



LET'S STOP GIVING BABIES AWAY! (Continued)

It is not uncommon for a man and wife to learn that their privately adopted child has a severe handicap. At this point, there is no turning back. Physical and mental defects sometimes do not show up for months after birth; in addition, highly trained specialists are needed to diagnose defects in apparently normal infants.

Certainly, a couple may love a baby despite his handicap and find joy in seeing him improve under their care. Unfortunately, however, there are persons who are emotionally unable to accept a handicapped child. Resentments can develop if one comes into their home, and the harm that may come to such an unloved, unwanted child is irreparable.

Agencies take every precaution to minimize these tragedies. Adoptive parents are told if a child is sick, or if he has a history of inheritable illness. Often, families accept the risks, but they are told in advance and allowed to make a considered decision.

Of course, handicaps may show up in agency-adopted children, too, but there is this important consideration: most agencies permit new parents to return children within a stated period of time, generally a year, if the adoption does not prove satisfactory.

3. The risk of giving a child to the wrong parents is infinitely greater in gray-market transactions.

In an East Coast city, a 32-year-old woman realized that her marriage to a successful manufacturer was slowly crumbling. In a desperate attempt to salvage it, she decided to adopt a baby. A child, she thought, might provide a common interest and re-establish their relationship.

Her cousin, an attorney, helped her adopt a child through a private arrangement. Six months later, however, she found the baby was not having the effect she hoped. Her marriage was too far gone to be saved by an infant. The result: she lost interest in the baby, who is now being reared in her home as an unwanted child.

Agencies, on the other hand, screen applicants carefully. Couples whose applications are accepted are thoroughly studied by professional caseworkers over a period of months. The caseworkers consider the attitudes of the couples and other members of their families toward adopted children, their talents, abilities, economic status—and the status of their marriage.

It is important to bear in mind that I am not drawing comparisons between the professional qualifications of the doctors, lawyers, and others who help arrange private adoptions, and the social workers in the licensed agencies. I am not saying that any individual social worker is more qualified to handle an adoption than a doctor or a lawyer.

I am saying, though, that no individual, acting independently, can give a natural mother, a baby, and the adoptive parents the same vital protection that an agency, with its experience and personnel, can give.

The American Academy of Pediatrics agrees. Dr. Samuel Karelitz, chairman of its committee on adoptions, says:

"In brief, adoption is an involved and highly specialized procedure which requires the knowledge and skill of trained personnel. It is unlikely that any one individual alone can successfully conduct adoption practice. Indeed, to be successful, adoption requires the efforts of a group, the social-service caseworker, the physician, the lawyer, the psychologist, the psychiatrist, occasionally the geneticist, and others."

Certainly, the agencies themselves are neither perfect nor blameless. There is room for improvement and grounds for criticism. Some adoption agencies, working far too slowly, need to streamline their operations. Others are still employ-

ing old-fashioned methods that have been outmoded by newer scientific knowledge. Still others lack the human approach so necessary in this sensitive area.

All, however, are dedicated to doing the best possible job to protect human lives and human emotions. They must not be hamstrung by well-meaning amateurs.

WHAT CAN be done to eradicate this baby giveaway and the tragic aftermaths? There is a three-point solution:

First, all would-be intermediaries should realize that inexperienced persons are not equipped to handle the delicate problem of placing children. No untrained individual would dream of performing an operation for appendicitis. Entrusting a young baby to a couple to be reared requires just as much skill and knowledge in its own field.

Second, licensed agencies must be strengthened and their services extended to persons needing their help. Every natural parent, every child, and every adoptive parent who requires guidance and assistance should be able to get it. This takes money, support, and understanding.

Third, facilities for unwed mothers should be improved and expanded. Homes, counseling agencies, and financial assistance should be available to them. No unwed mother should be forced to give up her child, as so many must, because she cannot pay medical expenses during her pregnancy and cannot support herself prior to her baby's birth.

Babies are precious commodities. When they lose their natural parents for one reason or another, the best possible replacements must be obtained for them. All of us have a stake in these unfortunate children. They must not be passed along like a piece of real estate.

We're dealing with human lives.

Let's stop giving them away!



Mrs. Amelia Malave (left), who gave away her infant in 1957, weeps hysterically in Brooklyn Supreme Court during custody battle over son, whom she now wants foster parents to return.



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