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ORATION: Cry of Rachel

It has for several years been my privilege to serve the American Academy of Pediatrics as a member of this State's Committee on Adoption. The activities of the Committee have varied in scope from year to year. Efforts have been made to develop a uniform medical record for prospective adoptive children. We have attempted to disseminate information concerning adoptive procedures. The Committee has tried to define those areas in adoption which should be of concern to members of the Academy. With these activities there has been continuing involvement with those agencies legally empowered to sponsor adoptions in Massachusetts. As a consequence of this involvement the members of the Committee have acquired familiarity with certain problems which beset the adoptive process.

This evening I propose to bring to your attention the current status of some of these problems.

Adoption is as old as recorded history. It was practiced by Egyptians and Assyrians: by Greeks and by Romans. Moses was adopted by the Pharaoh's daughter and Esther by Mordecai. In older societies the motivating forces in adoptions were usually immediate or practical material consideration. The need to provide an heir; the need to reward unusual service; or simply the need for an extra pair of hands on farm or in factory.

During the last century the child has come to be recognized as an individual with special needs. Medical and other specialties have emerged with detailed knowledge of these needs. Increasingly we have seen the acceptance of the concept of individual human rights. With these changes' society has come to raise its vision of the end of the adoptive process.

Our own Commonwealth passed in 1851 a law which for the first time anywhere acknowledged as primary the interests of the adoptive child rather than as primary the interests of the parents or of the community. Recent decades have seen adoption carried out commonly with what our culture now regards as the most desirable objective: that is the placing of a homeless child in a home with all the rights, privileges, and responsibilities that accrue to the natural children of the home.

In the technical sense adoption is a legal procedure involving judicial approval of a petition on the part of the adopting parents to make a child legally their own. The process transcends however, considerations of a private nature between the interested parties. It is a matter of acute social concern. Regulation is required to protect the interests of all concerned: the child, the adoptive parents, and the natural parents. For this reason responsibility for helping and protecting the adoptive child and his parents has been by law delegated to social agencies.

These agencies function ideally when they secure the cooperative action of the physician, the lawyer, and the social worker. Each of these professionals brings to this interdisciplinary approach competence in his particular area: the physician carries primary responsibility for the physical and mental health of parents and child; the lawyer brings legal protection to the involved parties; and the social worker assures that proper safeguards are provided for social and emotional welfare.

It can be argued that agency placement is not entirely without hazard. The complexity of an agency's organization may delay placement: an agency's special policy may limit a child's opportunity for placement; lack of adequate legal or medical or casework supervision may result in poor' services to an agency's clients.

These problems — genuine as they are — diminish in significance when they are compared with the difficulties which may befall a child placed independently.

Child placement is a complex matter. It is a rare individual with the competence to handle all the complexities. At best, the professional — the nurse, the clergyman, the social worker, the physician, the lawyer — the professional involving himself in private adoption can, at best, provide care only in his or her own area of training. At worst, an adoption will be fostered for profit by a completely untrained person.

In independent placement, frequently the child placed is not legally free for adoption at the time of initial placement and often not even by the time the adoption should be completed. If independent placement fails — and it frequently does — the child is exposed to the trauma of multiple home placement. If independent placement fails, the natural mother may, having surrendered her baby, find herself again in possession of an infant whom she does not want and cannot care for. Even if private placement happens to work out for the child it is unlikely that the natural mother will receive the casework help which most so desperately need. Without casework help she may well repeat the whole process of illegitimate pregnancy.

In agency placements with good legal assistance it is difficult enough to keep in confidence the identity of the natural and the adoptive parents. The probable absence of anonymity in independent placement may guarantee the adoptive parents a vicious custody fight at any time during the adoptee's childhood.

It, of course, is unnecessary to present to the members of this progressive medical society the decided view that no member should arrange the private placement of a child with a non-relative.

Our concern as physicians with the adoptive process need not be limited by the strictures of our own areas of interest in medicine. At the present time about two per cent of all children under the age of eighteen are adopted. . About six per cent of our newborns are delivered of unmarried mothers. About sixty per cent of these infants are non-white. A physician who does not in his professional activities encounter a problem of this magnitude has indeed succeeded in limiting his practice.

Beyond the responsibilities of his own profession every citizen has a responsibility to this group of children and their parents. Poor agency function should receive the criticism it deserves. So too, we must support agencies in carrying out their duties with skill and with compassion. Toward this desirable goal let us then examine what various agencies have defined as their current problems.

There are problems of supply and demand; personnel problems; problems of education; communication problems; financial problems; legal problems.

There exists considerable disparity between the numbers of children available for adoption and the numbers of adoptive families. Before those who may have been on agency waiting lists for months or years rise in protest, let me hasten to remind you that the child available for adoption may be nonwhite; he may be over two years of age; he may be one of a group of siblings for whom separation is not desirable; and he may not be in perfect health. Hand in hand with this problem of shortage of families go the difficulties created by a shortage of trained caseworkers. The skills of these workers are particularly needed in protecting the less easily

placed child.

Despite widespread exposure to the fact of adoption and its existence as an integral establishment in all societies, there are many who remain uninformed as to the true nature of the adoptive process. The process itself is still the subject of myth and folklore. The role of the agency seems particularly subject to misinterpretation and suspicion. A great deal of misinformation is available as to what agencies require of adoptive parents as to economic, cultural and personal characteristics. It should, in this enlightened age, be clear that suitable parents are found within a broad spectrum of heights and weights, backgrounds and bank accounts Negative attitudes toward adoption persist even a among physicians. These attitudes commonly result from personal bias and as often as not their existence is not recognized by the physician himself. These reservations about adoption are usually manifested in subtle ways. They seem particularly prevalent in the management of the child with a handicap. Their existence can be disastrous to the formation of a stable relationship between child and adoptive parent.

It has been observed that this generation's most vexing problem is not in communicating but in getting all the communications written down. Nowhere is this more evident than in the recording of the illegitimate pregnancy. The record may be initiated by the pediatrician who suspects the diagnosis. It is continued by the obstetrician who confirms the diagnosis. It is added to by the agency: by the hospital: it is appended to the newborn's record: it becomes part of a foster home plan and finally an adoptive placement.

We would welcome a data expert who could assure us of a free exchange of medical, legal, and social information concerning the child and his parents. Meantime we shall struggle with illegible records and busy telephones, for we recognize that the importance of the interdisciplinary approach is such that no lawyer, agency, or physician will hesitate to share pertinent information.

Problems in communication will also account for some of the variations in practice from one agency to another, both with respect to their manner of handling individual problems and with respect to the type of relationship which an agency maintains with lawyers and physicians. As in medicine and law, so too in agency function there is a basic similarity in principle, but a wide variation in individual practice,

The affluence of our Society has not yet filtered down to children who are candidates for adoption. Private agencies must have funds, and adoption fees are a fact of life; a fact which may discourage second and third adoptions. Unfortunately at present this fee is not deductible from individual federal income tax. Equally pressing is the need for a family’s health insurance to cover a prospective adoptive child as soon as he is placed, and not a year later when the adoption petition is granted.

The legal aspects of adoption must be viewed in the light of statutes going back decades to the original 1851 law. There exists from one probate district to another wide variation in what is considered proper procedure in such important matters as securing an infant's release. Many facets of current practice have never been tested in a court higher than probate.

The problem of inheritance in adoption was recently reviewed in the New England Journal of Medicine by the Boston University Law-Medicine institute. The presentation concerning the rights of adoptive children in New England reads as follows:

"The six New England States are in agreement on one point. By statute an adoptive child has the right to inherit from the adoptive parents. The right to inherit from adoptive relatives generally, however, is only granted in Connecticut, Massachusetts, New Hampshire, and Rhode

Island. In Maine and Vermont an adopted child may inherit only from lineal kindred or children of lineal kindred of the adoptive parents, not from the collateral relations of the new parents. Maine, Rhode Island, and Vermont still permit an adopted child to inherit from the natural parents and relations even after the adoption is final. Massachusetts and Connecticut by statute, and New Hampshire by case decision cut off any right of an adopted child to inherit from the natural family."

Currently, a. subcommittee of the Massachusetts Committee on Children and Youth is studying our adoption laws and procedures. The recommendations of this group will deserve careful study by those involved in the adoptive process.

These then are the areas in which the adoptive child, his natural parents, his adoptive parents, call for assistance.

The members of our medical society can bring to bear on these problems their influence as individuals, their concern as citizens, and their skills as physicians. The physician is uniquely situated to secure help for the unwed mother; to see to it that she has adequate prenatal care; to direct her to those who can help her with non-medical problems; and to support her in whatever decision she makes about keeping or releasing her baby.

We seek for the adoptive process itself widespread support. This support goes beyond passive assent. In a few instances it may call for a searching self-examination as to our real feelings about children; about physical defects; our real feeling about illegitimacy; about the hazards of unknown genetic traits; our real feelings about integration. Support of the adoptive process can come with authority from physicians. Whatever our public image: may be said to be — however much may appear to have grown dim — there is no professional individual speaking within the limitations of his own field who carries more weight than the physician.

As our knowledge of infancy grows, and once legal problems can be settled, earlier placement is more feasible. Death, injury, long term illnesses, developmental defects — these are all risks in adoption, but no more or no less than in natural parenthood. To both groups of parents we owe continuation of those activities which can give us better means of diagnosing and treating the high risk infant.

In addition to the large numbers of children for whom adoption should be sought, our society must provision for those children for whom adoption is not suitable: children so emotionally damaged that they cannot tolerate the closeness of family life; children with mental prognosis which would prevent them from living in a normal home. New and better methods for providing such children with a healthy emotional environment need to be developed..

In summary, then, no child should be denied a permanent family because of age, race, religion, or handicaps which do not prevent his being benefitted by family life. Society has made certain agencies responsible for a process which when carried out ideally involves cooperative approach of social workers, lawyers, and physicians. There are problems. Some are easily correctable; others with difficulty.

We seek the continuing assistance and good offices of the members of this society and of all men of good will. For unless goodness and strength of will prevail for these the least of our brothers — then there shall arise a new Jeremiah who will prophesy as did Jeremiah of old:

"A voice is heard in Rama
lamenting and weeping bitterly
it is Rachel . . .
weeping for her children
refusing to be comforted
for her children ...
because they are no more."