

Exhilarating Conference Brought Revelation

By JoANNE FISCHER WOLF

It is true. The International Women's Year conference in Mexico City was basically a U.N. discussion of world politics that included more women than usual. But, contrary to media reports, that was not the entire story.

International Women's Year was a happening, a spirit, and a coming together of women from all over the world. Exchanges that took place at the non-governmental Tribune (for so-called non-governmental organizations), caucus meetings, and in lobbies and hotel rooms were perhaps more significant than the official event. This was where women were able to talk from their personal experience rather than as governmental representatives.

There was consensus as well as conflict and disagreement among women in Mexico City. It is interesting that when women disagree it is reported as "bickering"; men are engaged in serious debate.

I **DISAGREE** with the reports that the Mexico meeting was a fiasco. Personally, it was exhilarating. I had the opportunity to talk with feminists from Japan, Australia, Nigeria, Mexico and South Africa. We talked about concerns specific to our cultures and those which seem to be universal, such as reproductive control, sexuality, and rape. I was proud of the contributions of several Philadelphia feminists, which were enthusiastically received by conference participants.

These included a bookmobile from Alexandria Books' Cultural

Caravan, a one-woman dramatic presentation by Diana Hamilton of the Rites of Women Theatre group, a plea to women for world peace by Kay Camp of the Women's International League of Peace and Freedom, and "Xilonen" — the official Conference/Tribune newspaper edited by Marjorie Paxson.

As a North American woman, there were times that I was embarrassed and ashamed. Although rhetoric about Yankee imperialism became tiresome, I was struck by the stories I heard from women about how American economic policies and multinational corporations have negatively influenced their culture and their lives. One woman explained how women were being encouraged to give up breast feeding by the producers of food supplements and how this was endangering the health of women and children in her country.

I spent most of my time listening and learning. I began to understand that, as women of the world, our experiences were both the same and different. Regardless of the literacy rate of any given country — and they varied tremendously — there were always more illiterate women than men. Notwithstanding the differences in health care access and technology, women were always found to be sicker than men, often suffering from fatigue and undernourishment.

ALTHOUGH THE conference theme of development was explored to the near exclusion of

equality and peace (a fact which caused great frustration among North American women), the emphasis on developing nations was useful for international consciousness-raising.

While reading the proposed World Plan of Action, I had a powerful revelation. I realized that the priority for improving the situation for women in many parts of the world depended upon bringing water into rural villages. Until women are relieved from spending most of their days lugging water and wood needed for food preparation, they cannot begin to improve their health status, which depends upon water for sanitation. They cannot participate in decisions regarding reproduction, production, and development until they are freed from serving as "beasts of burden."

Although many of these problems experienced by women of developing countries were unknown to us, the reverse was also true. Psychological oppression which serves to debilitate women of developed nations has in many ways replaced physical abuse associated with constant pregnancy, poor health, mutilation, and servitude.

These were the kinds of understandings that helped me develop a more global perspective of women's oppression, needs, desires, and routes to liberation. My interest is not to ignore the ugly politics of the Mexico City meeting, but to supplement an outline of a painting produced by negative spaces, with positive subjects to help create a complete picture.



Photography by Susan Welchman

JoAnne Fischer Wolf is a consultant on women and health for the Pennsylvania Department of Health. In Mexico City, she represented the World Federation of Public Health Organizations.

Activities scheduled for NOW convention

A women's memorial service and parade will be held Saturday as part of the 1977 Pennsylvania NOW (National Organization for Women) state convention in Allentown.

The memorial service at the 7th and Hamilton streets Monument will honor "those women who have suffered needlessly and died prematurely in the last 201 years as a result of violence, medical experimentation, neglect and occupational hazards," according to Janet Force-Leander, coordinator of the event.

Speakers include Jane Wells-Schooley of Allentown who will eulogize Alice Paul, author of the Equal Rights Amendment, who died recently at 92; Rev. Susan Andrews of Allentown's First Presbyterian Church, who will express religious concerns for the welfare of women; JoAnne Fischer, women's health consultant to the Pennsylvania Department of Health, and Jennifer Fleming, coauthor of "Women in Transition" and consultant on battered women.

OPINION

Too many babies dying in state

By JoAnne Fischer
and Richard Weishaupt

The happiest moment in the life of many adults is the birth of a child. Think then of the misery and sadness that comes from the loss of a child at birth or during the first year of life. Yet, right here in Pennsylvania such tragedies occur all too often, especially in communities afflicted by poverty, where inadequate medical care is commonplace.

In the next five years, thousands of babies will die in Pennsylvania, thousands more will be handicapped for life.

Pennsylvania has a higher rate of infant mortality than even poverty-stricken Third World countries as politically diverse as Costa Rica and Cuba.

We can and must do better.

Pennsylvania's 1984 infant mortality rate was 10.4 per thousand births; for non-whites, among whom poverty is more prevalent, the rate is 21.3. Worse yet, while Pennsylvania has been making some progress on the overall rate, the infant mortality rate for the minority population is actually going up.

Pittsburgh has the highest black infant mortality rate of any city in the nation.

One of the key factors related to infant mortality is low birth weight (2500 grams or less). Low birth-weight babies are 20 times more likely to have permanently disabling conditions such as retardation, cerebral palsy, epilepsy, vision and hearing impairments and learning disabilities.

Two-thirds of all low birth-weight infants will require extended hospital care or in-home, high-tech care during the first year of life.

Philadelphia's percentage of low birth-weight babies is one of the country's highest; only five of the 27 largest cities in the country have a higher percentage. Here again we see a dichotomy between black and white children: 6.7 percent of all Pennsylvania babies had a low birth weight but 14 percent of black babies had a low birth weight in 1984.

Although the problem is extremely serious in the black community, the problem is not confined to the big cities.



Jim Conaway/The Pittsburgh Press

Maternity care agenda

Women's Agenda, a statewide organization lobbying for women and children in Harrisburg, in conjunction with the Maternity Care Coalition of Greater Philadelphia, is urging adoption of this maternity care program:

- An expanded Maternal and Infant Care program that will provide free prenatal care for all poor and near-poor Pennsylvania women.
- A state supplement to expand the special food program for pregnant women (known as WIC) to every eligible woman. Currently this program provides milk, eggs, cheese and juice to only 32 percent of low-income pregnant women in need.
- A substantially increased effort to prevent teenage pregnancy. While infant mortality is a problem that affects women all ages, pregnant teens are especially at risk.
- A comprehensive program covering in-hospital maternity services (labor, delivery and hospitalization) for the uninsured. Not knowing how they will pay for their hospital stays in one of the strongest factors in keeping women away from early enrollment in prenatal care. Starting care late greatly increases the chances of incurring a much larger bill for emergency delivery or a low birth weight baby.

Infant mortality is also a problem in such diverse counties as Clearfield, Dauphin, Elk, Erie, Juniata, Montrose, Somerset and Washington.

Unlike many social problems that are easy to recognize but difficult or controversial to solve, we know what works to reduce infant mortality.

Simply put, infant mortality rates and low birth-weight figures can be improved by providing high quality

prenatal care to pregnant women in the first trimester of their pregnancies.

Studies show that early enrollment in prenatal care, coupled with supplemental food programs and labor and delivery care is effective in reducing infant mortality among all women, regardless of their economic situation.

How, then, do we ensure that more women will participate in programs

which will reduce infant mortality? First, by educating women about the importance to good health care and the existence of services in their community. And second, by eliminating barriers to care — the main barrier for poor or uninsured women being financial.

We will not eradicate poverty tomorrow, but we can save thousands of infants' lives and prevent needless birth defects by supporting adequate and affordable prenatal and maternity care for all pregnant women.

Undoubtedly, legislators and taxpayers will wonder whether we can afford to expand services at a time when other social services are facing massive reductions. Women's Agenda estimates that such a program would cost Pennsylvania only \$42 million, far less than the estimated \$150 million state budget surplus for this year. Moreover, the financial savings could more than make up for the expenditures. Recent studies show that:

- For every \$1 spent on prenatal care, \$612 can be saved in newborn intensive care costs and \$9 can be saved in medical expenses for premature infants.
- \$1 spent on Women, Infants, Children (WIC) nutritional supplements will save as much as \$3 in short-term hospital costs.
- It costs only \$1,500 to offer nine months of good prenatal care to a pregnant woman, but \$1,500 per day to maintain her child in a neo-natal intensive care unit.
- Teenage pregnancy prevention programs would cost \$2.3 million. The social costs of pregnancy — to teen mothers, who forgo educational and job opportunities, for the sick and disabled infants born to them and to society, which foots the ongoing social welfare costs — are enormous.

This is one time when both compassion and economics point in the same direction. Now the Pennsylvania Legislature must make it a reality.

(JoAnne Fischer is chairwoman of the board and Richard Weishaupt is counsel to the Maternity Care Coalition of Greater Philadelphia. Both serve on the Women's Agenda's Health Task Force.)

PEOPLE

Heads above the crowd



JoAnne Fischer



Iqbal F. Paroo



Maisha Smart

JoAnne Fischer of Bala Cynwyd has been appointed executive director of the Maternity Care Coalition of Greater Philadelphia.

Named by *Ms.* magazine as one of 80 "U.S. Women to Watch in the 1980s," she is vice president of marketing and communications for the Girl Scouts of Greater Philadelphia and secretary of the board of Philadelphia Parenting Associates.

A longtime activist, she served on the founding boards of Women's Way and the Elizabeth Blackwell Health Center for Women. She is a former chairwoman of the board of the Maternity Care Coalition and the National Women's Health Network.

A Temple University graduate, Fischer received a master's degree in social administration from Bryn Mawr College and a postgraduate certificate in business from La Salle College.

Gladwyne resident **Iqbal F. Paroo** recently was honored as Man of the Year by the Philadelphia-Delaware Valley Chapter of the National Foundation for Ileitis and Colitis. The award was given during the chapter's annual Renaissance Ball at Twelve Caesars in Bala Cynwyd.

Paroo is the president and chief executive officer of Hahnemann University in Philadelphia. Prior to joining Hahnemann, Paroo was director of the Western region of the United States for Healthcare International Inc. in Austin, Texas.

A graduate of Georgia State University, Paroo also received a master's degree in health administration from Georgia State. He is active in about 20 organizations and boards in Philadelphia and elsewhere.

Maisha Smart, a junior at the Baldwin School, is one of 10 Delaware Valley students selected for the 1989 McDonald's Black History Makers of Tomorrow program.

At Baldwin, Smart plays basketball and softball. She is involved with Students Against Driving Drunk, the debate club and Lamplighters. She takes classes at Moore College of Art.

Thomas F.X. Rafferty Jr., a 1952 graduate of St. Joseph's University and past president of the university alumni association, recently was presented with the school's Hogan Award.

Rafferty is longtime chairman of the university's annual giving campaign. He also is active with the alumni of Georgetown University, where he received law degrees.

A financial planning consultant, Rafferty is an associate with Kistler-Tiffany Co. in Wayne. In that capacity, he has been a lecturer at St. Joseph's in the College of Business and Administration.

The Hogan Award was created in memory of the Rev. Joseph F. Hogan and is given annually for "the exemplification of Christian principles and outstanding loyal service to St. Joseph's University."

Kids who suffer outside the spotlight

If you weren't already captivated by the story of Tyler Olson, one look at his beautiful, cherubic face would have done it.

The curly hair, the wide blue eyes, the sweet hint of a smile as he sat in his adoring father's lap when he was released from the hospital on Wednesday. You couldn't help but melt.

And you couldn't help but be emotionally moved by the horror the child had endured: his arm torn off by a wolf-dog hybrid, surgery after surgery, his lapse into a coma. You couldn't help but be jubilant at word of his recovery: Whose heart didn't soar when he said "mama" and "dada" after he regained consciousness?

So many times these last weeks, I'd be busy doing something and suddenly be stopped by the thought: *I wonder how Tyler is coming along?*

Our emotional response to Tyler's predicament is only human, given the ghastly nature of the accident and the heroic efforts to save this precious little boy and his arm.

And yet . . . and yet . . . and yet . . .

In the same six weeks in which we've been riveted by Tyler Olson, scores of other children in this city have suffered equally devastating injuries, and their suffering has been invisible, their pain has gone unmourned. In some ways, their injuries have been worse, because they've been inflicted by human beings who are supposed to protect them, not a half-wild animal following its instincts.

In the last six weeks, many of Philadelphia's children have been raped, mentally abused, beaten — some so badly that they lay in hospitals just like Tyler, some so badly they were taken from their families and placed with strangers, some so badly that their souls will never recover.

Since April 19, when Tyler's ordeal began, 653 cases of suspected child abuse have been reported to authorities — nearly 16 a day. Sixteen children a day sexually assaulted or physically injured with burns, bruises or broken bones.

According to Patrick Mullen, spokesman for the city's Department of Human Services, an estimated 789 more were the victims of neglect — 19 a day. Nineteen children a day unfed, unprotected, left to survive on their own. That's 1,442 children in this city in the last 41 days neglected or abused — an estimated 224 of whom were so endangered they were removed from their homes and put in the care of strangers.

Thirty-five children a day hurt or ignored, wounded or hungry, abandoned and invisible, while we monitored Tyler's every breath.

In that same amount of time, an estimated 55 babies died before they reached their first birthday — more

than one every day — contributing to an infant mortality rate that in some neighborhoods in this city is worse than Third World countries, a rate that according to JoAnne Fischer of the Maternity Care Coalition is getting worse instead of better.

These children and these infants are in our midst, in the neighborhoods we live in or pass on our way to work, they are in our schools, in our streets, caged in prisons of torture and neglect.

If Tyler Olson became everybody's son, they are nobody's children.

If only we could put a precious, curly-haired — white? — face on all of them. If only we could make what happened to them as compelling as what happened to Tyler.

But we can't pay attention because it seems so hopeless and insurmountable. And we can't pay attention because it requires something of us. An accident with a wolf-dog is an aberration, nothing endemic that requires commitment to change. But children who are sexually abused and beaten and mentally destroyed work on our consciences: Maybe if we got involved in some way, it might help.

"Sometimes I think the society is guilty of abuse and neglect generally," said Shelly Yanoff, executive director of Citizens for Children and Youth, an advocacy organization. "How many of those [abused children] could have been helped if there were supports before the crisis hit? . . .

"How many kids have to die to balance a budget? And what does it take before John and Jane Q. Citizen say this is not the future I want for my kids, I want this to be a better society?"

Which is to take nothing away from Tyler Olson, certainly, or to condemn the way he touched all of our hearts.

It's only to say that it's easier to pray for Tyler than to help the other children who were hurt in these last six weeks; it's more uplifting and more fulfilling. Now that Tyler is better, we can feel good and go about our business, content in the happy ending. But there's always another abused child to rescue when one of them is saved. You can't feel good about a job well done, because there's always more to do.

And so I wish Tyler Olson a steady and complete recovery — my heart goes out to him. And I also wish one moment of the compassion we've devoted to him since April 19 for the 1,442 other children whose pain went unnoticed during the last six weeks. My heart breaks for them.



by **JILL PORTER**