

V. Towards a Culture of Life

I feel the time has come to venture to offer a positive message accompanied by significant deeds in that same direction of positiveness which will gradually engender in a natural way a new culture of life, just as John Paul II has been recommending from the start of his Pontificate.

Unfortunately, we can never cease to denounce all the attempts on life which are being introduced quite forcefully into our world–abortion, famines, wars, marginalization, terrorism, violence, euthanasia, etc.

But I believe the Church acquires her authentic moral prestige when, in addition to doing so, she presents concrete forms of action creating the real possibility for what she defends. Throughout her extensive history there have always been men and women with sufficient creativity for this task. Some of them have been recognized for their sanctity and have established religious families that have continued their charism; many others have apparently gone unnoticed, but have left a mark, a way of acting, a culture perpetuated in history itself, anonymously but visibly.

For this reason I manifest my deep conviction that we who declare ourselves to be believers and all the institutions describing themselves as Catholic are challenged today to mold into concrete plans for action projects destined to constitute the platform for that new culture of life. And in this challenge Catholic hospitals have a role that is at once unquestionable and unavoidable.

I propose two specific topics which I shall go on to describe. Today a beautiful reality is scientific progress in knowledge of the prenatal stages of life. Prenatal diagnosis is a tool which the times place in our hands. And, like every tool, it is capable of being used in different and contradictory ways. It may be used as a resource to proceed to interrupt a pregnancy where a being is detected presenting a certain anomaly or deficiency. But it can also be used to develop an action plan which in many cases can correct or attenuate such anomalies (in this regard science now possesses instruments capable of acting, and in the near future its action will be able to attain higher levels). In any event, there is always the possibility of informing parents about the situation and helping them in all respects to confront a reality they perhaps did not count on, but which exists and is on the verge of entering life with full rights.

On the other hand, medicine –whose impotence must be borne in mind–has rediscovered today what it calls " palliative care, " which is nothing but a way of looking after–not curing–those human beings for whom therapeutic resources suitable for their pathology are lacking and death appears as the logical outcome in the immediate future. The objective is thus to avoid or alleviate pain–and extensive means are available for this today–and to help the sick live through their last phase of life with the greatest possible autonomy and the best quality of life they can enjoy while they are being prepared to face death with dignity.

At the children's hospital where I serve pastorally, we have ventured to create these two Functional Units: Prenatal Diagnosis and Palliative Care. Regarding the latter, we are pioneers in our country. And we have done so precisely as an option for a Catholic facility standing behind the value of life in its integrity and wishing to do its small part in developing this new culture of life, refusing to be known " for what is not done there, " but, rather, wanting its Catholic iden-

tity to be recognized for what it does on behalf of life–a human and worthy life.

Experience shows us that our venture is meaningful and we are not mistaken. We perceive that both Units are gradually–a new culture is not constructed in a few months–creating a new understanding, new ways of acting–in short, a new way of being present.

A new pro-life culture cannot be supported by a series of prohibitions, but by a solid core of affirmations unfolding in reality. Logically, prohibitions arise as a result of such affirmations. Only through positiveness is it possible to provide an impulse, generate enthusiasm, and make practical commitments.

universality, precisely at a forum which so evidently represents it–this International Conference organized by the Pontifical Council.

I am aware of the constant temptation to withdraw into ourselves in our nation, in our country, and now, perhaps, on our continent, Europe. And, having fallen into that temptation, we easily forget that the world is much larger and that the problems are much more acute than the ones we perceive.

The current economic crisis Europe is undergoing is real. But no less real is the fact that, even in the crisis, we possess resources and means incomparably greater than those available in other areas of the planet. Our crises are insignificant alongside the perpetual state of indigence in which they must live.

presented images of a children's psychiatric facility in a European nation marked by poverty–the same indignation I felt when the same media spoke about a group of children suffering psychiatric disorders forced to remain scattered over the mountains after the bombing of the hospital where they received care.

Situations like these seriously challenge the ethical sense of world claiming to be " civilized. "

VIII. The Pastoral Dimension of a Children's Hospital

It is appropriate to point out initially that a children's/maternity hospital–like the one where I

VI. A Concrete Deontological Proposal

On the basis of the criteria set forth above, I wish to make my own the formulation of the Rights of Hospitalized Children which the European Parliament is proposing for inclusion in a European Charter on Hospitalized Children (Official Daily Bulletin of the European Communities, Tuesday, May 13, 1986. Texts approved by the Parliament).

VII. All Sick Children, Everywhere in the World, Have the Same Rights

I would regard it as a serious sin of omission not to proclaim this

For this reason–reasserting what I have sought to point out in my paper and in view of what I deem appropriate for our western, developed conditions–I feel that I must now speak out on behalf of those lacking a real voice. And I do so to proclaim humbly but forcefully that " all sick children everywhere in the world have the same rights. "

I feel it is not necessary to describe the circumstances of thousands of sick children in countries endemically condemned to poverty. We are all familiar with this.

I would like to take advantage of this paper to convey to everyone the bitter experience and shame I felt as a human being when a short time ago my country's mass media

serve–is not the most comfortable place for God. To reconcile the pain of the most innocent–and sometimes a diagnosis entailing a prognosis that is not at all clear–with the omnipotence and love of our God often proves a difficult task.

Personally, I have come to call this situation a " cemetery of gods. " I say " gods " because they are all the idols manufactured through human action–not at all by the Father of Our Lord Jesus Christ–which crumble when illness and pain grip the innocent: gods created by man, manipulated by man, domesticated by man. Sometimes they even receive the name of the true God, but they are not. And the hospital, like the crucible,

fulfills the task of demonstrating this.

Serious illnesses in children and their birth with malformations put into question the faith which we have cultivated with more or less difficulty–a faith that with some frequency has stood up against the hardships proper to life and the moments of stress found therein. But that faith receives too harsh a blow when it is precisely in the fruit of one's own entrails that weakness, pain, and death furiously attack.

In many instances pastoral work here must start by stooping alongside the parents to pick up the thousand and one pieces into which the vessel of their faith has broken–a hard and difficult task, but a necessary one. It is the time of silent solidarity, of human closeness in sharing the apparent injustice of the situation. These are concentrated, rough periods, but without them all effort would involve building on sand–if, indeed, there is anything that can be built at all.

Only when one has lived through them side by side with others, in close union with parents, only when they have been able to perceive our solidarity clearly at the same time as our incapacity to provide easy explanations for what lacks explanation, does it become feasible to reconstruct, once again in their company, that vessel of faith, piece by piece, just as a puzzle is put together–through the experience of pain, which is, however, shared, through hope that is threatened, but maintained, and through closeness which is silent, but meaningful.

In view of all the foregoing, as one of its basic presuppositions, pastoral action at a children's hospital cannot dispense with a joint effort to achieve acceptable standards of humanity which involve professionals; this will be the foundation rendering feasible all projects to reconstruct a seriously damaged image of God.

Pastoral care at a children's hospital cannot and must not overlook the administration of the Sacraments, but has to bear very much in mind that it is evangelization which is to bring together the best and greatest efforts–evangelization which will be carried out hand in hand with the solidarity of believers who have shared a whole process in depth while respecting the different rhythms it follows in each person, evangelization which will always be articulated in terms of the at once difficult and stimulating pedagogy of speaking about God from the standpoint of the suffering of the weak and the innocent par excellence.

If pastoral care can never be planned in separation from reality, to avoid this at a children's hospital would mean condemning it not only to utter ineffectiveness, but, more often than one might think, to the creation of antibodies impeding further action in this same direction.

God must be rendered present at the hospital–a God, however, who has something to say about and to the hospital, a God who remains mysterious but who becomes incarnate in the human and familiar gestures of pastoral workers, a God who, rather than being a clarifier of " reasons, " becomes a companion on a road whose course is not always clear and unequivocal.

All of this demands a team which, through coordinated action, is quite familiar with the place where it moves and which, in terms of that familiarity, is capable of planning the most appropriate action to make its mission operative, a team including believing men and women who, coming from the sphere of Christian health professionals, volunteers, and religious life, are able to make the Church present by their intimate communion in a world which, though perhaps initially hostile, is later a fertile field for the sowing of the Gospel. It is the good soil obtained after patient, careful work of preparation, ready to receive the grain of wheat which may remain buried, but which sooner or later will yield its fruit.

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Editor of Labor Hospitalaria
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RAFAEL PEÑA GORDILLO

Schooling in the Children's Hospital

The Background

Teaching as a complement to hospital medical care has been a reality for many years in very different European countries and North America. We know that in past decades, children's wards were closed, even to parents: in such a rigid atmosphere, there was no space for the children's education. It was from the Second World War, due largely to the efforts of pediatricians and psychologists, that these wards began to open their doors. The basic cause was the frequent and severe psychological alterations suffered by children admitted to hospital for long periods, away from their family surroundings

A hospitalized child may, even if admitted for a short period of time, suffer a variety of psychological alterations, not just because of the sickness but because of separation from parents, and social/school deprivation. The education of such a child contributes to emotional stability, happiness and a speedier recovery. School teaching in hospitals not only further humanizes the child's stay but also helps to prevent the potential negative effects which the medical treatment and the hospital itself may generate (Lizascain and Polaino, 1988).

While the main focus appears to be on preschool and primary education, the aim is not merely to impart a set of subjects and provide information to the hospitalized child: in order to attain the appropriate psychic-physical adaptation, it is necessary to alter children's recreational activities and personal relations. Very young patients must be given openings for personal and intellectual development.

The hospitalization experience offers the child the chance to learn about body function and health self-help. All these resources must be exploited, with effective interaction between nursing staff and teachers by means of the development of schemes and materials oriented toward the education, teaching and training of hospitalized children

The major difficulties encountered by professionals in this field include the accommodation of educational schemes to the children's capacities and the special conditions of hospital work.

A hospital teacher may, given the nature of the work, feel isolated, working in a medical environment so that the teacher's role is often less important than that of other health professionals. Added to this is the fact that nursing personnel usually have only a vague notion of the role of a teacher in a hospital. Moreover, parents may be an obstacle to education, treating it as something superfluous to the child, given his or her state of health. It must be clear that, in any case, psychoeducational care of the hospitalized child is not just convenient but indeed necessary: awareness of this is steadily increasing, notwithstanding the many problems which must be overcome.

Objectives

The General Objective

To provide education to children admitted to hospital.

Specific Objectives

a) Wherever the child's health permits, to continue the established general curriculum for the level of each hospitalized child, with any necessary adaptations.

b) To facilitate the child's post-hospitalization integration into his educational level, ensuring security and self-esteem through the educational activity carried on in the hospital

c) Through ongoing school activities, to limit educational lag in areas of the curriculum as a result of the absence from school during hospitalization.

d) Through the different areas of the curriculum, to ensure that the child is able to evaluate and correctly situate the true dimensions of the illness, avoiding anxiety and isolation.

e) To make hospital free time and leisure positive and instructive, with the programming of educational type leisure activities jointly with other professionals involved in such schemes.

f) To design and develop formal and informal activities which enhance educational attention to hospitalized children, particularly in the psychoaffective realm.

g) To stimulate the participation of other entities or organized groups in the care of hospitalized children

Methodology

The methodological criteria underlying the care of the hospitalized population must be as follows:

A. *All-embracing*

To integrate the medical environment in which the children are living into classroom programming, giving it a positive dimension, using the hospital as a source of educational and motivational resources to create a more real dimension to the content blocks programmed.

B. *Personalized*

The programming is adapted to each child, adjusting to the schooling level of each hospitalized youngster, their interests, affective situation and health, with the necessary adjustments and curriculum adaptations the professionals involved (teachers and medical staff) consider appropriate.

Teachers working in hospitals can program " parent schools " jointly with the medical staff, adjusted to their children's hospital situation, to deal with questions of health, providing the parents with information in order to evaluate the features of their child's illness, aiding them in perceiving it correctly and in establishing behavior guidelines which will enable them to act correctly and appropriately in the hospital and post-hospital process.

Teaching staff

The Teacher's Role

Educational: to ensure the continuity of the schooling process.

Compensatory: To implement activities of a compensatory nature in relation to the special situation represented by the interruption of these patients' schooling.

Preventive: To forestall potential educational lag caused by the break in school attendance.

Therapeutic: To combat hospital syndrome and deflect concern about the illness toward school activities, providing structured communication channels which allow for enhanced adjustment to their schooling reality.

Normalization: To normalize the hospital situation in relation to the child's life outside the hospital, introducing school activities which are an important part of daily routine.

Integration: To learn to live together and accept hospitalized children as a group, irrespective of origin, age, illness, etc.

Coordination

I. Internal

A *Within the teaching team*

Where more than one teacher is assigned to a hospital, an annual work plan must be established whose programming admits the spaces which enable the teachers to coordinate their organization and methods.

C. *Participatory*

The programs must be developed with the participation of:

The medical staff, which can advise on technical aspects of the child's illness and the physical and health capacity pointing to schooling, reporting on the pupil's activity and performance potential.

The teachers in the hospitalized child's school, who can provide the initial information which the hospital teacher considers necessary to the programming.

The families of the hospitalized child, involving them in the process of recovery from the illness and in the educational process.

B. *With the hospital's medical staff*

In terms of the following:

Information on the pupil's technical and health aspects.

Collaboration in curricular, extra-curricular and family health training activities.

Organization of the educational activities in space and in time to adjust as far as possible to hospital hours and organization.

C. *With the families*

There must be allowance in annual working plans and programming for periods of interviews and exchange of information with fam-

ilies. Training and collaborative activities can be set up with families together with the medical staff.

II. External

A. *With the inspection services*

This can be done through the work plans and annual reports, and on the basis of the monitoring plan of the Technical Inspection Service assigned to the area where the hospital is located

B. *With the sector psychological-educational team*

For matters of functional assessment, orientation and implementation

C *With the compensatory education scheme*

Through provincial compensatory education coordinators, who are responsible at the provincial level for the program's management and monitoring.

D *With the pupil/patient reference centers*

With the teachers/tutors in the centers where the children receiving hospital schooling are enrolled.

Target Population

This program is aimed at school-age hospitalized children, among whom the following groups can be defined:

- Long-term patients (more than one month).
- Medium-term patients (15 days to one month).
- Short-term patients (less than 15 days).
- Day patients.

Reference needs also to be made to children convalescing at home and who require schooling.

At all events, it should be noted that the complexity surrounding the situation of children admitted to hospital or convalescing at home makes it advisable not to develop care in an inflexible form: a space must at all times be left open for the analysis of each particular situation and the proposal by the professionals involved in the care and educational process for the formulas which best adjust to the care requirements of each child.

Evaluation

Pupil evaluation

The teacher must evaluate all hospitalized children participating in the educational services of the health center as follows:

- *An initial evaluation*, providing the data needed for familiarity with the program's situation at the outset. The report on this initial programming must contain the information from the teacher/tutor in the center where the child is enrolled.
- *An evaluation of the learning process* which is continuous and formative.

A final report, to be issued in writing when the child is discharged, the aim of which is to inform the teacher/tutor about the programming followed with the pupil during hospitalization and all the qualitative data felt to be pertinent to situate the tutor correctly in relation to the pupil.

Human Resources

All public or private hospitals with permanent pediatric services should have the teaching staff necessary (within the civil service or under agreement) to ensure the continuity of schooling interrupted by hospitalization.

Postscript

I would like to complete this brief exposition with a reference in Spain to the role played by the Hospital Order of St. John of God, which I consider to have been a pioneer in the field of Schooling in Children's Hospitals.

From the fifties to the sixties, the first school units were set up in Manresa, Asilo San Rafael (Madrid), Santa Cruz de Tenerife and Jerez de la Frontera. From

1959/60, as a result of the poliomyelitis epidemic, following the operational guidelines of the Instituto San Jose, O H., at Las Piquenas (Madrid), the way was opened for the establishment of the national Primary School Board, leading to the operation of School Classes in Hospitals in Alcala de Guadaira (Seville), Barcelona, Calafell, Carabanchel (Madrid), Gijón, Granada, Léon, Madrid, Las Palmas de Gran Canaria, Palma de Mallorca, San Sebastián, Santurce (Vizcaya), Santa Cruz de Tenerife, Valencia, Valladolid, and Vigo (Galicia).

From 1978 on, child hospital demand fell off in the Hospital Order, as viable State Health Care developed, leading to the virtually total transformation of many of the Centers referred to above. However, the level of participation in the field of Special Education is so well-known that the Centers in Vigo, Valladolid, Gijón, Alcalá de Guadaira, Las Palmas de Gran Canaria, and Almacelles (Lerida) are now leaders in this sector, finally incorporated into the last stage of Protected Job Centers.

They continue to have the same hospital specializations: the San José Medical Institute cares for epileptic children (the only one in Spain); St. John of God in Granada and Alcala de Guadaira in Seville, for those with motor handicaps; Barcelona and Manresa offer hospital classrooms; and the San Rafael Hospital (Madrid) cares for those with multiple motor handicaps.

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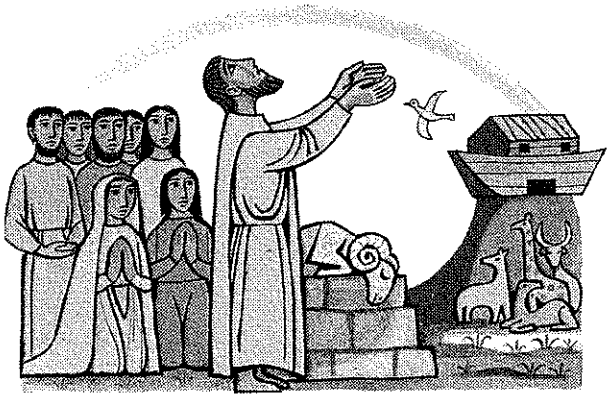

MARIA GRAZIA SALVIATI GAWRONSKA

Volunteers Offering Support to Hospitalized Children and Their Families

Volunteer work, particularly that one carried out in the hospital, has considerably changed its structure fover time.

Going back to its historical origin, a milestone is the year 1617, when St. Vincent de Paul, at that time Pastor of Chatillon les-Dombes, founded the Charity Confraternity, having a lay and feminine character, with the aim of " ...honouring Jesus Christ and His Holy Mother and helping and assisting poor sick people both in the body and in the soul. " The same St. Vincent, who moved to Paris, founded in 1636 the Institute for Visiting Hospitals. In such a period the health care in the hospital was strongly permeated by a spirit of charity and beneficence aiming at giving moral and spiritual relief to needy people. The modern concept of health care surely differs from this intent, having as its objective the health protection of both the individual and the community, based on new scientific criteria; as the hospitals are no longer places of charity, volunteer work has also assumed in time a different character, is completely free of charge, and offers precise skills as a result of specific training. No doubt the spirit which should be behind solidariety towards suffering and poor people must rest on a deep sensitivity and capability to face not only health problems, but the human needs of suffering people.

Today the volunteers who play a role of mediation between the needs of the community and the hospital organization and services, have as their primary aim the care of human aspects and not only of physical diseases, " from cure to care, " as recently underlined by the World Health Organization.

Indeed, still today it is possible to underline how, taking into consideration the pediatric care in hospitals, both the simple ones where primary care is carried out, and the most advanced ones with high technological specialization (such as transplants), the work carried out by physicians, nurses or technicians is not adequate to face and solve the complex human and social problems faced by the children and their families. That's why the precious contribution of psychologists and social workers, as well as of priests who provide their pastoral support, becomes absolutely necessary. Besides the permanent staff of the hospitals, there are a number of persons who voluntarily offer their assistance to children and their families during the difficult period of their hospitalization.

Moreover, this activity cannot be limited to the hospital environment, but should interact with all those services " outside the walls " which connect the hospital to the community, such as the emergency department, day hospital, ambulatory care, home hospitalization, and health care centers.

The voluntary service is of particular importance in wards where children are hospitalized, because psychological and emotional stress must be taken care of during the hospitalization period.

Actually, the admission to hospital is a very delicate moment, often a real psychological trauma which can cause difficult a relationship between child and parents during hospitalization and, more generally, during the illness period. Parting from home, separation from their family and friends, entering into a unfamiliar environment, being approached by unknown people, often " dreadful " (most of them wearing white coats) being treated with invasive diagnostic-therapeutic procedures, and living together with other suffering children, often cause several behavior problems, such as fits of anger, refusal to betreated, extreme irritability, refusal of food, bed wetting, sleeping problems, and, in general, a behavioral regression. Many studies carried out since the 1940's have underlined several factors which seem to greatly affect children's reaction when hospitalized: separation from their parents, the hospitalized child's age (children under 5 years of age appear to be the most vulnerable ones), lack of understanding the reason for being hospitalized and for being medically treated, the hospital environment, which often compels the child to accept sensory and motor restrictions, length of stay in the hospital, type of illness, experience of previous hospitalizations and, last but not least, parents' interpersonal relationship while assisting hospitalized children.

Therefore, it is extremely important to have a hospital staff able to face the emotional stress of the children and their parents. Relations among medical staff, children and parents can also influence the degree of emotional stress when a child is hospitalized.

During this period the role of mediation played by the volunteers between medical needs and the human aspect, both for the children

and their families, becomes extremely important.

On several occasions volunteers can be of great support to hospitalized children and their families: when they

– give a hearty reception (at the admission department, the emergency service and the radiology department);

– accompany the child to the proper department after being admitted to the hospital;

– promote play and recreational activity which take the child's attention off his health problems;

– promote school activities, which are extremely important, as they help the child not to feel isolated from the world outside the hospital;

– help parents in terms of information and the solution of logistical problems;

– address, accompany, and prepare the child psychologically for the outpatient department or the day hospital;

– support parents in case of the child's death.

The volunteers role completes work carried out by the staff; these volunteers should not only be fully available, but also gain a specific preparation and verify their real willingness to perform such duties. We therefore suggest that the volunteers receive proper training and be continuously in touch with people in charge of social services and pastoral assistance.

In conclusion, well-trained and motivated persons can cooperate as volunteers with the hospital staff, by contributing to solve the delicate and important problems faced by hospitalized Children and their families. The spirit of christian solidarity and charity, with its age-long experience, is surely the best guarantee for the volunteers to perform their precious role successfully.

Duchess MARIA GRAZIA SALVIATI GAWRONSKA
Rome

Other Contributions to the Conference Topic

HUNG-CHI LUE

Health for Children in Taiwan: An Unfulfilled Hope

The health and welfare of children can be considered important overall products of interaction between people and their environments, reflecting the culture and civilization of a given society. Economics, politics, ethics, morals, beliefs, and social customs are all involved in the interaction processes. In Taiwan, ROC, an island with a population just exceeding 20 million, the status of child health has dramatically changed with the passage of time and modifications in society and in culture.

Unduly high child mortality in a well-to-do society

In Taiwan, such communicable diseases as cholera, malaria, diphtheria, and polio have been eradicated. The economic progress made in the past decade has been quite phenomenal; indeed, it is often called " The Taiwan Miracle. " The GNP in Taiwan now exceeds US$11,000 per capita, with a world-leading foreign exchange reserve of US$83 billion. Public health parameters and adult mortality rates now generally approach the level of the advanced nations

Infant and child mortality have, however, stayed fairly high, compared with expectations for an area with Taiwan's notable economic achievements. According to the World Health Organization report for 1984-86, the infant and child mortality rates in Taiwan were 2.5 to 3.3 times higher than those of Japan, Holland, or Sweden. Measuring child mortality as a proportion of total mortality, Taiwan ranks 27th in the world, far behind such developing nations as Poland, Portugal, and Greece, and only a little better than Cuba and Argentina.

Child health delivery and welfare systems

Health insurance systems in Taiwan for 40 years have extended coverage to civil servants, company employees, laborers, farmers and, lately, to some of their spouses and parents. Insurance plans have, however, failed and continue to fail to cover infants and children. In 1986, a survey study of 50 major hospitals in Taiwan revealed that every year a total of 5,620 sick children were unable to obtain the necessary hospital treatment because of expenses unaffordable by their families.

Along with the westernization of society, together with a decrease in fertility rate, the so-called " nuclear family " has rapidly taken the place of the traditional " three-generations-in-one family, " of which Chinese culture has always been proud. As a consequence, often both parents have to work to earn their living; family bonds have loosened, and the protective role of the family has weakened. Problems of child abuse, delinquency, and injuries have increased.

The 13 medical centers and 490 other major hospitals in Taiwan are adult-oriented, general hospitals, with pediatric services left relatively short of talent, skills, and equipment. Development of pediatric subspecialties, needed for tertiary child health care, has been neglected.

Since 1971, nonprofit voluntary organizations, such as the Children's Heart Foundation, Childhood Cancer Foundation, Childhood Burn Foundation, and Premature Baby Foundation have emerged as service organizations, rendering substantial financial help to those children in need. The total official budget for child welfare has been limited, although these semiprivate organizations have tried to fill the breach.

Pediatricians pleaded for the founding of a children's medical center early in 1984, and again in 1988. Though the appeal aroused considerable attention and elicited discussion among national leaders, legislators, health care officials, professionals, and concerned individuals, several years passed before reaching a consensus that children need their own hospitals and medical centers. In April 1993, a private children's hospital was finally inaugurated in a suburb of Taipei.

Traditional and current idiologies regarding the child

Traditional Chinese ideologies regarding children, prevailing in the old days of Taiwan, can be easily recognized by looking at colloquial sayings: " The more children, the more happiness, " " Nurture the child and be nurtured, " and " When my son has grown, my shoulders will be eased. " Most parents at that time looked forward to the success of their children, and anticipated the children's coming contribution. Confucius taught: " Filial piety is the basis of all virtues and ethics, " " Children pro-

tect and respect the aged, " and " To sacrifice for parents is a virtue. " A very basic proverb says, " I am not myself, merely the son of my parents. " An old philosophy was: " The child cultivates happiness; the adult makes happiness; and the aged enjoy happiness. " Many Chinese taught their children the sermons of obedience and service, but they rarely talked about the rights of children

Each child is, without exception, the concern of all mankind, regardless of race or religion or nationality. In Taiwan, the crude birth rate had reached 50 per thousand in the 1950s, comparable to some African developing countries with the highest birth rates. The total fertility rate at that time in Taiwan was as high as seven or more. In 1964, the total number of births reached 424 thousand, the largest in Taiwan history. In 1989, following a most successful quarter-of-a-century family planning campaign, the crude birth rate in Taiwan dropped to 15.7 per thousand, and the total fertility rate was reduced to 1.7. Declining birth rate is likely to continue, to the extent of becoming lower than the death rate by the year 2030.

During the early years after the Second World War, as in other developing countries, to have many children was regarded as " valuable " because of potential contributions to the family economy in Taiwan. Children of today are, in a sense, not regarded as so valuable any more: the costs of rearing and educating them are high, and their willingness to contribute to the family economy has lessened. Low fertility has ensued, producing fewer children to supply enough labor for the country.

The value of children to the family and society has become very high, as their numbers have decreased.

Emerging child health problems

Childhood accidents and injuries occur more frequently nowadays, because of increased traffic. More and more children are left at home, unaccompanied or unprotected. Children with serious illnesses–such as congenital heart disease which requires open heart surgery–may induce catastrophe for a small family, given the high costs of medical, hospital, and surgical treatment.

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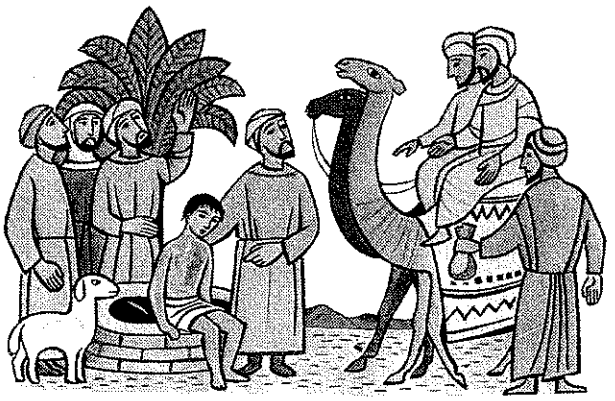

ANTONINO LEOCATA

Ethics Related to Children and Childhood

The children of our time–our children and our grandchildren–are members of our family and integral parts of our community. They are the smallest and most innocent members, the most vulnerable and the most dependent. But they are also the most active and dynamic elements; they are full of hope and rich in projects regarding the near and distant future–a future which we must all reflect upon and think about.

Our agreed action and our common commitment must act to help children. We should reduce their suffering and remove their hindrances, promote their development and aid their balanced growth, and ensure that well-being which is foreseen and sanctioned in authoritative form by the International Convention on the Rights of Children (November 20, 1989). All this should be done in full awareness and knowledge of the actual needs and rights of children.

The above-mentioned Convention should be honored not only by the member states but by all men of good will, and this because of an evident " common responsibility. " Men of good will should be ready to work for the children of today and tomorrow without doubts or limitations. They should have a rigorous attitude and approach based on respect (*maxima debetur puero reverentia*), on research and interdisciplinary analysis, and on a careful use of those anthropological principles and observations which are advanced and sustained by modern bioethics.

But what are the fundamental bases of ethics insofar as they relate to the period of childhood? To express the question in more precise terms: in what ways does the " status of being a child, " from the whole variety of points of view which naturally arise when such a subject is considered, condition the evaluation and implementation of ethics in relation to the many questions which are connected with childhood? In truth one cannot refer to ethics alone–one is referring to ethics concerning the lives and health of children. For this reason certain fundamental facts must be taken into consideration.

First of all, what " chronological limits " apply to childhood? Let it be said right away that they begin at the very onset of life and extend from conception to mature adolescence, an age which the Convention deems to be eighteen.

It should then be realized that " the child is the future man ": the child grows and develops; he undergoes a process of biological, psychological, social and relational maturation whose features change according to the individual concerned, to gender, to the community to which the child belongs, and in relation to the development of man–a reality previously measured in centuries but now seen in the light of decades or even less. For all these reasons ethical questions concerning children and childhood must be discussed with reference to these different stages of maturation, which are themselves always very variable and varied.

Finally, it should be recognized that the different habits and customs to be found and practiced in relation to children, which occur in different societies and different environments and are often divergent in character, must be subjected to a certain uniformity of interpretation and evaluation. This is certainly, and always has been, a difficult task, not least because of the many difficulties which such a project inevitably involves and which, of course, have to be dealt with and overcome.

Another question emerges from a consideration of those general principles upon which ethics are founded, and this relates to the science of the life and the health of the child. To give an example of this, there are two areas of major importance–ethics relating to the individual and ethics relating to the collectivity. In relation to our subject, one can thus see that on the one hand there are ethics which concern the child and on the other ethics which concern childhood.

Ethics As Applied to the Person and Ethics As Applied to the Child

It cannot be denied that within our society the child must receive the same respect and esteem as every other human person. The ethical principles to be applied to him must take the biological and mental maturation of the organism, and his " minor status, " into full and effective consideration.

The ethics of the person are based, in fact, on the principles of independence and the doing of good. These are principles which are fundamental and sound for the child as well–indeed they are such, above all, for the child. While his independence is under the protective wing of his parents or his legal

guardian, both of whom supply the necessary consent when required, his non-objection is present or not according to his stage of development. This point of maturation is usually placed after his tenth birthday Naturally enough, this non-objection is of great importance given that in the future he will be fully independent

In the same way, that which is done for the well-being and good of the child on his behalf must be understandable and well-defined, and must express an intention to achieve the real social, mental and physical well-being of the child. It is not enough merely to aim at his survival. His security, or at least his not being harmed, require that the risks and the potential ills involved–which are usually considerable–are quantifiable and acceptable given the benefits which are intended and planned.

The implementation of the discoveries of research and the use of specific therapies involving diet, medicines, surgical operations, or special treatments, must be preceded by controlled experiments on animals, and these new methods must be tried out on adults before being applied to children.

The pediatrician, his role, and his responsibility all deserve special tutelage. Indeed, the medical team involved in research of this kind should always include a pediatrician, and he, in turn, should have special expertise in ethical questions The pediatrician should always be actively involved in the research project, and before, during, and after every initiative should ensure that ethical considerations are fully brought into play.

The responsibility of the pediatrician to make clear what is good and what is bad, what is acceptable and what is not acceptable, thus becomes more than evident. He must also establish an objective criterion in relation to " risk and benefit ", given that the risk to the child is always greater even when the conditions are the same are those experienced by an adult. In this context, when the case so requires, the pediatrician must follow the guidelines laid down by the N.I.H (the Department of Health and Human Services, 1982)–he must determine whether there is a minimal or negligible risk. By this is meant " a risk no greater than one would encounter in ordinary life, as ascertained by routine psychological or physical tests and examinations. "

Within limits, an element of uncertainty in the carrying out of a basic protocol of procedure may be accepted where the child might be deprived of the advantages of some new treatments. This must only occur, however, when the child's doctor–the pediatrician–is really able to follow the results of that treatment with care and is able to dispel any doubts within a short period of time. At the same time only a small, controllable and controlled number of children may be involved, on whose behalf a certain sacrifice or inconvenience on the part of the family and the community may be incurred.

The approval of research programs, treatments, and cures must, therefore, be considered and effected by an Ethics Committee. This committee should be so composed as to be able to deal with the medical and nonmedical questions that arise in relation to the child. It should be so placed as to give answers to the doubts regarding decisions to be taken and to the fears that may arise over choices to be made. I am thinking here of newly born children who have no hope of surviving, malformed children, problems arising from an especial sensitivity to ion radiation, the dangers of such treatments as those which involve cortisone, hormones, chemotherapy, and vaccination. Judgements must be made which take into account such matters as the complex question of age, puberty, and an acceleration in the process of human growth All this is of great importance in assessing the " risk/benefit " relationship, an evaluation which is becoming ever more controversial, uncertain, and controversial.

There should be an Ethics Committee of Pediatrics and this committee should allow reflection and deliberation, things which are, after all, essential to morality. It could give suitable answers and provide appropriate guidelines in relation to the many questions which arise in relation to childhood; and it could give replies to those difficult queries and worrying dilemmas which are frequently provoked by contemporary realities. Such answers are not set out in the textbooks we have available; they are not present in the medical codes of conduct; and they are not dealt with in the charters and declarations of the relevant national and international bodies and associations. On the contrary, they are written into the secure and strong conscience of each and every man. Necessarily, therefore, they are also present in the conscience of every doctor, every pediatrician, and every practitioner of the human sciences. For this reason they are a sacred and inviolable inheritance of humanity as a whole, and they must be placed at the service of the lives and the health of the children of our time.

Ethics As Applied to the Collectivity and Ethics As Applied to Childhood

A by no means secondary element of ethical questions concerns the protection and the promotion of the mental and physical health of children. It directly involves society itself and its various active institutions, the international and national communities, and, above all, those bodies and associations responsible for the programs, initiatives, and directives which touch upon the whole area and question of childhood. This field of ethics, in fact, is based upon principles of fairness and distributive justice, and it is for this reason one makes reference to macroethics and to the macrosocial aspects of ethics.

Special attention should be paid to the social maladies connected with childhood. I am thinking here of maltreatment, sexual abuses, drug addiction, and early pregnancies. In addition, there is that possible conflict which may arise between the legal obligation to report such things and the medical code or ethics which would require professional secrecy and an attitude of keeping quiet.

There must also be a clearer definition of when it is right to take action with regard to healthy children in order to protect the health of the collectivity. I am thinking

here of prenatal and postnatal screening, the testing of new vaccines in new ways, and new diets which use iodine salts, fluoride salts, or vitamin A.

Finally, there remain the ethical questions relating to health care and financial policies to be applied to communities which have undergone only a limited technological development and which have inadequate healthcare systems, as regards both the child and adults. One is thinking here, in particular, of the pre-eminent importance of the correct treatment and care of children; the many problems which are involved in their protection and their development; their maturation and their formation; the way in which they are prepared for life; and the tutelage of the natural environment in which they grow up and are educated.

All this should lead to a fairer distribution of resources, and this should have the aim of furthering the common good according to a strict observation of a " hierarchy of values. " Indeed, the formula of " costs and benefits " should be considered in a very special way and with a deep sense of responsibility towards all the many problems and difficulties connected with childhood. Never, indeed, has childhood been so threatened as it is today, and never before has it so often been subject to humiliation and insult.

These are all matters which should be brought to the attention of everyone working in this field and those who are responsible for the formulation of programs and policy. Such people have to make judgements about the right values to be followed in the various healthcare systems and structures –above all, on the strictures to be obeyed by pediatricians. These professional men and women must continue to work with the utmost care and love in order to serve the cause of the health and the lives of the children that are entrusted to them. Furthermore, children themselves must be given lawyers and others who will defend their rights and help them to satisfy their needs and expectations.

One cannot ignore a final observation–there is a very real risk that the new technology and the pragmatic mentality of the mass societies in which we live will act to suppress and cancel ethical considerations and values. Contemporary mass society, indeed, pays very little attention to essential and eternal values, and for this reason pays very little heed to that eloquent cry of suffering raised by children all around the world.

A new culture of childhood must be expressed by us today with great force and power–tomorrow may be too late. This culture must find voice in our institutions and be given authentic form by the way we live our lives, and it must be based on the following principles:

the premise and promise of love for each and every child;

an alliance of love with each and every child;

a service of love for each and every child who is born, grows, suffers, hopes, and wants an expression of love, today, from us as well.

Professor ANTONINO LEOCATA
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Member of the National Medical Ethics Committee
Head of the Pediatrics Service in Catania
Italy

DAVIDE MOSCATO

Headaches and the Young

Who has not suffered from headaches? But this widely experienced malady is nonetheless rather neglected. Indeed, it is often seen as a normal part of everyday life. Children are not spared this affliction–they suffer from it far more than is thought, as is quite evident from the research that has been carried out on children of school data refer to true headaches and not to those headaches which are the products of other pathologies. Indeed, it should be stressed that these secondary forms of headache, which are often wrongly studied in order to discover the real origins of headaches, constitute about 10 to 15% of all cases of headache. In the problems, and bad spectacles; otolaryngological problems such as sinusitis, vasomotor rhinitis; or dental problems), and, on the other hand, from those that are so connected: endocranic hypertension produced by neoplasms, hematomal aneurysms, infections, traumas, abscesses, and so forth.

Despite this very PP

tory medicine fail to give them the correct attention they deserve. Indeed a sine materia pain such as that represented by a true headache, which lacks clinical objectivity and which is not measurable in normal terms or with conventional methods, often baffles the doctor and leads him to disbelieve the patient and suspect him of hysteria or mystification. This is especially frequent in the case of children. After all, the dialogue between the doctor and the patient is often beset by difficulties and marked by uncertainty.

Communication between the child and the adult also presents difficulties. In the case of the child there is a lack of precise connection between the word pain and the origins of that pain; in the case of the adult there is a clear awareness of the background to this pain. In children the incidence of headache is the same in the case of both sexes, but after puberty migraine afflicts females more than males. The clinical character of this malady is more or the less the same in the case of children as in the case of adults. Headache crises can make their appearance felt in the very early years of life. The study carried out by us on 6791 children revealed that headaches were experienced early on but that on reaching school age children became subject to more serious attacks, a phenomenon often attributed to an emotional rejection of the school experience (Graph 1).

The crisis in the case of a child lasts less than that experienced by an adult. It is, indeed, the short length of the child's headache which provokes uncertainty on the part of parents. Another idea which should be abandoned is that headaches cease to be experienced with the passing of time. Indeed puberty (a phase wrongly thought to provoke headaches) is a kind of watershed and the headache symptoms stabilize and become permanent features of the condition, even after a period of apparent well-being.

What provokes headaches? Many factors are involved, and they vary a great deal. But the preeminent factor in both children and adults is " stress. " But the attack does not take place during the period of emotional tension–it occurs after the stressful experience–a test at school, for example, or homework, or at the end of a school day. Other important factors are physical exertion, being in closed, smoke-filled, or crowded environments, looking at a television or computer screen for too long, too little sleep or too much, certain foods, and so forth. Headaches take a heavy toll, as adults well know. Repeated tests have to be carried out, analgesic medicines have to be taken, and many work days are lost. The first stressful element in the case of children comes from the school environment–the first place of competition with other children and the first occasion when serious commitment is required.

The social costs of headaches among young people fall on the schooling process for the following reasons.

1) Headaches are experienced more frequently at school and during periods of study (Graph 2).

2) Headaches are usually accompanied by disruptive symptoms (Graph 3).

3) Young people who suffer from headaches often have memory and concentration deficiencies.

4) The young person begins to use and misuse medicines; in addition to leading to overusage this also brings about chronic headaches.

5 Headaches are one of the principal causes of failing to attend school (Graph 4).

6) Headaches are an important cause of giving up school in Italy.

7) Having to live with chronic pain leads the sufferer to become rather isolated, lose personal relationships, and develop a depressed and closed personality.

The relationship between headaches and school is very complicated because school stress factors provoke headaches and this malady disturbs the sufferer's whole school experience. In this way one enters into a kind of vicious circle. But the problem can not be solved through general reassurance or being less dedicated to the schooling process.

It must be dealt with by those engaged in the health service and by the school staff. Teachers must become aware of the problem and engage in prevention and monitoring which children are most at risk. Both teachers and parents can detect the risk factors which give rise to headaches in a student: it is possible to discover the signs of an imminent attack from a previous observation of those students who suffer from this malady. The risk factors coincide with these signs, and they are: family inheritance, disturbance of sleep patterns, and early migraine phenomena.

Family inheritance plays a very large part in determining the presence of headaches–if one parent suffers from headaches, there is a 50% probability that the child will also be afflicted; if both parents are sufferers the probability rises to 70%. In a recent study we observed that family inheritance was a factor in 75.5% of headache sufferers, with maternal inheritance provoking a rate of over 50%. The mechanism by which such inheritance leaves its mark is not yet clear–we do not know whether it is an authentic and real hereditary factor (something which could be made clear by a study of headaches present in adopted children) or whether the family environment is a decisive factor in determining the presence of headaches rather than other forms of illness. It is of interest to note that there could be a " silent " generation–that is, latent sufferers who have not been subjected to trigger factors.

By the disturbance of sleep patterns we mean those non-epileptic phenomena which interrupt a state of sound and healthy sleep of children during the night. Such disturbance is usually commoner in boys than in girls. The phenomena which give rise to such disturbances can be interconnected, are easily noted, are usually not remembered by the child, and become more intense in the NREM phase of sleep. They are as follows: talking in one's sleep, sleepwalking, enuresis, *pavor nocturnus, iactatio capitis*, nightmares, and bruxism. These are very different from–and should be clearly distinguished from–the child's normal movements during sleep: flickering of the eyes, slow movements, and various kinds of

gestures. The presence of the above mentioned phenomena are very closely linked to a subsequent development of suffering from headaches.

Certain kinds of disturbance which appear in the child's early years are called protomigraines. They start in the first months of life and express themselves in hyperactivity, stomach colic and then in what are called periodic syndromes–cyclical vomiting, kinesia, recurrent abdominal pains, shifting bone pains, and parosteitistic dizziness. It has been shown that the incidence of such disturbances is significantly higher in children who subsequently come to suffer from headaches.

– On the one hand, prevention is of essential importance in reducing the incidence of headaches, but, on the other, we often have to deal with a young person who has a headache syndrome which requires active therapy. Of primary importance in such a case is a diagnosis which will enable us to exclude the possibility that secondary headaches are present (those produced by other pathologies). Such a diagnosis can be carried out through study of the case history of the young person, a careful examination, and certain specific tests–EEG, Doppler, and perhaps a TAC, brain scan, spine scan, sinus scan, paranasal scan, and an eye and ear *videat*).

After these tests have been carried out, one can go on to psychometric tests and conversations. The conversation is of vital importance in assessing the condition of the headache sufferer, and should take place with the child, the parents and others involved, all at the same time. This should be done, on the one hand, to understand the type of interpersonal relationship which exists within the family context and, on the other (and subsequently), both to assess the extent to which the headache is an expression of psychic ill-being and to illuminate the complex interrelationships which exist between psychic factors and their physical expression in the form of headaches.

Once the most important characteristics of the headache condition have been identified, it is possible to decide on the best therapy to pursue. Treatment is a delicate process because it must consider all the circumstances of the family and the patient and decide the extent to which the condition is destructive of a normal life and produces difficulties. Treatment is of great importance and must approach the whole headache condition from a very broad perspective. There are three possible approaches and they involve medicines and drugs, behavior, and psychotherapy.

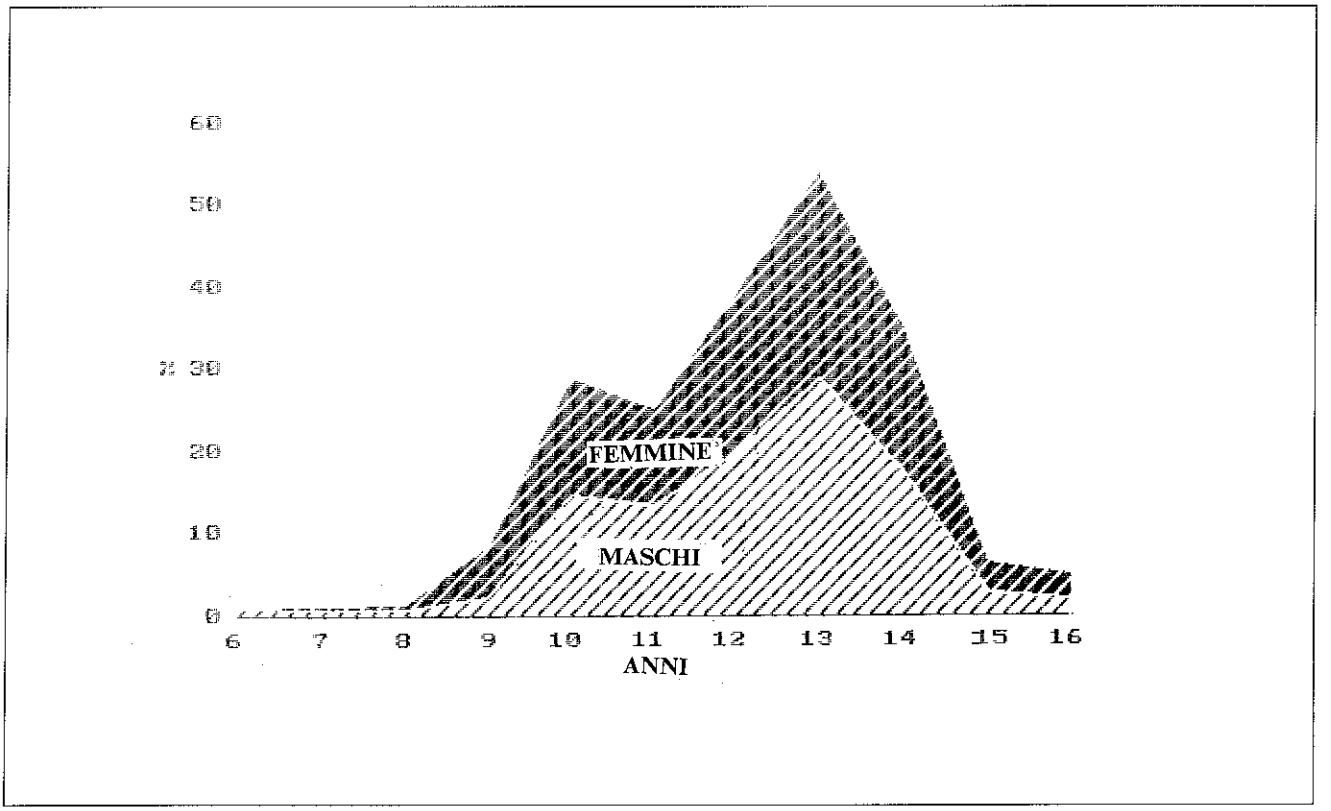
The facts and reflections presented in this paper come from a clinic of the St. Charles of Nancy hospital dedicated to headaches in young people. This clinic has carried out this task for eight years and has done so in cooperation with the various local bodies of the Italian National Health Service in the Rome region, which themselves dedicate a special part of their activities to schoolchildren. Over 15,806 children have been subjected to study and at the present moment over 1500 children are presently being treated for headaches. Active cooperation between parents, teachers, and doctors of the hospital gave rise in 1988 to a voluntary association which is concerned with the whole question of headaches in children, and to a wider understanding of this problem. This association is called the Association for the Treatment of Headaches in Children.

DAVIDE MOSCATO, M.D.
Pediatrics Section, Center for the Study and Treatment of Headaches in Children St. Charles of Nancy Hospital, Rome

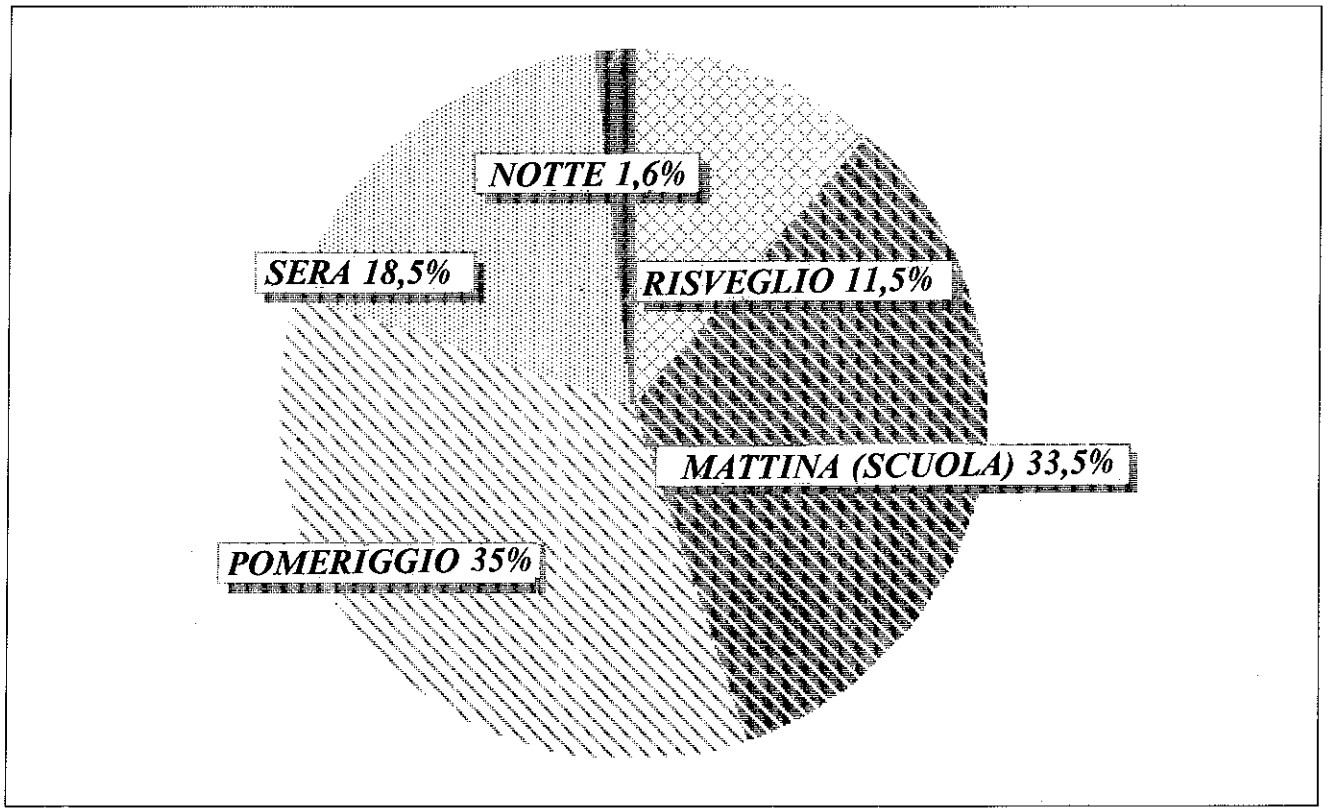
Table 1 – Incidence of headaches during development

Researcher	Year	Age	No. Cases	%
Vahlquist	1955	10/12	1,236	13,3
Bille	1962	7/15	8,993	58,6
Oster	1972	6/19	2,178	20,4
Sillanpaa	1977	10/14	4,233	34,4
Lanzi	1978	6/12	246	27,8
Hunter	1980	6/13	3,909	21,3
Del Bene	1981	10/14	504	21,4
Giacovazzo	1985	11/16	5,017	15,7
Fornaro	1985	6/14	704	28,5
Iester	1986	10/13	1,601	46,6
Moscato	1990	6/16	15,806	27,5

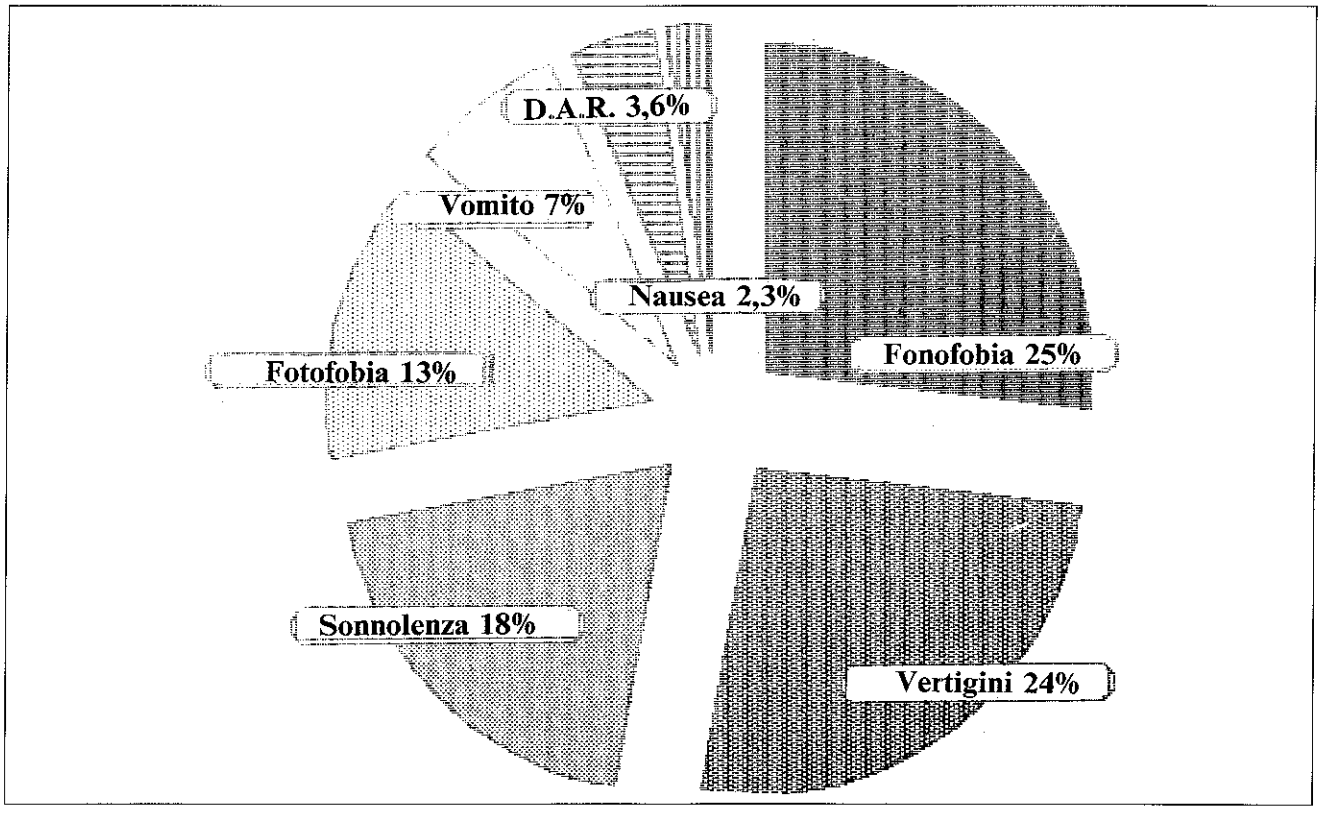
Graph 1 – Years with the highest incidence of headache



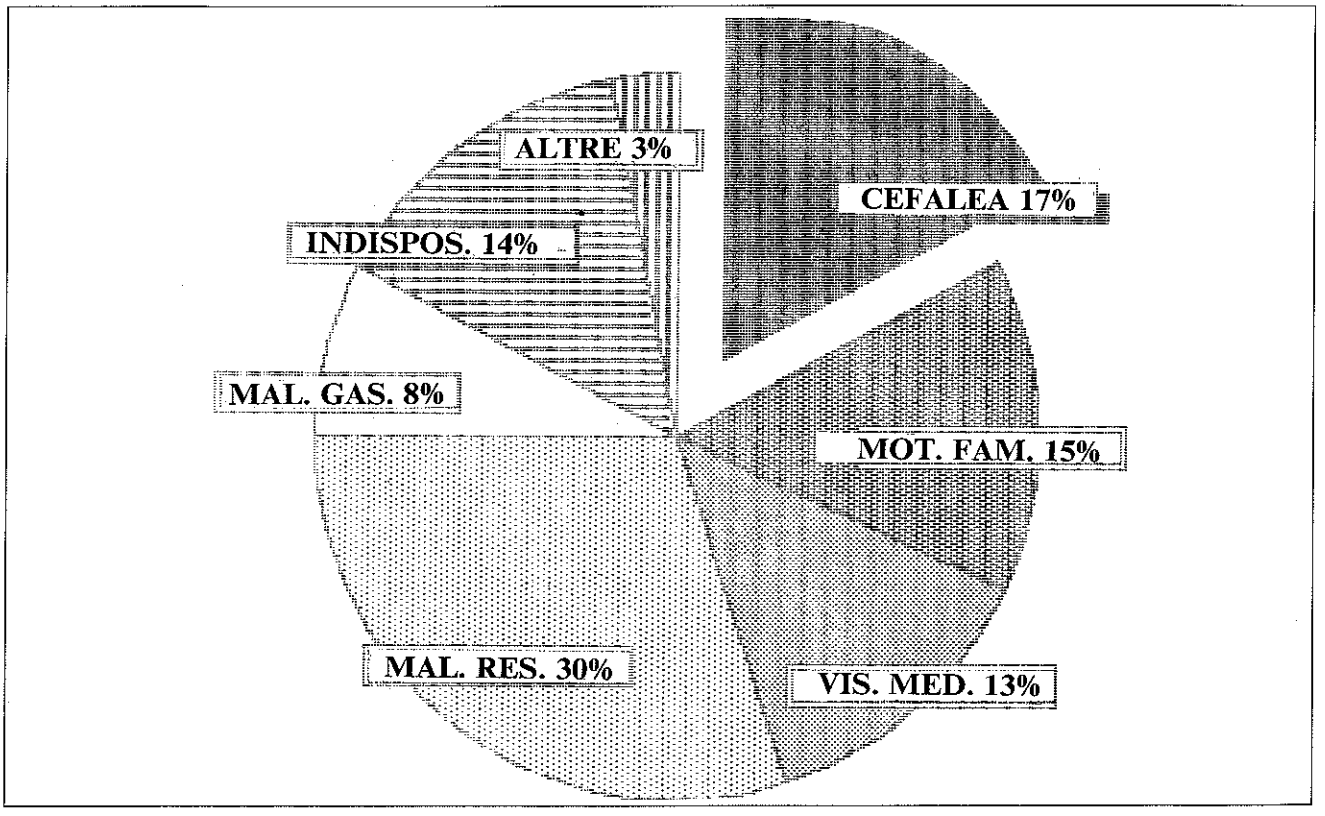
Graph 2 – Periods of headache manifestation



Graph 3 – Symptoms accompanying headache crisis



Graph 4 – Percentages on absence from school



MARIA RITA PARSI

A Manifesto on Childhood Thought

The " thought of children " is not only what children think–it is a " unique, " rather than strong or fragile, way of dealing with reality; it is architecture of the imagination; and it is the expression of the corporeal which each adult has within him–that inner and very special inheritance which links us with the experience of childhood.

For this reason a whole host of adult figures who recognize and respect the child around us and within us, contribute to the development of childhood thinking: parents, teachers, artists, psychotherapists, scientists, publishers, politicians, and men and women of faith and culture. All these people wish to give the child an opportunity to express himself through the mass media, the institutions of power, and the mechanisms of policy that are under their control. They want to give space to children themselves, their voices, their creativity, and their various forms of direct action.

Childhood thinking, therefore, sees adults as united in such an endeavor–they are proponents, exponents, and defenders of childhood thinking in the family, in society, before the law, and in organizations in general, and those dedicated to children in particular. Adults are the moving spirits, leading lights, advocates and champions of the movement. The basic idea of this " philosophy " is that only childhood thinking can spark advance and that only childhood thinking can inspire the spirit. Only in this way can ideologies, political divisions, territorial boundaries, racial divisions, social and class barriers, religious differences, and clan loyalties be overcome and superseded. After all, children are always children, wherever they are and whoever they are.

Childhood thinking is integral and integrating, it is made up of questions, investigations and discoveries. It conquers the future. Childhood thinking simplifies what is complicated because it brings matters back to a fundamental need–that of finding oneself through love, solidarity, and change as a form of growth an alternative and better path to follow.

Children and adults who recognize the wisdom of childhood thinking present within them can, if they so wish, be the instruments of change, transformation and hope in the world. Childhood thinking, because of its ideas and proposals, can give inspiration from close at hand to those political, cultural and social forces which lead our country; it can also constitute a movement of opinion capable of giving energy to the concept of " lateral thinking, " of which, indeed, childhood thinking is a foremost protagonist. In doing this it can advocate options, solutions and actions ever more effective in the achievement of improvement, the carrying out of reforms, and the development of openness in the family and institutions dedicated to upbringing and education such as the family and schools. At a wider level, it can promote positive advance in all social institutions and in the mass media, both of which should be effective, careful and informed proponents of the above-mentioned options, solutions and openness

Childhood thinking also aims at an affirmation and upholding of what has value–the family, educational institutions, spiritual and social groups and bodies, and so forth. But it also seeks to restore value to what is necessary to guaranteeing that the life of a child develops and grows in harmony with the well-being of the soul and the welfare of the body.

Children need care and guidance. They need human, social and legal guarantees which look after everybody in general and each individual in particular. Children (and we ourselves, if only we want to!) are able to unite the particular to the universal, the microcosm to the macrocosm, the drop in the ocean to the sea itself. For this reason, it is to the " philosophy " of childhood thinking that we should turn in order to formulate new strategies and produce answers to the problems of the world. This is so, in particular, because childhood thinking contains within it needs, hopes and expectations of change and growth which have, over recent years, characterized many movements of thought, opinion, and struggle. I am thinking here of ecological and animal-protection movements, spiritual movements, and movements for social renewal, among others.

Childhood thinking covers a very wide spectrum. It is the dawn of man and his origin; it is the rose and the ancestor of every rose. It is thought and the origin of every thought. We need childhood thinking in order to learn how to think again, how to learn how to think again. The suggestions and ideas of childhood thinking have been inspired by children and developed

and outlined by adults. They include the following notions.

1. *A transparent family.* We call for an institution dedicated to upbringing and education, the first cell of society, an element which is able to act as a source of advice, support, illumination and debate, and a force for the transformation of institutions and the social and political forces at work within a territory. We are in favor of a family which knows itself and reaches out to others, a family which tends the garden of its own reality by drawing upon the energy of the collectivity.

2. *Full-time schooling.* We propose the use of school buildings and facilities as multifaceted cultural centers open to the areas where they are located and to the local inhabitants. They should be open not only during the school day but also in the evening and late afternoon. These centers should act as counterforces to the weakening of social ties, the wickedness wrought by such evils as drugs, the plague of juvenile delinquency, the abuse of children, and violence against them, and many other such maladies of modern society.

3. *A new appreciation of the elderly* and a full utilization of their energy and their experience in helping children in the school and in society more generally. There already exists a project working for the achievement of such ends. It is called " 0-90 " and is organized by the SIPA (the Italian Society for Psychoanimation). This project is concerned with the relationship between elderly people and children in a variety of contexts, whether social, familial, school, or cultural.

4. *Children's television.* We propose a television channel especially for children. This channel should only broadcast programs, films, and services aimed at the education and instruction of children, and which are of benefit to parents in the upbringing of their children, and which are also useful to those engaged in the education of children. It must be a channel for childhood, for a person going through those stages in his life which go between conception and adulthood. This project could be undertaken in cooperation with state television and the private television channels. It could also link up with Junior TV, an initiative with which the Childhood Movement and the SIPA (Italian Society for Psychoanimation) have worked for some considerable time.

5. *Parents with a license* or MAC (Manual for Competent Adults). This is a manual to be used by adults in their dealings with the world of children, and which can also be consulted for information about anything to do with children at an international and national level: government bodies, organizations, associations, cultural centers, centers for the development of creativity, sports centers, musical and teaching centers, health and treatment centers, holiday sites and resorts, and so forth. The use and dissemination of the MAC should be preceded by seminars for adult parents and teachers.

6. *A historical archive of childhood thinking.* We are referring here to a collection and catalogue of everything produced by the creativity of children or connected to the arts and disciplines of human communication. Such an archive has existed since 1975, and has been under the auspices of the Cooperative for Cultural Services and Production–Collective G (1975-1980) of the SIPA. The Sunflower (1980-1993). It now has more than ten thousand entries.

7. *A Museum of Children's Art.*

A permanent museum which would house, organize, and display the various forms of art produced by children.

8. *A Children's Press.* We propose here a presence of children in daily and weekly newspapers or similar publications and the birth of a newspaper for children.

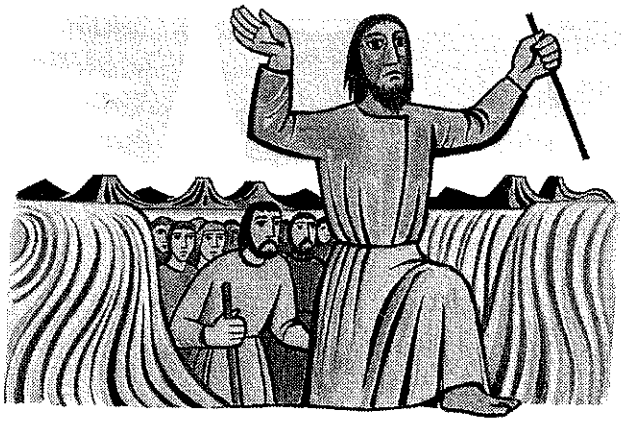
9. *Children's tourism* or " fairytale excursions. " This last is a children's tourist agency thought up and organized by Claudio Torrenzieri, an official of the town council of Città Del Sole. This special tourist agency is involved in tourism of particular interest to children.

10. *A law for children.* What is wanted is a group of experts who

could promote and uphold the international rights of children We also propose the drawing up of a charter of the needs, rights, and powers of children, and a similar charter for the needs, rights, and powers of parents.

11. *A project for health.* We are thinking here of regular initiatives, refresher courses, the development and spread of information on such subjects as the physical and mental health of children and their sexual education.

12. *A project for the environment* in conjunction with the magazine Airone Junior and the organization throughout Italy of the clubs promoted by this publication–the *Airone Junior Club and Movement.*



These clubs could foster interest in, and heighten awareness of, a whole variety of questions and activities connected with the relationship between children and young people and the world of nature. Local councils, provincial councils, and national and international associations and bodies could also be involved in such a project

13. *A project for a vocabulary of the soul.* Such a project would create and develop the relationship between children and psychiatric institutions, and between childhood and mental health. The Vocabulary of the soul has already found expression in the exhibition of the works of Tarcisio Merati–an artist who has lived in a psychiatric institution for more than forty years and in research into the psychological meaning and significance of the symbols used in the paintings and works exhibited by this artist.

14. *A children's mail project.* We are thinking here of the issuing of stamps which reflect the reality of the world of children and childhood

15. *An economic project.* This project, which is already under way, seeks to increase the awareness of children and adolescents about the economy–economic theories, the impact of the economy on people's lives and thoughts, the relationship between the economy and war, between the economy and culture, and between the economy and traditions.

16. *A project entitled "Children and Cybernetics"* This project, which is also under way, aims at increasing the knowledge of children and adolescents about a possible different, creative, and interactive use of modern technology. It is led by Professor Alfonso Caracciolo, professor of the theory of programming and systems at the LUISS University of Rome

17. *A project for the creativity of children.* This would involve courses, seminars, and exhibitions on the creativity of children and adolescents.

How are, and could, these initiatives of the movement be put into practice?

The Childhood Movement has tried, and is trying, to put all these projects into practice through close cooperation with the SIPA (the Italian Society of Psychoanimation) in Rome and with its agencies throughout Italy. It wants to achieve the training and the updating of teachers, educators, activists, psychologists, sociologists, social workers, and those who work in the fields of communication and the arts. The activity of the Italian Society of Psychoanimation, which takes the form of a four-year course for specialization and a fifth year entirely devoted to supervision, envisages the development of a program of information and training focused on the human person, and in particular the person's potential for change and improvement. This program is based upon those social values, ethics, objectives, and practical considerations which draw inspiration from the humanistic culture of the human sciences.

Psychoanimation, in fact, is the process by which an individual or a group becomes aware of a relationship with the environment. It involves the development of the need to express oneself; it involves the use of every language that exists to achieve communication and social integration–with the goal in mind of global communication effected either individually or collectively.

It also involves taking part in the " creation of culture " and the individual or collective production of " new " and " other " forms of creativity which are based upon a balanced relationship between free and creative expression (imagination, invention, creativity), and activities involving symbolization and formalization (writing, the quantification and organization of data, drawing, film and music photography, etc). Psychoanimation is the exploration, programming, and experiencing of one's own creative and critical creativity within a social context, and in a state of relational harmony with oneself and with one's environment.

Psychoanimation has the following aims.

1) the communication and the exchange of experiences in order to achieve socialization and participation in the " creation of culture

2) the improvement and development of the creative and critical capacity of the individual, the group and the collectivity;

3) the individual and collective awareness of, knowledge of, and use of, an interdisciplinary approach in individual or collective critical-creative work (the interdisciplinary use of every language which is available to us to achieve communication and social integration);

4) a balanced relationship between creative free expression (imagination, invention, and creativity) and activity directed towards formalization (writing, the quantification and organization of data, and so forth).

5) research into new and " other " forms of collective and individual forms of creativity;

6) new creative production. As is well known, one of the things which distinguishes man from the animals is his extraordinary ability to imagine–that is, the use of memories to create mental constructions–ideas, projects, thoughts, inventions, images, and so forth.

The methodology of psychoanimation is of an interdisciplinary character. Indeed, psychoanimational activity expresses itself through a number of stages. It does this through an interdisciplinary use of every form of language which is available to achieve communication and social integration–from the mimicry of gestures to drawing, from the oral to the written, and from sound to such modern languages of communication as photography and films. These stages are as follows.

a) Research, carried out by the individual on his surroundings, his family and social environment; and by the group on its immediate sphere of interaction and its wider social context and reality. This phase of gathering is so named because it involves the roots of these two categories.

b) Individual and collective critical elaboration. This is a stage of reflection and analysis, of formalization and organization of the results of the research conducted both by the individual into his immediate surroundings, his family history, his environment, and by the group in relation to itself and the widest social context of which it is a part. This stage is described in terms of observation, hypothesis, and projection.

c) Production. This stage consists of creative activity which takes place in relation to that experience of gathering information, data, and material which has occurred during the stages of research, and with reference to the hypotheses concerning action and work which were formulated in the stage of critical elaboration. This stage is described in terms of paths to be followed or new production.

d) Distribution or feedback. This is a stage of testing and improving the experience, information, and communication of the individual and the group in relation to the immediate environment. This stage is seen in terms of expansion and irradiation and forms the basis for new research and, as a result, a repetition of the process of psychoanimational activity

Past Initiatives of the Movement

The movement has already organized the following exhibitions on behalf of, and with, children. These initiatives have been promoted in cooperation with similar initiatives with their welfare in view.

– The first and second international festival of the fairy tale (Castrocaro Terme–Città del Sole, May 14,1991).

– The first Hall of Childhood (Milan, April 25 and May 3, 1992).

The first and second exhibitions dedicated to " The Children of the Rotunda, " August 1-6, 1992 and August 7-20, 1993. This participation of ours sprang from the interest of the Olympia Cultural Association in our activities, and was organised in cooperation with the Rotunda Committee.

Three-year training courses for teachers from the elementary and nursery schools of the commune of Forlimpopoli (January 1, 1992-May 10, 1993).

Zero, Zero Carbonella. This was a television program produced in conjunction with Junior TV. It was a series of twenty-two broadcasts which went on the air every Sunday, beginning on the February 12, 1990. *Zero, Zero Carbonella* presented and encouraged creative work with children and sought to stimulate children to achieve free expression through play. It also enabled adults to listen to, and understand, their children and thus allowed them to enrich their moments of contact and exchange with their children with ideas and new kinds of games and forms of play.

The first awarding of the Barbara Rozzi Prize (July 1991). This is an annual scholarship of five million Italian lire given to children and young people who have distinguished themselves through complete artistic and cultural works such as poems, stories, fairy tales, drawings, songs, and so forth–that is, through the " childhood path. "

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