

## CHAPTER 35

### ADOPTION

#### *Adoption Not Abortion*

This is a slogan that produces quiet fury in pro-abortion activists, for each adoption is a baby saved and represents a failure to the pro-abortion industry.

Few in the general public realize it but Planned Parenthood “counselors” and the rest of the pro-abortion, anti-child activists have for 3 decades been waging a quiet but successful war against adoption. This is evident in the pregnant girl who would rather have her baby killed than the alternative of “a fate worse than death” (adoption).

#### **How many babies are adopted?**

Two percent of non-marital births are placed for adoption. In the U.S. this is about 50,000 non-related adoptions a year compared to 1,400,000 babies aborted.

#### **Why do so few mothers place their babies?**

In society, customs change. Right now it is the “in” thing to keep your baby. Part of the reason for this has been the overemphasis on women’s “rights” (as in

abortion) over the baby's rights, and the concept of the mother's "ownership," which the *Roe v. Wade* Supreme Court decision taught our nation. Add to this the above insidious influence, the almost condemnation of, and the "poor mouthing" of adoption by many sex educators, Planned Parenthood people, social workers and others.

### **How many couples are waiting?**

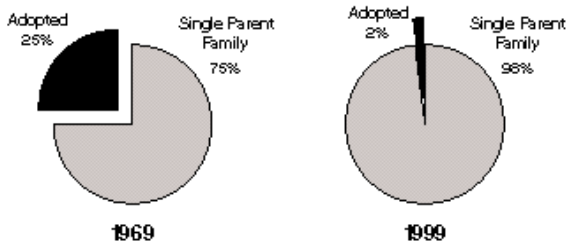
There are about two million couples waiting. Furthermore, each of these couples would want two or three, if available. Many will take hard-to-place children with special needs.

Bachrach et al., "On the Path to Adoption"

"When the time comes, as it surely will, when we face that awesome moment, the final judgment, I've often thought, as Fulton Sheen wrote, that it is a terrible moment of loneliness. You have no advocates, you are there alone standing before God — and a terror will rip your soul like nothing you can imagine. But I really think that those in the pro-life movement will not be alone. I think there'll be a chorus of voices that have never been heard in this world but are heard beautifully and clearly in the next world — and they will plead for everyone who has been in this movement. They will say to God, 'Spare him, because he loved us,' — and God will look at you and say not, 'Did you succeed?' but 'Did you try?'"

Congressman Henry Hyde

## Proportion of Unwed Births Adopted



Source: *Abortion Factbook III*, 1999, Nat. Council for Adoption

### What does “special needs” mean?

- Those with handicaps. There is a long waiting list for Down’s Syndrome babies. There is a national organization of parents of Spina Bifida babies. At this writing, over 100 couples are on the waiting list to adopt such a baby, no matter how severe their problem.
- AIDS babies are a special group. These children need care, and almost all will die. Still, there are homes for them.
- Those of a different race: see discussion below.
- Older children:

*All* infants can be placed if they are released and if laws and agencies place no barriers. Once a child has been through three foster homes, has been neglected or even abused before being relinquished (or removed by the court), and/or is 6-8-10 years old, there are few homes that want him/her or can even manage the child. Over half of the available, but unadopted, babies in the U.S. are black and over age 5.

### What’s with minority race babies?

Actually, there are enough couples wanting these babies, but, sadly, they frequently aren’t adopted. Reasons include unwillingness of the natural mother to release

the child, unrealistically high standards for minority parents to meet in order to qualify, and unwillingness of agencies to allow white parents to adopt them.

E. Lee, "White Couples' Obstacles to Adopt Nonwhites,"  
*Wall Street Journal*, Feb. 27, 1987

Black people make up 12% of the population in the U.S., but 42% of the children in foster care are black. There are 450,000 in foster care, of whom 42% (or 189,000) are black. In an industrialized state, about two-thirds of children awaiting adoption are black, e.g., in Cincinnati 84 of 87 such children were black.

*Cincinnati Enquirer*, Gregg, May 9, 1996

### **There is a problem with agencies?**

Yes — this was really brought to the nation's attention in the mid-'80s by a series of articles in the *Wall Street Journal* which detailed that if a baby is placed for adoption at birth, the social agency gets X number of dollars. For every child in foster care for a year, the agency gets 3X or 4X dollars. The charge has been made that minority race babies are not being placed at birth because the agency needs the additional money it gets for foster care.

"The system has evolved into an industry, with perverse incentives for social agencies to maintain children in the system because of the increased revenue. Some 70% of the money for foster care is spent for administrative overhead and services. What we have done, according to the National Council of Family and Juvenile Court Judges is 'replace parental neglect with governmental neglect.'"

R. Woodson, "Bureaucratic Barriers to Black Adoption,"  
*Wall Street Journal*, June 26, 1984, p. 34

### **Then social workers are the problem?**

Certainly not most, but we must point out that the

National Association of Black Social Workers has condemned transracial adoption. Several decades ago this was a sincere conviction, as many feared a black child in a white family could not adjust. A number of studies, however, have disproved this.

“Transracial adoption has been successful,” say Drs. Simon and Alsteen. “On any variable we can discuss about quality of family life, it is no different with these kids . . . they’ll probably marry non-white, but live in a racially-mixed neighborhood.”

“Identity and Commitment, Transracial Adoptees and Their Families,” *Praeger Pub.*, 1986, from Nat’l Adoption Report, May 1987

“The evidence from the empirical studies indicates uniformly that transracial adoptees do as well on measures of psychological and social adjustment as black children raised inracially in relatively similar socio-economic circumstances. The evidence also indicates that transracial adoptees develop comparably strong senses of black identity. They see themselves as black and they think well of blackness. The difference is that they feel more comfortable with the white community than blacks raised inracially. This evidence provides no basis for concluding that there are inherent costs in transracial placement from the children’s viewpoint.

“By contrast, the evidence from the empirical studies, together with professional opinion over the decades and our common sense, indicate that the placement delays of months and years that result from our current policies impose very serious costs on children. Children need permanency in their primary parenting relationships. They may be destroyed by delays when those delays involve, as they so often do, abuse or neglect in inadequate foster care or institutional situations. They will likely be hurt by delays in even the best of foster care situations, whether they develop powerful bonds

with parents they must then lose, or they live their early years without experiencing the kind of bonding that is generally thought crucial to healthy development.”

“The Politics of Race Matching in Adoption”  
E. Bartholet, *Univ. of PA Law Review*,  
Vol. 139, No. 5, May 1991

The whole transracial question came to a head in 1996 when the U.S. Congress removed any limits on transracial adoptions. This was tested in the courts and confirmed in a Cincinnati case in 2002.

Sadly, in many areas, social workers have silently or otherwise ignored or defied this new law and continued to “warehouse” black children.

**Aside from this race problem, I’ve heard that adopted children have more problems than biological children.**

This has been thoroughly debunked by Marquis and Detweiler. On seven separate measures, adopted persons rated their parents as superior as compared to their non-adopted peers.

“There is not a shred of evidence that indicates any of the previously reported negative characteristics of dependency, fearfulness, tenseness, hostility, loneliness, insecurity, abnormality, inferiority, poor self-image, or lack of confidence.”

If different, the adopted are more positive and better adjusted.

Marquis & Detweiler, *J. Personality and Social Psychology*,  
abstract in Nat’l Adoption Report, May 1985

**Overall, I’ve heard that adopted children need more psychiatric care, and generally are in more trouble and are less well adjusted than children in biologic homes.**

The studies reporting such problems almost always were comparing apples with oranges and are therefore invalid. Here’s why.

Biologic children go home with parents from the hospital, bond promptly, and, from birth, are reared by two (one) parents.

Adopted children often stay in institutions, in foster care, or in turbulent situations prior to adoption. Their future social and emotional instability is not due to adoption; it's due to their environment prior to adoption.

The only valid comparison is between biological infants and adopted infants, both of whom went from the hospital to the home of their forever parents.

In these cases, adopted children fare better. When compared with those adopted later, born outside of marriage and raised by the single mother, or raised in an intact family, children who are adopted in infancy:

- Repeat grades less often than any other group;
- See mental health professionals less than all other groups, except children of intact families;
- Have better health status than all other groups;
- Have a better standing in their school classes than all other groups, except children raised in intact families; and
- Have fewer behavior problems than all other groups, except children raised in intact families.

And so do their birth mothers. Significantly, teenage mothers who choose adoption also do better than mothers who choose to be single parents.

- They have higher educational aspirations, are more likely to finish school, and less likely to live in poverty and receive public assistance than mothers who keep their children.

Bachrach, Stolley, and London, "Relinquishment of Premarital Births"

- They delay marriage longer and are more likely to marry eventually.
- They are more likely to be employed 12 months after the birth and less likely to repeat out-of-wedlock pregnancy.

- They are no more likely to suffer negative psychological consequences, such as depression, than are mothers who rear children as single parents.

S. McLaughlin et al., "Do Adolescents Who Relinquish . . . Better or Worse . . . Raise Them?," *Fam. Plan. Persp.*, Jan. 1988

All the goals of liberal government programs, like job training, supplemental education, and family planning, are attained with greater ease, and at lower cost, through adoption.

P. Fagan, Liberal Welfare Programs, "Data . . . Teen Mothers," Heritage Found., #1031, Mar. 31, 1995

### **Wasn't part of the problem prolonged foster care?**

Yes! You're right. Most foster care is certainly better than either institutional care or some of the inadequate homes they come from, and we warmly thank those generous people who offer their foster-love to these children.

*But* — and a big but — it is nowhere near as good as one pair of loving adoptive parents from birth. One constant and perhaps unsolvable problem is the reluctance of the courts to take children away from mothers who are clearly unsuitable. Judges quickly place them in foster care, but they seldom legally terminate the birth-mother's "rights" and allow adoption.

J. Kwitng, "Nobody's Kids," *Wall Street Journal*, Sept. 6, 1978, p. 1

The problem with not terminating a neglecting or abusive parent's rights is an overemphasis on "family preservation." This well-meaning goal too often has sent children back to an abusive parent and delayed or prevented adoption.

### **So the earlier the placement the better?**

From the child's standpoint, yes. The ideal is to place the baby in adoptive arms directly from the hospital.

In recent years we've learned a lot about early bond-

ing between parents and child. The father in the delivery room, the baby “rooming in” with the mother, immediate breast feeding, etc., are all part of creating that very special and truly unbreakable emotional tie between this tiny one and her parents.

In adoption, the infant, of necessity, must lose those precious early hours and days with her new parents. That generous birth-mother must have a few days to make her final decision. But then what is best for the baby?

Without a shade of doubt, that infant *must be* in his or her adoptive parents’ arms as early as possible. Some irreplaceable early bonding is gone, but more slips away every day, every week. Whenever possible, the baby must go directly from the hospital into those new parents’ arms.

This is especially true for a handicapped infant. This child has even more need for immediate adoption. What if birth-parents have a handicapped baby? Do they give him back? Of course not. What of a handicapped child to be adopted? Should we keep him in an institution until all medical questions are answered? Or in foster care? Then maybe no couple will want him. How cruel! He needs loving parents from the beginning, and probably even more than a “normal” child.

Please, these infants with handicaps should be adopted directly from the hospital. There are parents who will take them. Once he is “their baby,” they will rarely give him back.

### **Is money a problem?**

Yes, many more couples would adopt if they could afford it. The cost of delivering a baby is a tax deductible medical expense — why not the cost of adoption?

The U.S. Congress took a solid step forward in 2001 in giving a \$10,000 tax credit to adoptive couples.

### **What of public or private adoptions?**

We need them both. In general, if an agency does most things right (i.e., early placement, etc.), we believe that there is consistently better parent screening, better records, better follow-up, etc. Private adoptions can be, and often are, all of these good things too, but not always. We believe that both are necessary but that both need improvement and the elimination of abuses.

### **What of open adoption?**

With few exceptions, pro-lifers have little or no objection to this new trend.

### **What of open records?**

This is different. Today there are groups aggressively seeking to pass laws to unilaterally and retroactively open previously sealed records. Increasingly, pro-life people regard such search groups as pro-abortion and anti-adoption and have opposed such efforts. A high percentage of young mothers, in years past, placed their babies in adoptive homes only because the law guaranteed a seal of confidentiality on that adoption. Today, many of these generous women are terrified that this confidentiality will be stripped away. The fair and compassionate answer is a mutual consent registry.

### **What is a mutual consent registry?**

It is the answer to the problems discussed above. Under it, an adopted child over 21 years of age may enter his or her name in a state registry indicating that he or she seeks a reunion. Birth-mothers may also register and request the same. If there is a match, a meeting is arranged. Unless both request it, however, the previous seal of confidentiality is preserved.

One problem in the states where these exist is that there has been no public educational effort to publicize such registries, so very few people know about them.

**What if the right to confidentiality is taken away?**

This has happened in England and in Australia. In both countries, adoptions have declined sharply. Your authors have been told that “adoption, as we knew it, no longer exists. What we have now is de facto permanent foster care. . . . If a girl wants permanent confidentiality, the only way to get it is to abort, and that is exactly what they do.”

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