9-29-1984

Letter from a French Supporter to Geraldine Ferraro

Geraldine Ferraro

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Before coming to the principal subject of this note, permit me to suggest that you consider the paradox of our constitutional democracy that while some of your political opponents allege that your father-in-law was a member of the mafia, they have not yet gotten around to alleging that he ever voted Republican.

The object of this letter is to suggest to you, as I have to others for ages, that people should not discuss the right of a woman to have an abortion; they should discuss instead the right of a woman to terminate a pregnancy. I know it sounds a bit like quibbling, but the word abortion a priori suggests that the woman wishing to terminate a pregnancy does not respect life, that she is a killer by nature. But many women who choose to terminate a pregnancy do so out of a particular kind of respect for life -- for that of children they already have, or of that which they cannot give the fetus they are carrying. If you doubt me, why not get one of your ubiquitous polling groups to question applicants for abortions as to whether or not they'd be willing for their fetus to be put out for anonymous adoption. After all, giving away a fetus they've been carrying for nine weeks is a lot less traumatic physically and psychologically than giving away an infant they've been carrying for nine months, irregardless of whether it was conceived in love or hate. Both medicine and law have evolved to the place where an "un-wanted fetus" could conceivably be as adoptable as an "un-wanted baby." "Right-to-lifers" and "pro-choices," priests and politicians, could then unite to get society to develop artificial support systems, utero-uterine transfer methodology, and recruitment of volunteer fetus-adopters. (Is it blasphemy, science fiction, or vindictiveness to suggest that someday one may transplant uteruses as monolithically as one now transplants kidneys, and even males could be recipients, so that all those bishops and cardinals could demonstrate their devotion to life by obtaining a uterus in which they might save a fetus by permitting it to parasitize their bones and blood -- followed up of course by appropriate care). At any rate, the pollsters could establish that women only want to terminate their pregnancies and they do not wish to kill anything, and it would be diversionary, perhaps making the position of politicians who are basically anti-termination of pregnancy a bit easier.

In any case substitution of the phrase "termination of pregnancy" for "abortion" could alter the tone of the discussion -- to the advantage of all politicians, Catholic and non-Catholic.

And reminding people of all the children who are dying in the world everyday from such simple things as hunger and thirst might well be an advantage. And put the emphasis on something worthwhile.

(I belong to the rare species of doctor who thinks that the duty of the doctor consists of minimizing suffering -- taking into consideration all aspects of the human personality -- rather than to preserve life at all costs. The rule is not to not kill, but, do not hurt. If you live by that rule, you might even come to see that the guards in the concentration camps in Hitler's Germany who told women and children that the gas chambers were shower rooms minimized hurt, whereas the legal system of the U.S. which "rescues" hurt,)}
"Isn't it awful how those Africans keep catching those awful blood diseases!" (With reference to sickle-cell anemia, a genetic condition common in those with African ancestors, from a professor of tropical medicine, months before AIDS was described)

"Doctors working for a salary, or compensation, provided by non-national sources are, a priori, both competent and moral, whereas doctors salaried by the government are, a priori, incompetent and immoral" Derisively, "Ha, ha, ha, Mexican doctors in their rural clinics do everything...."

Derisively, "Ha, ha, ha, those little nuns in African dispensaries are too stupid to write decent research articles" (unlike the famous French professors sitting comfortably in their offices in France)

"Ha, ha, ha, Africans are too dumb to learn to sterilize an hypodermic needle" (from a bureaucrat who probably has never done it)

Proudly, "We're bringing all the most experienced midwives and nurses to France for 2 years to teach them to write articles and books and to appreciate their culture" (And apparently to improve their accents)

"A doctor can do more and better - tropical medicine - under a specialist in France than anywhere in Africa"

"Ha, ha, ha, Doctors in Africa work miracles with aspirin and water" (whereas in the specialty of the speaker, intensive care, it requires thousands of dollars and man-hours to perform the miracle of prolonging a life for a few hours, days, or months)

"Ohly doctors educated in continental France are fit to practice medicine in francophone Africa"

"Africa belongs to us -- and someday we'll get Viet Nam back too."

"You should join "Medecins Sans Frontieres (MSF) because it'll give you a chance to practice ("learn") minor surgery, etc. on Africans"

"MSF wants to help the Somal refugees because they have fine narrow lips and delicate bone structure and thus are not like other black Africans" followed in a few months by:

"MSF no longer wants to send doctors to the refugee camps because there's nothing there but women and children"

"Support MSF because it's only doctors and nurses -- and has nothing to do with nutritionists, agriculture experts, sanitation experts, water engineers, economists, family planning...."

"He's a doctor, kind-of .... he's concerned about food and water supplies, about the kind of biology and health education taught in local schools, about vaccination programs ... funny things...."

"We don't want to send doctors who will promote nutritional programs...

"We want you to establish a school for bush nurses, without any books, without any laboratory, without any vehicle - which might permit you to visit "the bush", without giving you any information about local health problems, without permitting you to have any contact whatsoever with government agencies concerned with education and public health ... and we want you to teach them prevention.... but we'll not have any vaccination projects because we want to be independant of European assistance!.... except for the medicines for which we demand formal donations and expect informal donations at Church on Sunday ... and which enable us to embarrass the local government pharmacy....""

"Microscopes and equipment for minor surgery (traumatology) are not needed in dispensaries" (which hand out hundreds of dollars worth of donated medicines each day)

"Africans should be grateful to us; we gave them French"

"My mother got a good education because the French drew her name out of a hat and then the soldiers came with guns to make her go to school, and to make sure that those whose names weren't drawn didn't go to school"

"The family lost five children during the last measles epidemic. They buried the body at dawn. When they came back from the country, the second child was dead. When they returned from the country, the third one had succumbed".

Sincerely yours,
Is it feasible for WHO to prepare a directory of health units -- dispensaries, clinics, health centers, hospitals, which routinely ask for and receive free medicines and medical supplies from national, international, and non-government organizations of aid, assistance and cooperation.

Among the items to be included in the description of each recipient unit:
- educational level of the director (e.g. specialized doctor, specialized nurse, doctor, nurse, "other"), number of full-time staff, number of part-time staff
- average number of patients seen per day, hospitalized per year, total number of beds available,
- medical services available in the unit (e.g. outpatient medical, outpatient traumatologie-emergency, in-patient medical, surgical, pediatric, ob-gyn)
- diagnostic and support services available (e.g. electrocardiography, x-ray, microbiology, biochemistry, hematology, serology, pathology-autopsy, histology)
- patient-education services available (e.g. nutrition, pre-natal, well-baby, family planning)
- professional educational units (e.g. lab technician or aids, nurses or nurse's aids, mid-wives, health educators or trained teachers)
- on-going community projects (e.g. school nutrition or health education, public hygiene, epidemiology, vaccination, family planning)
- library

Presumably most items could be "graded" by an appropriate number, letter, or stat system. After all, a biochemistry lab which routinely handles 5 basic examinations certainly is better than no biochemistry at all, but somewhat less useful than one in a high-volume unit which carries out 50 different exams a day.

The directory probably would be appreciated by pharmaceutical houses which may prefer that one or more of their products not be donated to units whose staffs and services are inadequate to diagnose or treat the conditions for which the medication is appropriate; or to recognize the conditions which make use of some of their products dangerous, in some individuals; or to recognize and respond adequately to life-threatening side-effects;
- to associations whose primary function is to supply health units with free medicines and pharaceutical supplies;
- to associations whose primary function is to supply health units with appropriately prepared "volunteer" workers.
- to national, regional, or local health officials in countries in which the recipient health units are located to allocate scarce indigenous health resources.
- to existing health units desirous of improving their services, or of obtaining additional donations or volunteers.

Sincerely yours,

Lyon 69006, France
Your article on the Sahel by Denis Herbstein in the International Herald Tribune of August 4-5 continues to haunt me.

One reason for the miserable health conditions in francophone Africa which has been overlooked -- perhaps deliberately, for diplomatic reasons -- is the French attitude towards the practice of medicine. Traditionally is is elitist, treatment-only, fee-for-service with most-promoting third-party payment plans. In addition, those conditions which occur in Africa, and which may constitute major causes of morbidity and mortality in certain localities, but not in France, have been and are largely ignored in medical curricula of France. For example, at least one professor of "tropical medicine" is proud of the fact that he is ignorant about the hereditary anemias, for example sickle-cell, which are most common in those with Africa ancestry, much in the same way that he's proud of the fact that he knows nothing about bovine actinomycosis. Thus for years the physicians sent to Africa, mostly as alternates to military service, as well as Africans who've studied medicine in France, receive an orientation inappropriate for countries with large rural, cash-poor, multi-cultural populations and under-developed socio-economic infrastructure.

As a result no one working in the health area in francophone Africa, no matter what his or her national origin or training level, has ever done anything to promote health. Like their colleagues in more industrialized nations, they promote medicine(s) and medical professional(s) and, in the process, disease. Good health becomes, just as it is in the highly industrialized countries, a marketable commodity. And both natural and economic laws predict, favor, and order scarcity for marketable commodities, whether they be tangible or intangible.

The governments of most of these countries recognize that reasonable access to competent health professionals is a basic right, and are attempting to assume responsibility for satisfying that right. But because of the factors just noted the quality of health professionals available is generally deficient; physicians and paramedics who've not been prepared practically or philosophically to promote health, even when part of a health-promoting service, generally continue to perform just as do their colleagues in disease-promoting health systems.

The deficiency in quantity of available health professionals in francophone Africa is more appreciated. For example, Senegal, regarded by many as one of the more advanced of French-speaking countries in Africa, trains about half as many physicians per number of residents as does Nicaragua, which is probably the most deficient in number of physicians trained per unit of population of all Latin America -- despite the fact that it has improved tremendously under the Sandistas.

Instead of focusing on those factors which remain out of man's control, such as annual precipitation, or which can be ameliorated only in long-term programs, such as reforestation, those who are concerned about morbidity and mortality in the Sahel might focus on man-made, man-correctable factors.
I recently read that you joined the March of Dimes to rally support for \"Right to Termination\" (rightist Catholic church) in other societies. The recent controversy over the appropriateness of using voluntary abortion in family planning or population control reminded me of a passage in a book written a decade ago by Dom Moraes for the UN Fund for Population Activities, A Matter of Peoples:

"Jim Marron and Jason Calhoun, working for the Health Education Unit (of Nairobi) ... put out a poster showing a happy couple with two children. Under the picture was a list, also pictorial, of the advantages they would obtain by family limitation. On the other side of the poster was a couple with numerous children and no pictorially portrayed advantages. The tribesmen had a uniform reaction: The couple with two children were rich but sad for unlike the philoprogenitive couple, they were unfulfilled" (p 84)

Despite the fact that I was raised in a very materialistic home -- every piece of furniture, every inch of carpet was valued more than my brother and me -- I identify completely with the Kenyan tribesmen rather than with the American media men.

However, had I been presented with a picture of an African couple and two obviously very healthy children at the side of a picture of a family with three sickly undernourished and/or deformed children, in front of the graves of three other children, I might have reacted in the manner desired by the white males of Kenya's Health Education Unit.

Furthermore, I believe that had I been a young African woman assured that I would receive free \"comprehensive\" health care -- maternity, vaccination, vitamins, nutritional supplements, education in nutrition and family planning for my first two children and myself until the youngest of the two children was five years old (or, if but one child, until he or she reached ten years of age), simply because the government had the resources to provide those services for only two children for each woman, that I probably would have wished to adopt family planning methods for at least a decade.

It is my impression that women in Africa understand extremely well the concept of limited resources, as well as that of the need for careful allocation of limited resources. Thus I think that they would have great understanding for the fact that if the government (or \"charitable organizations\") provided minimal \"comprehensive\" services for a third and fourth living child of mine, some other children would be denied. And I would understand that if my husband or I wished for me to bear more children, or many children close together he or I would have to pay for the medical and educational services necessary to assure that those children had healthy infancy and early childhood. But at least I would be able to see on every side of me just what those services consisted of, and the effect on a child privileged to enjoy such services. If I had an un-planned for child, and keeping it would compromise either that child's health, or that of children born before it, because of inability to provide the services which I believed best for them, I would not hesitate to place the un-planned for, but still-loved child with a barren relative of either my husband or myself. Even though I would plan to breast-feed the infant during the first year, the adoptive parent would have the right to the recommended health services, and all other rights and responsibilities of a natural child of the adoptive parent -- in preference to any other children subsequently acquired or delivered by the adoptive parent.

I think that such a soft approach would complement rather than challenge maternal, family, community, and tribal traditions of many Africans. And if properly handled, even wealthy women, or wives of wealthy men, might soon begin to regard too many children, or children arriving too close together, as evidence of greed, discourtesy, lack-of-humenity.

Obviously the soft approach must be an inherent part of each existing health service as well as of future projects: an effective health service, which necessarily must include 100% vaccination of under-tens, can reduce infant mortality rates very quickly to a level guaranteed to compromise development to such an extent that truly draconian methods will have to be imposed on future generations by governments that fail to take "a stitch in time!"
Sir,

No society in which children are labour and capital, love and security, laughter and immortality is going to accept family planning as long as 3 of every 10 children in their communities die in infancy.

Improved health services, or faith in improved health services, is prerequisite to voluntary family planning, whether or not it be associated with improved economic conditions, or faith in improved economic conditions.

However, I admire greatly your temerity in telling it like it is -- so that others may benefit from your country's errors, or that which you believe to have been an error....