

## “The Ethics of Coming into the World”

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Good morning! It is a privilege to exchange insights with colleagues from all over the world about an urgent topic of concern to all of us: the health and welfare of our children.<sup>1</sup> Together we will magnify the power of the Catholic Church to make a difference!

In the brief time I have with you this morning, I want to make three points. **First**, and as others at this conference have illustrated, the world has failed in its responsibility for the health and wellbeing of children, especially girl children, and their mothers. **Second**, we already have plenty of clear and specific Roman Catholic teaching, from *Rerum Novarum* to Pope Francis, about the dignity of the person, universal common good, gospel option for the poor, and solidarity. Pope Francis has called us to be a “Church of the poor.” We do not need new ethical theories on these topics, but we do need greater commitment to make our values effective for vulnerable children. **Third**, then, and most importantly, the real barrier to maternal-child health is lack of political will. “Political will” means the commitment of an entire political community to protect important goods and achieve shared goals. Sadly, most of the world’s societies do **not** have an active commitment to ensure the health and welfare of all children or of their mothers.<sup>2</sup> The lack of political will was identified by Pope Francis in *Laudato Si’* as the most important barrier to climate change. It is also the most important barrier to global health justice, including justice for children.

At the end of this presentation I will turn to a few hopeful examples of action for change. First, however, I will develop my three fundamental points about the lamentable state

of maternal-child health, the clarity of Catholic teaching, and the widespread lack of political will to make real changes.

**First is the unjust lack of health resources for children, and the interdependence of children's and mother's health.** Every time a child comes into the world, there is another person who is just as intimately involved in the birth as the emerging baby, and that is the mother. She is also key to the survival and wellbeing of the child after birth. Not as a natural or biological necessity, but as a cross-cultural historical fact, mothers are typically the most invested and reliable providers for children. Yet women also typically have access to fewer resources than men do to fulfill the responsibility of care.<sup>3</sup> This is even more true when families and whole communities suffer from grievous injustices such as poverty, war, racial-ethnic discrimination, or forced migration. Within these conditions, women and children, especially girl children, bear the greatest burdens.

The concrete realities are shocking. U.N. statistics verify that over 5 million children under five die each year, mostly from preventable causes. Sub-Saharan Africa, where 1 child in 13 dies before their fifth birthday, has the highest rate, but the greatest percentage of newborns die in south and central Asia, specifically Pakistan and Afghanistan. Furthermore, 250 million children under 5 are at risk of poor development.<sup>4</sup> At least 400,000 children under five risk death from malnutrition in the volatile Kasai region of the Democratic Republic of Congo.<sup>5</sup> In Afghanistan, diarrhea still claims the lives of 26 children under five every day.<sup>6</sup> In India, due to son preference and the dowry system, the mortality rate for girls under five is 75% higher than for boys.<sup>7</sup> Malnutrition rates have skyrocketed among Rohingya refugee children in

Bangladesh, and care for infants now being born in under-resourced camps is a challenge for young mothers who are often survivors of violence, trauma, and rape.<sup>8</sup>

Yet even when there is no unusual emergency, the risk of a woman in a developing country dying from a maternity-related cause is about 33 times higher than in a developed country. Maternal mortality and pregnancy-related disability are direct results of poverty, and of the so-called “feminization of poverty.”<sup>9</sup> “Around half of all pregnant women in developing countries are anemic, which contributes up to 20 percent of all maternal deaths. In many developing countries, women and girls traditionally eat last and have lower quality food, which often leads to poorer nutritional intake. And when a crisis hits, women are generally the first to sacrifice their food consumption to protect the health of their families.”<sup>10</sup> This means that an intergenerational approach is crucial to the health and welfare of children.<sup>11</sup>

**Second, let’s turn to Catholic social teaching on health justice for children and mothers.** Catholic social teaching has recognized the rights of children since *Rerum Novarum* (no. 42), yet children have not received the emphasis they deserve. Child welfare is often subsumed under that of the family and the right to a living wage.<sup>12</sup> In *Familiaris Consortio*, Pope John Paul II does note that the smaller the child, the more protection it requires, especially when “sick, suffering or handicapped” (no. 26).

The rights of children receive the most attention in *The Compendium of the Social Doctrine of the Church*, especially Chapter 5, on the family (“The Family, the Vital Cell of Society”). The *Compendium* notes that the 1990 Convention on the Rights of the Child has been ratified by the Holy See, yet states that the health and welfare of a

majority of children globally is “far from satisfactory . . . despite the existence of a specific international juridical instrument for protecting their rights” (no. 245). This is a perfect illustration of lack of political will to implement what is affirmed in theory. The *Compendium* names specific injustices: lack of basic and adequate food, shelter, health care and education, as well as endangerment by human trafficking; child labor; child marriage; bare survival as “street children;” forced participation in armed conflicts (all in no. 245), and abusive child labor (Chapter 6, “Human Work”).<sup>13</sup> The interdependence of children’s rights and women’s rights has not been explicitly recognized in Catholic social teaching, but there is precedent for doing so, especially in the writings of Pope John Paul II. He praises the maternal role of women **and** decries abuses against women that make it impossible to fulfill that role, specifically lack of equality in family, society, and workplace.<sup>14</sup>

There are few if any countries, including my own, a “developed” and privileged nation, where women do not carry a “second shift” of domestic labor, where they receive pay equal to a man doing the same job, and where they have access to the most remunerative jobs. Women are the world’s primary food producers. Yet women have less access to land, livestock, financing, and the cultivation of profitable crops than men. Moreover, when women have greater control over household income, they are more likely to prioritize spending on basic family needs.<sup>15</sup>

In his 1995 “Letter to Women,” Pope John Paul decries injustice to women, and admires women who have fought for “their basic economic, political and social rights,” even at the expense of being criticized for “a lack of femininity.” This pope even praises

“the great process of women’s liberation” and regrets that too often “women are not acknowledged, respected, and appreciated” (no. 6).<sup>16</sup> Indeed, women’s equality is essential to their fulfillment of the parental role. Pope Francis reiterates these same themes in *Amoris Laetitia* (no. 54), depicting “older forms of traditional family marked by authoritarianism and even violence” and “lack of equal access to dignified work and roles of decision-making” as abuses of women’s human rights.

By calling attention to the role of women as mothers in the 1995 “Letter” and multiple other documents, Pope John Paul implicitly establishes the equal rights of women as a precondition of fulfilling maternal responsibilities. Yet how often have male-female “complementarity” and the idea that women should be honored as mothers been distorted into perverse and unjust excuses for making women labor from dawn to dusk, excluding women from basic resources, and for requiring women, mothers, and even little girls to sacrifice their happiness and well-being for male family members!<sup>17</sup> Clearly this is contrary to the spirit and letter of Catholic social teaching.

**Now, then, let us turn to a third point, the lack of political will to change exclusionary practices which harm both mothers and children.** Cultures everywhere pay lip service to the protection of children and respect for their mothers, but how rarely do we dedicate real energy and resources to these ideals! This is where we, the Church, are called to make a difference, not only within our faith communities, not only by relief initiatives and works of charity, not only by the work of Catholic NGO’s. We must mobilize partners across religious faiths and cultures to make maternal-child welfare a practical priority, as well as a legally and politically recognized obligation. We need international legislation and agreements; we need national

and local laws; we need collaboration with governmental, civil society, and even business organizations. Yet most of all we need a change of heart so that we can break the hold of customary stereotypes and practices that keep mothers and children at a lethal disadvantage. Only then will international agreements be implemented. This change is needed not least of all in so-called “first world” countries like the U.S., where it is easy to ignore the suffering of children far away and to overlook the degree of complicity we have in the poverty and violence that blight the lives of many.

As Pope Francis said in relation to climate change, UN documents and agreements have been largely “ineffectual” because the interests of the powerful override the demands of the common good and the needs of the poor (*Laudato Si,* no. 169). “Due to lack of political will,” he says, high-level international summits are “unable to reach truly meaningful and effective global agreements” (no. 166). This same judgment applies to the UN Convention on Rights of the Child and on the Millennium Development Goals.<sup>18</sup> The answer for children, as for the earth, is public education, formation and mobilization, which **must** become bigger priorities of local churches. Members of local churches, including women, must be active participants in defining the needs of mothers and children and devising strategies to meet them.<sup>19</sup> The Catholic vision promotes the rights of children seen as members of families, not in isolation. We must all ask ourselves what **we** can do to be allies and advocates of vulnerable children, women, and families. How can **each one of us** create greater momentum for justice? **We are all the Church.**

**Now let us consider some signs of hope.** I will take three examples that together illustrate strategies essential to change: Catholic partnerships with governments and international organizations, religious and nonreligious; advocacy and action spanning local, mid-level, and global law and policy; and perhaps most importantly, education and organizing in local communities, so that cultures of exploitation, exclusion and apathy begin to change.

A first example comes from India. In Uttar Pradesh, Catholic Relief Services is partnering with Vatsalya, an Indian nonprofit that trains community workers to improve the health of mothers and children, especially girl children. They are working with a U.S.-based software company, Dimagi, Inc., that works in 50 countries to develop mobile technology to help NGO's serve the health needs of the poor. This project, called ReMIND (Reducing Maternal and Newborn Deaths) showcases the collaboration of faith-based justice initiatives with for-profit businesses, and with members of other religious traditions.<sup>20</sup>

ReMind utilizes trained health activists to make sustainable improvements in maternal, newborn, and child survival, taking advantage of health workers and the cell phones of local families to identify danger signs during and after pregnancy, to support breastfeeding, and to improve childhood health, nutrition, and immunizations.<sup>21</sup> ReMind aims to increase awareness of and social disapproval of discrimination against girls and against mothers of girl children.<sup>22</sup> The project report concludes that maternal education is arguably the most important factor in maternal, newborn and child health. It is also key to involve mothers-in-law and fathers, since they have decision-making authority and control family resources. Changes in basic cultural attitudes and everyday behavior are necessary.

Yet it is not easy to create sufficient political will to make these broader changes. For example, in 2010, the Indian bishops' conference issued a document called the *Gender Policy of the Catholic Church of India*. This life-affirming document calls on Church and society to recognize the role violence plays in adverse health conditions for women and girls. It urges "mass education" on the importance of equal access to good nutrition, and to the special needs of pregnant and lactating women. It even prescribes that Church institutions provide both maternity and paternity leave for employees. Yet these messages have been slow to get out to the "grassroots," or to change attitudes even in Catholic ministries. I was dismayed to learn this from the experiences of my students at Dhamaram College, Bangalore, a Carmelite seminary where I am honored to have taught classes of young priests, seminarians, and sisters. Once more—"lack of political will," even in the Catholic Church, and even when teaching is clear.

Situations of family power dynamics and women's subordinate status culturally affect children's wellbeing in many parts of the world. Research across twenty countries has shown that involving men in the health and nutrition of pregnant and nursing wives and infants—as the ReMIND program seeks to do—can "increase care-seeking, improve home care practices, and support more equitable couple communication and decision-making for maternal and newborn health."<sup>23</sup> Program designs must also be sensitive to local gender norms, and avoid a negative effect on couple and family dynamics.

A related example comes from a 2008-2012 program piloted by Catholic Relief Services in Nicaragua, called Engaging Men to Improve Maternal and Newborn Health. CRS utilized funding from the United States Agency for International Development (USAID), and partnered with the Caritas Matagalpa Diocese, the University of Nicaragua, and the Nicaraguan Ministry of



Health. This project illustrates Catholic partnership internationally with local churches and local governments. Its goal was to increase husbands' involvement in maternal and newborn health care. The project developed culturally tailored messages to address gender norms regarding masculinity, promoted these messages at religious and sporting events, and trained local counselors to encourage behavior change in men with pregnant wives. Based on the Nicaragua experience, CRS then prepared an international training manual with a view to implementation in Africa and elsewhere. This manual, called *Engaging Men to Improve Maternal and Newborn Health*, reiterates that "it is important to involve men" because men control family resources and "make decisions about what a woman may do and where she can go, women are expected to give men the best food and do the work he demands, men expect women to do all the childcare and housework, and so on."<sup>24</sup> This manual may be downloaded free of charge on the internet, and the workshops outlined require very few economic resources, making it adaptable to parishes and other Catholic ministries even in under-resourced areas.

My final example comes from my own country, the United States of America. You may be surprised to learn that in the U.S., the risk of dying as a newborn is only slightly lower than in Sri Lanka and the Ukraine, according to UNICEF.<sup>25</sup> Again, poverty affects health and survival. 33% of African American children suffer from poverty, 28% of Latino Children, 27% of Native American Children, but only 10% of white children.<sup>26</sup> In addition, immigrant children entering the country alone or with family face special dangers to health, wellbeing, and survival.<sup>27</sup> So far this year, 36% of migrants apprehended at the U.S.-Mexico border were unaccompanied children or family units with children. Among the dangers they face *en route* are hunger and

thirst, physical injury, rape, trauma, and trafficking. Once in the U.S., children may be separated from parents by border agents, increasing trauma and making welfare precarious.<sup>28</sup>

The US bishops are publicly prioritizing immigration and immigration law.<sup>29</sup> But this social justice agenda has not yet made a significant difference in the behavior of American voters, including white Catholics. We see it again--a lack of political will. Vulnerable children suffer in a political atmosphere in which immigrants in general are demonized and the Trump administration threatens to build a wall separating the US from its southern neighbors.

A sign of hope is the Kino Border Initiative, founded by California and Mexican provinces of the Society of Jesus, the Missionary Sisters of the Eucharist and the dioceses of Tucson AZ and Hermosillo Mexico.<sup>30</sup> This alliance unites Mexican and US religious orders and dioceses, and advocates for change in cultural attitudes and in immigration law. The KBI provides direct service on both sides of the border to immigrants and deportees, educates local communities about the human dignity of migrants, tries to secure asylum and work permits, and campaigns for just immigration reform. It is another example of the multi-pronged strategies that are necessary to bring about real and lasting changes in the welfare of vulnerable children. The KBI runs a shelter for women and children in Nogales, Mexico, called Nazareth House. It provides physical safety, medical care including perinatal care, skills training, legal counseling, education and job training, and seeks hosts and sponsors for asylum seekers. The KBI conducts educational outreach and collaborates with other churches and civil society organizations to change American attitudes to immigrants.

**In conclusion,** radical change requires a conversion of hearts as well as minds, a change in worldviews, and an active commitment to put action and resources behind

the words of dignity, care, and justice. As a worldwide institution, with a presence in local communities around the globe, the entire Catholic Church and every Catholic have a tremendous opportunity to make a real difference in how justly children of every race, ethnicity, class, and geographical location are welcomed into this world. They are all our children. We are all the Church. We are all responsible for the demands of justice and the call of the gospel. We can and we must make real changes.

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<sup>1</sup> This is the twentieth anniversary of another conference I attended in Rome in February 1998, also sponsored by the Pontifical Academy of Life. That conference was called “Women’s Health Issues,” but the actual focus was narrower: contraception, abortion, and reproductive technologies. Those issues remain important, but today’s conference has a different and even more essential focus: global health justice for children and their mothers.

<sup>2</sup> Pope John Paul II defines “solidarity” as “a firm and persevering determination to commit oneself to the common good that is to say, to the good of all and of each individual, because we are all really responsible for all” (SRS no. 38).

<sup>3</sup> In order to care properly for their children, women need adequate nutrition, shelter, basic health care, freedom from violence, citizenship or political recognition, and income-producing work for themselves or for supportive family members.

<sup>4</sup> UNICEF, “Every Child Alive: The Urgent Need to End Newborn Deaths,” February, 2018; [https://www.unicef.org/publications/index\\_102640.html](https://www.unicef.org/publications/index_102640.html).

<sup>5</sup> UNICEF Press Release, 12 December 2017.

<sup>6</sup> UNICEF Press Release, 2 November, 2017.

<sup>7</sup> Anja Finke, “India’s Missing Daughters—Desire to have a Son and Female Infanticide in India,” March 15, 2018, Humanium, <https://www.humanium.org/en/indias-missing-daughters-desire-male-child-female-infanticide-india/>. This article contains links to international reports, and sources such as the United Nations, Save the Children and *The Economist*.

<sup>8</sup> UNICEF Press Releases, 3 November 2017 and 17 May 2018.

<sup>9</sup> “Half of the world’s population, women continue to perform nearly two-thirds of the world’s work, receive one-tenth of the world’s income, and own less than one percent of the world’s property” (Kristin E. Heyer, *Kinship Across Borders: A Christian Ethic of Immigration* [Washington, D.C.: Georgetown University Press, 2012] 62).

<sup>10</sup> Steve Godfrey, “Better Nutrition for Women and Girls is Essential to Achieve the SDG’s,” 15 December 2017, <https://www.newsdeeply.com/malnutrition/community/2017/12/15/better-nutrition-for-women-and-girls-is-crucial-to-achieve-the-sdgs>. Poor maternal health further jeopardizes the health of their young children, given that they are born with poorer health and that mothers will have trouble with lactation if they themselves are ill or underfed.

<sup>11</sup> On these issues, and on the relevance of Catholic social teaching, see Tina Beattie, “Maternal Well-Being in Sub-Saharan Africa,” in Agbonkhanmeghe Orobator, *The Church We Want: African Catholics Look to Vatican II* (Maryknoll NY: Orbis Books, 2016) 175-88; and Meghan J. Clark, “Local Listening and the Babies of Sudan,” in Paul Farmer, ed., xxxxxxxx. In press. Both these authors emphasize the importance of women’s participation in defining maternal well-being and strategies to accomplish it.

<sup>12</sup> An excellent resource, on which I rely here, is Ethna Regan, “Barely Visible: The Child in Catholic Social Teaching,” *Heythrop Journal* 55 (2014) 1021-1032. The exploitation of child labor, and the births of children into nontraditional families or by nontraditional means have been the most frequent targets of Catholic teaching.

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<sup>13</sup>A Catholic pro-life ethic does not stop at the deplorable conditions faced by millions of the world's vulnerable children. It demands attention to child welfare before pregnancy, with the health of the mother, her access to nutrition and other basic needs, as well as to her continuing ability to access these goods for herself and all her children. See Meghan Clark, "See, Judge, Act: Racism, Structural Sin, and Infant Mortality," *Millennial* blog, March 3, 2017.

<sup>14</sup> *Familiaris Consortio* asserts that women should enjoy equality in family and society and receive equal pay for equal work (no. 23). Clearly, these ideals do not match reality.

<sup>15</sup> The World Bank, "Help Women Farmers 'Get to Equal,'" April 18, 2017, <http://www.worldbank.org/en/topic/agriculture/brief/women-farmers-getting-to-equal>.

<sup>16</sup> In fact, at the 1998 Vatican conference on Women's Health Issues in which I participated, Pope John Paul II surprised us all by calling himself a feminist. In his audience with us, he finished his prepared remarks, then stood up. Pointing to himself, he repeated twice for emphasis, "Io sono il Papa feminista!" "Io sono il Papa feminista!"<sup>16</sup> Everyone laughed, but the pope's point was serious: whatever one may think about the differences and similarities between men and women, feminine genius, complementarity, and so on, differences can never justify women's inequality or oppression—and good Catholics can be feminists! (See Sidney Callahan, "The Feminist Pope: But Who Does the Dishes?," *Commonweal* 125/7 (1998) 7-8; Lisa Sowle Cahill, "The Feminist Pope," in David Blankenhorn, Don S. Browning, and Mary Stewart Van Leeuwen, eds., *The Equal Regard Marriage and Its Critics* (Grand Rapids and Cambridge UK: Eerdmans, 2004) 40-48; and M. Cathleen Kaveny, "Defining Feminism," *America* February 28, 2011.

<sup>17</sup> As Kristin Heyer writes, "What John Paul II termed the feminine 'genius' burdens women with the pluriform caregiving and rearing duties rather than calling forth intergenerational solidarity marked by shared responsibility and adequate compensation" (*Kinship Across Borders*, 79).

<sup>18</sup> For an assessment with a gender and childhood lens, see Nathan Andrews and Nene Ernest Khalema, eds., *Millennium Development Goals (MDGs) in Retrospect: Africa's Development Beyond 2015* (Social Indicators Research Series) (Springer, 2015).

<sup>19</sup> According to Nontando Hadebe, from South Africa, "the challenge to the Church goes beyond the content of her teachings. It addresses the fundamental question of context and the voices and experiences of those who are affected by maternal death—namely the world's poorest women and their families and communities" ("Maternal Mortality and Reproductive Rights," in Catholic Women Speak Network, ed., *Catholic Women Speak: Bringing Our Gifts to the Table* [Mahwah NJ USA: Paulist Press, 2015] 148).

<sup>20</sup> Catholic Relief Services, <https://www.crs.org/sites/default/files/tools-research/baseline-study-summary-remind-reducing-maternal-newborn-deaths.pdf> and [https://www.crs.org/sites/default/files/tools-research/a4\\_case\\_study\\_remind\\_final\\_online.pdf](https://www.crs.org/sites/default/files/tools-research/a4_case_study_remind_final_online.pdf); Dimagi, <https://www.dimagi.com/services/>; Vatsalya, <http://vatsalya.org.in>.

<sup>21</sup> Pregnant women are registered and tracked through pregnancy, delivery and the postpartum period with continued tracking of newborns and young children through their second year of life.

<sup>22</sup> According to an Indian Catholic scholar, the marriage of poor Indian women before the age of sixteen is equivalent to a prison sentence, "replete with marital rape, domestic violence, isolation, subservience to the point of slavery, and unplanned pregnancies that have fatal consequences for both mother and child." (Astrid Lobo Gajiwala, "Indian Women Speak from the Margins," in *Catholic Women Speak*, 141.)

<sup>23</sup> M. Tokhi, et al., "Involving men to improve maternal and newborn health: A systematic review of the effectiveness of interventions," *Public Library of Science One*, January 25, 2018, <https://www.ncbi.nlm.nih.gov/pubmed/29370258>. See also Jennifer M. Yourkavitch, et al., "Engaging men to promote and support exclusive breastfeeding: a descriptive review of 28 projects in 20 low- and middle-income countries from 2003 to 2013," *Journal of Health, Population, and Nutrition*, December 2017, <https://link.springer.com/article/10.1186/s41043-017-0127-8>.

<sup>24</sup> CRS, *Engaging Men to Improve Maternal and Newborn Health*, p. 6.

<sup>25</sup> UNICEF, *Every Child Alive: The Urgent Need to End Newborn Deaths*, February, 2018, [https://www.unicef.org/publications/index\\_102640.html](https://www.unicef.org/publications/index_102640.html).

<sup>26</sup> Catholic Charities USA, "Poverty and Racism: Overlapping Threats to the Common Good," 2009, <https://www.catholiccharitiesusa.org/wp-content/uploads/2018/04/Policy-Paper-Poverty-and-Racism-1.pdf>. See also Gerald J. Beyer, "The Continuing relevance of *Brothers and Sisters to US* to Confronting Racism and white Privilege," *Josephinum Journal of Theology* 19/2 (2012) 235-264.

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<sup>27</sup> Migration can have grave effects on children, who may travel alone, or be separated parents on the journey or by immigration agents. Family separation can have lasting effects on children’s emotional wellbeing, education, and social development. See Heyer, *Kinship Across Borders*, 61-98.

<sup>28</sup> Immigration reform has been blocked for decades, due to an increasingly polarized political atmosphere in the U.S., and a prevalent right-leaning, populist and nativist agenda that has been heightened by economic concerns and the perception that immigrants are a threat to the wellbeing of ordinary Americans.

<sup>29</sup> USCCB, Immigration,

[http://www.usccb.org/search.cfm?site=newusccb&proxystylesheet=newusccb\\_frontend&q=immigration&btnG.x=0&btnG.y=0&btnG=Search&lang=eng](http://www.usccb.org/search.cfm?site=newusccb&proxystylesheet=newusccb_frontend&q=immigration&btnG.x=0&btnG.y=0&btnG=Search&lang=eng); and USCCB Migration and Refugee Services Office, <http://www.usccb.org/about/migration-and-refugee-services/>. Specific concerns include the deportation of young people who were brought to the country illegally as small children, the welfare of unaccompanied migrant children, the prosecution and imprisonment of illegal border crossers who have children, and the government policy of separating mothers and children at the border as a deterrent to further immigration.

<sup>30</sup> See Kino Border Initiative, <https://www.kinoborderinitiative.org/humanitarian-aid/> and <https://www.kinoborderinitiative.org/mariselas-story/>; and Jesuit Refugee Services, [http://jrsusa.org/campaign\\_detail?TN=PROJECT-20100826120812](http://jrsusa.org/campaign_detail?TN=PROJECT-20100826120812).