Concluding Remarks

Frederick C. Robbins
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THE FOLLOWING REMARKS are an effort to incorporate much of what was presented at the symposium. However, except in a few instances, I have not attempted to quote specifically from individual presentations, which are all published as part of this volume. In addition to input from the participants and from the literature, there is a strong flavor of personal opinion and indeed prejudice for which I make no apology.

A conference on justice and child health comes at a time when much attention is being paid to the health and welfare of children throughout the world. No country completely escapes

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the multiple threats to children's well being characteristic of the modern world. Poverty is a major risk factor along with political unrest, malnutrition, physical abuse and other types of violence, inadequate education, drug abuse and a lack of health care. It is clear that many children, including large numbers in this country, are in serious trouble. They are in trouble because we do not value children as we should and we do not recognize that if we care about the future of our country and the world, we must care about and for children.

The problems that many children face in the U.S., particularly in the inner cities, result from a vicious cycle of poverty, drug abuse, inadequate education, teenage pregnancy, violence, sexually transmitted diseases, joblessness and dysfunctional families.

All children need a structure of social support which provides a safe nurturing environment, an introduction to cultural mores, guidance for developing interpersonal skills, a sense of belonging and role models. It could be argued that these needs are as vital as adequate food, shelter and health care. These conditions can best be provided within a community. Such a community can be defined as anything broadly ranging from an extended family to a neighborhood or village. Such environments are invaluable, and, when lacking, the consequences can be those that we so deplore in modern society. In much of the industrialized world we have broken down these structures and have not replaced them. The kind of support that individuals and families need is often not available, and the community is sometimes regarded as a threat, not a help. It will not be easy to reestablish the concept of true community. Gangs provide their members a sense of purpose, of belonging and personal worth which they do not get from their families and community. Too often, communities, whatever their composition, tend to regard non-members with suspicion, and even contempt, resulting in conflict. The difficulty is to obtain the benefits of the community, but maintain a tolerance for those different from oneself and a recognition of and willingness to contribute to the

VITAL. PROTECTION AND DEVELOPMENT OF CHILDREN AND PLAN OF ACTION FOR IMPLEMENTING THE WORLD DECLARATION ON THE SURVIVAL, PROTECTION AND DEVELOPMENT OF CHILDREN IN THE 1990s (1990) (delineating factors which affect child health and discussing the effect of these factors).
welfare of the broader society. Such terms as Spaceship Earth and Global Village have been used to describe, in the first instance, the reality of the interdependency of people occupying the finite space on earth and, in the second, what would be the ideal global society. However, in the thousands of years that humans have existed on this planet, they have shown little capability to overcome the parochialism and bigotry that generates conflict and penalizes our children. On a small scale, gangs simply reflect what goes on in the larger world. The great advances in technology, while having many benefits, have also succeeded in enlarging the scope and deadliness of conflict to the point where we are now capable of achieving the ultimate injustice of destroying the world.

In many of our communities, in our inner-cities and in some rural areas, poverty is extreme and growing. This is significant because unfavorable health and social outcomes are all strongly correlated with poverty. In this country, changes in the economy are important in promoting the spread of poverty. The classical well-paid blue collar worker is being replaced by the service worker who is often less well-paid. It is sad that, in our society, we have such a large number of children inadequately immunized, that we do not provide resources for all who could benefit from Head Start and that we do not provide every woman adequate prenatal care. These things are basic and are not even very expensive.

Other factors important to child health are remarkable demographic changes and major alterations in family structure. Aging of the population which is most evident in industrialized countries, but beginning to occur in developing ones as well, is

2. BARBARA WARD. SPACESHIP EARTH (1966).
4. See generally DAVID A. HAMBURG. CHILDREN OF URBAN POVERTY. APPROACHES TO A CRITICAL AMERICAN PROBLEM. ANNUAL REPORT 1992 (1992); ROBERT WOOD JOHN-SON FOUND. supra note 1, at 6.
6. Ad Hoc Working Group, supra note 5, at 1817-18; SCHORR, supra note 1, at 191, 200.
7. HAMBURG, supra note 1, at 19-38.
presenting a new set of problems to the world. It is extraordinary to realize that the over-eighty-five age group is the most rapidly growing segment of the population in the U.S. and some other industrialized countries. This, along with reduced birth rates, is resulting in relatively fewer children in the population which accentuates the competition between the young and the elderly for available resources. This intergenerational conflict could be very damaging to society.

Changes in social and family structure are also having a major impact on children. In the developing world, mass migrations and urbanization are having profound effects upon the stability of families with an inevitable effect upon children. In parts of the developed world, the U.S. in particular, the classical nuclear family is rapidly disappearing. In the U.S., approximately one-half of the children live in a household where there has been at least one divorce, two-thirds have two working parents who may or may not be able to provide adequate supervision and support for their children, and a large number (as many as fifty percent of Black children) have only a single parent for most of their lives; all this has come about since World War II. As a result of these social shifts, the demand for high quality day care for infants and young children and supervision of after-school time for the older children has increased dramatically, but is far from being satisfactorily met. The association between the above types of family structures with ill health and deviant behavior among the children is well-established.

The economy in much of the world is in chaos and the expenditures on health per person per year in most developing countries is ridiculously small. Although it is understandable that poor countries would not have much to invest in health, education and other social services, it is depressing to observe

10. Center for the Study of Social Policy, supra note 1, at 18-21 (presenting national data).
11. Hamburg, supra note 1, at 107-25.
that as a rule they are able to invest much larger sums on the aggrandizement of their rulers and on armed forces. The fact that the world is still buying armaments, even those countries that are spending so little on health, is a sad commentary on where priorities lie and one of the important determinants of child health.

The term "justice," as applied to child health, evoked some discussion (particularly by Dr. Veatch\textsuperscript{13}) of the definition of the word. It has been defined as "rightness" by Aristotle, or in other words, it is what is morally correct.\textsuperscript{14} It may also refer to "fairness of distribution".\textsuperscript{15} These are nice theoretical definitions, but how one determines "rightness" or fairness" is subject to a variety of interpretations influenced by cultural, religious, social, economic and perhaps other factors. Dr. Veatch pointed out that there are three major theories concerning what is the right distribution of resources.\textsuperscript{16} They are the libertarian, which would distribute resources on the basis of the free market with primary emphasis on the individual and the right to property; the utilitarian, which emphasizes the use of resources according to where they will do the most good; and the egalitarian, which would allocate resources according to need.\textsuperscript{17} The U.S. leans towards the libertarian as a basic philosophy, but the employment of such techniques as cost/benefit analysis and technology assessment introduce the concept of utilitarianism. Furthermore, much of the political rhetoric espouses egalitarian principles, but its application has been spotty at best. The concept that the future of society, local or global, depends upon the welfare of its children would be equally compelling, no matter which of the philosophical principles is adopted.

The contributions of biomedical science to the health of children throughout the world have been substantial, particularly in the field of neonatology. Neonatal mortality in industrialized countries has dropped dramatically, largely through im-

\begin{itemize}
\item \textsuperscript{14} \textit{Id.} at 73-74.
\item \textsuperscript{15} \textit{Id.}
\item \textsuperscript{16} \textit{Id.} at 74.
\item \textsuperscript{17} \textit{Id.}
\end{itemize}
proved care of small infants. Infants of no more than 500 grams can now survive with modern technology and improved knowledge of physiology and biochemistry. However, in the U.S., this is an example of what is referred to as the "technologic imperative", our fascination with technology. These great advances have not been accompanied by a comparable decrease in the incidence of premature or low birth weight infants, who in spite of the best of care, are at increased risk of death or disability. These infants continue to be born, despite the knowledge that with provision of good prenatal care the incidence can be reduced, but this requires a different, less technological or glamorous approach. In many countries, particularly in Europe, prenatal care is widely available and their neonatal mortality rates are lower than in the U.S. Although neonatal mortality has been decreasing in most of the world, there are still great discrepancies among countries and even within countries. Other areas where science has made major contributions to the health and survival of children are vaccines, oral rehydration for diarrhea, iodine and vitamin A supplementation and the addition of folic acid to the diet of pregnant women in order to prevent neural-tube defects in their infants. It is largely the biological and medical sciences that have made possible these and other advances, and they promise much more for the future.

However, for example, a vaccine, drug or procedure is only effective when administered, and it is the step from the development of the information or product to its application that can be difficult. Here the social sciences should have a major role. Unfortunately, their potential contributions have not been given the same recognition as the so-called "hard sciences" and their support has lagged behind. If we are to make the fruits of science available to the children and understand the complex interaction of biology, economics, culture, social factors and environment, the social sciences as well as ethics, and religion will

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19. See John Funk, Seeing How They Operate: Lawyers Given Close Look at Medical World, PLAIN DEALER, Sept. 4, 1994, at 1-B, 6-B.
20. ROBERT WOOD JOHNSON FOUN., supra note 1, at 29.
have to participate in an interdisciplinary way, something that has been exemplified in this symposium). It is now evident that with the application of such measures as vaccines, oral rehydration, simple sanitary measures, clean water and improved nutrition, childhood mortality and morbidity can be reduced significantly in the absence of any real improvement in the economic situation. This is to be applauded, but the victory is a hollow one if the children can only look forward to a society of poverty characterized by joblessness, environmental deterioration, injustice and conflict.

The international perspective was evident throughout the symposium and a particularly important issue was why the U.S. should concern itself with the problems of the rest of the world when it has so many of its own to deal with. Although pure altruism is a legitimate reason, there are even stronger reasons from the point of view of self-interest. It is trite to say, but true nonetheless, that disease knows no boundaries. For instance, a subject of considerable interest is the eradication of poliomyelitis. Spurred on by the success of the smallpox eradication program, the Pan American Health Organization is attempting to eradicate polio from the Western Hemisphere and it appears that it will be successful. This would be a tremendous achievement, but until the virus is totally eradicated from the world, the countries of this hemisphere must continue to vaccinate since the virus is always likely to be introduced from areas where it continues to circulate. Thus, achievement of the ultimate goal of no longer needing to vaccinate awaits successful global eradication. Influenza and acquired immune deficiency syndrome are other dramatic examples of the global nature of disease. Like infectious organisms, environmental pollutants are also worldwide in their impact. The U.S. has much to learn from the experiences of other countries, both developed and developing. This is far from a one-way exchange and the "lady bountiful" approach is not an appropriate one in this day and age.

An important issue in improving child health is achieving changes in public policy. It is most likely to be possible if one

can choose a concrete and doable issue, marshal the facts and persevere. An excellent example is the highly successful accident prevention program in Sweden, which was described by Dr. Berfenstam. The goals were clear and the effort was well-organized with support from the public and legislators.

Although there are active groups in the U.S. such as The Children’s Defense Fund and the American Academy of Pediatrics promoting the cause of child health, we all recognize the truth that “children don’t vote” and, thus, their needs are less likely to demand the attention of legislators. I have suggested that the American Association of Retired Persons, which is recognized as being a very potent political force, concern itself not only with the welfare of the elderly, but also with the welfare of the child, or to put it more broadly, with the welfare of the entire community. It is in their best interest since the way to achieve a successful old age is to have a healthy and productive childhood. No society can survive long without paying attention to its future, namely its children.

In this summary I have not done justice to all of the excellent presentations and I am sure that my own prejudices have intruded themselves unduly. However, I feel safe in stating that throughout the conference there was much agreement on a number of points:

1. Many children in the world, including the U.S., are subjected to grave injustices.
2. The future of societies are dependent upon the health and welfare of children and there is too little recognition of this fact.
3. There is a need for more effective, better organized child advocacy.
4. Socio-economic and cultural factors, which differ somewhat from country to country, but which also possess universal factors play a fundamental role in affecting child health. These include poverty, the educational and social status of women, demographic changes, availability of jobs, political instability and conflict, religious influences, urbanization, the deterioration of family structure and the population explosion.

5. The situation is sufficiently critical that strong action is demanded and those of us concerned with the health and welfare of children need to redouble our efforts on their behalf. This will require cooperation among ourselves and enlistment of the support of others not now aware of, or concerned with, the problem.

6. Although much can and should be achieved by the private sector, the problems are too great and the need too pressing to be dealt with without major support from government at all levels. A sense of urgency is required along with efficient cooperation among the various components and levels of government.

This has been an interesting and informative symposium. I hope that it stimulates us to do what we can individually and collectively to help solve some of these critical problems that face the world’s children, our hope for the future.