

# **Awake!**

JULY 8, 1984



## **MEDICAL DECISIONS**

### **Who Should Make Them?**

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AWAKE! is for the enlightenment of the entire family. It shows how to cope with today's problems. It reports the news, tells about people in many lands, examines religion and science. But it does more. It probes beneath the surface and points to the real meaning behind current events, yet it stays politically neutral and does not exalt one race above another.

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## Feature Articles

Do you have the right to decide which medical treatment you will accept? Do you have the right to weigh potential risks against possible benefits? What responsibility do you personally have to safeguard your health as well as that of your children? These and other vital questions will be considered in the timely series of articles featured in this issue of Awake!

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**Right to live/right to die. Personal choice of medical treatment. Parental love and care for children.** You know that these issues command headline attention. Some newspaper stories have been about Jehovah's Witnesses, who decline blood transfusions for religious reasons. But many others are involved because medical decisions affect the life and health of all of us. To help put the issues in perspective, let us note the experience of a family who greatly altered their life-style in order to give their children proper care. Next follows the intensely interesting case of a couple in Italy who were charged with murder when their child died from an incurable illness. These and the two following articles will help you to evaluate some of the issues mentioned above, especially the question of who should make medical decisions affecting your health and life.

## 'We Loved You Even Before You Were Born'

WHEN 9-year-old Luigi and 11-year-old Antonella arrive home for lunch, their mother, Fiorella, greets them with a hug and asks: "How did things go at school today?" The conversation goes on as they wash, change and then sit at the table. After Fiorella says a brief prayer, they eat with a good appetite. Their father, Carlo, will not be home until evening, but they often mention him with affection and will have much to tell him.

Do you feel that this warm family scene is from a bygone age? It might seem so, for you know that family life today is usually very different. (Note the box.) Clearly, the family environment—where children spend most of their time—is degenerating.

With the spread of divorce and separa-

tion, the phenomenon of "suitcase children" grows. Children are sent back and forth between parents like some sort of parcel. Other children who live with both parents must be sad spectators of family fights, if not the battered victims of them. The deteriorated family environment often leads to drug abuse and juvenile delinquency.

The United Nations proclaimed 1979 as the International Year of the Child. But "something more than the Year of the Child is needed to remedy the situation," wrote Fabrizio Dentice in *L'Espresso*, January 28, 1979. "Today's life-style makes us what we are, and this is what needs changing," the magazine said.

Yet you know that changing the life-style and improving the home environment

### A Modern-Day Tragedy for the Innocent

- **Italy:** 5,000 children seriously battered every year
- **United States:** 23,000,000 children are left alone with the telephone, awaiting their parents' return
- **Great Britain:** 100,000 children have been abandoned by their parents
- **West Germany:** 1,000 children killed each year through mistreatment

of children is not easy. It is, though, what Carlo and Fiorella did a few years ago, after studying the Bible with Jehovah's Witnesses. They decided to apply Bible principles in their family. So now their homelife is marked by love, to their children's blessing.

### **How Can a Life-Style Be Changed?**

You undoubtedly know of other families who could benefit from a change of life-style and home environment. How can that be achieved? It involves altering the pattern of life. Most people live in an egotistic fashion, satisfying their own whims and ambitions. Many put their best energies into career building or the pursuit of pleasure. If they get tired of their marriage partner, they just change.

For it to be different with us, we must give priority to the basic and durable values in our lives. This means making room for God and the principles of the Holy Bible. That can satisfy our spiritual need, as it did for Carlo and Fiorella. We also can become alert to help others, for the Bible teaches: "You must love your neighbor as yourself" and, "There is more happiness in giving than there is in receiving."—Matthew 22:39; Acts 20:35.

What effect will this have on our relationship with our children? Instead of being *objects* that get in our way, they are *persons*. Whether they were planned for or not, we will appreciate them as persons for whom we, the parents, are responsible. They can turn out to be a blessing if we transmit to them a legacy of love and spiritual values. Such values become a stabilizing element in any family.

Having such an outlook can even influence the way parents view children before they are born. We can better appreciate this by looking further at the experience of Carlo and Fiorella.

### **Before They Are Born—And After**

"Sons are an inheritance from Jehovah." In saying that, Psalm 127:3 shows that children are precious, to be greatly treasured. A person who hopes to inherit something usually makes plans to receive it and to take care of it.

This proved true with Carlo and Fiorella. Prior to studying the Bible with Jehovah's Witnesses, they never realized that following its principles can have a positive influence on even an unborn baby. For example, the Bible stresses cleansing ourselves of every defilement of the flesh. (2 Corinthians 7:1) Thus Jehovah's Witnesses do not damage their bodies by using tobacco or taking drugs for thrills. However, there is evidence that this is also an important safeguard for the unborn. So when Fiorella became pregnant again, her Bible knowledge gave her added reason to avoid anything that would harm the child in her womb. By holding to a suitable, balanced diet and being cautious about the use of medication, she showed consideration for her unborn baby as a precious "inheritance."

You know, though, that for any parent this is only the beginning! After a baby is born it will need nutritious food, suitable clothing and medical care. Think of what this may mean for the family. For instance, though some parents might often be satisfied with a quick evening meal to leave them free to go out dancing or to see a movie, they must now consider their children's needs. Balanced, healthful meals are especially important for growing children. So while it occasionally may be necessary to make do with less elaborate meals, loving parents will normally adjust their activities so that their children will have a proper, balanced diet. Jehovah's Witnesses strive to do this.

However, as you can appreciate, care for



our children involves more than just material factors. Children need love, time and friendship from their parents. Their emotional needs must be satisfied by our 'cherishing' them.—1 Thessalonians 2:7.

Carlo and Fiorella learned that Jesus said: "Man must live, not on bread alone." (Matthew 4:4) Loving Christian parents who recognize this truth provide spiritual training for their children. Fiorella and Carlo had seen this in action when they began to attend Christian meetings of Jehovah's Witnesses. These were not somber gatherings of just older people, but many children were present, children who by their relaxed happiness reflected the balanced parental love and care that Witness parents provide.

Perhaps you did not know that the Witnesses give such importance to family life. They really do. Many of their publications deal with the duties of Christian parents. Often their meetings emphasize that true Christians reflect the attributes of Jehovah God, "the Father of tender mercies and the God of all comfort." Thus all present are urged to look after their children.—2 Corinthians 1:3.

Some outsiders have noticed the excellent qualities that Witness parents display.

An Italian newspaper commented: "We find they have a strict moral sense and a rigorous adherence to this, which tends to safeguard true values, such as those of family life. Regarding dealings between mates and with their children, Jehovah's Witnesses do not tolerate an irresponsible recourse to separation and divorce."—*La Nazione*, July 31, 1979.

### **Loving Care, Medical Care**

Yet there are some who say, "If Jehovah's Witnesses want to be good parents, why do they refuse to let their children have blood transfusions? Is that not murder?" Have you heard such remarks or even wondered about this yourself?

Such remarks relate to an issue that involves more than Jehovah's Witnesses and that has been in the headlines of newspapers. It is this: As noted, loving parents are expected to care for their children's welfare, which obviously includes providing medical attention. But what voice do caring parents have in medical decisions for their children?

This is a question that involves all parents, not just Jehovah's Witnesses. But with the Witnesses in mind, think further about devoted parents, such as Carlo and Fiorella, who love their children so much that they are ready to die for them. (John 15:13) Newspapers have reported that such parents have refused to let blood transfusions prescribed by doctors be given to their children. Why? Clearly it is not out of callousness, for they are loving parents.

In a number of instances, the courts have been called in to deal with such cases

—cases that involve parental rights. This may have a bearing on how you will care for your children—children that you must

have loved even before they were born. With these points in mind you will find the following article to be of great interest.



## Are These Parents Loving or Heartless?

**W**HILE the issue of parental rights as to medical care of their children has arisen in different lands, one particular case merits your attention. It is that of Giuseppe and Consiglia Oneda, a couple from the small town of Sarroch, near Cagliari, which is a main city on the Italian island of Sardinia.

You may well know something of their sad experience, for it has been reported on around the world. This magazine\* and the mass media in various countries have given it extensive coverage.

### **A Fatal Disease**

The Onedas' little girl Isabella suffered from dreadful thalassemia major, an inherited blood defect for which there is no known cure. It is a fatal disease. In some

cases death can be delayed for a number of years by blood transfusions, but medical authorities admit that these are not a cure. Harrison's *Principles of Internal Medicine* (1980 edition) observes: "Patients with [Beta] thalassemia major have a short life expectancy. It is unusual for a patient with the most severe form of the disease to survive into adulthood." In serious cases, such as Isabella's, death often occurs during the first two or three years. What would you do if your child were afflicted as was Isabella?

Though Giuseppe and Consiglia knew that Isabella's death was inevitable, they regularly took her to a clinic in Cagliari. There she got periodic blood transfusions, which could give some temporary relief, but which also posed problems. Why? Because the transfusions bring on iron overload. Wintrobe's *Clinical Hematology*

\* *Awake!* of October 22, 1982, and Italian edition of May 22, 1983.

(1981) says that 'most patients with thalassemia major' who are regularly transfused 'die from complications of iron overload.' This medical text admits that "many of the therapeutic strategies described are impractical for large scale application. The current cost of [the most effective one] for a single patient is approximately \$5000 [U.S.] per year."

Some doctors paint a rosy picture about the possibility of extended normal life for thalassemic children. This is not surprising, for who likes to admit hopelessness, especially a doctor whom the sick look to for hope. Yet we all know that some diseases are incurable. Mediterranean anemia (thalassemia major) must be classed among them. Thus, there may be conflicting opinions as to the best therapy and even as to the results of different treatments; yet no one has a true cure.

Nor can medical science guarantee that a child as seriously afflicted as young Isabella will survive many years even if given transfusion therapy. The statistics for thalassemia major reveal the stark reality, statistics that cannot be denied. *Minerva Medica* (72, 1981, pages 662-70) presented figures compiled by ISTAT (the Italian Central Institute of Statistics) showing that out of 147 children who died from this disease in 1976, 23.8 percent died within the first four years of life.

### **Why Call Loving Parents "Murderers"?**

In the previous article we noted that one Italian couple gained a happier family life by studying the Bible with Jehovah's Witnesses. Giuseppe and Consiglia Oneda had a similar experience, made more meaningful by learning of Jesus' assurance that a person with God's approval, "even though he dies, will come to life." (John 11:25)

Yes, doctors could not assure Isabella of reasonable health and life, but the Son of God could.

When, in the summer of 1979, the Onedas decided to become Jehovah's Witnesses, they notified the doctors at the Second Pediatric Clinic of Cagliari that they would no longer allow Isabella to receive blood transfusions. They had learned from the Scriptures that God commanded the apostles and all loyal Christians to 'abstain from blood.' (Acts 15:28, 29; compare Genesis 9:3, 4.) Consequently, these doctors asked the Juvenile Court to intervene. The court directed that the parents should have their daughter transfused, and it charged the doctors in the case with the responsibility of taking the initiative in seeing that regular blood transfusions were administered.

During this period, while the Onedas consulted other doctors in a search for alternative treatments, their daughter was forcibly taken and given blood. Still, the disease took its destructive course; the condition of Isabella's vital organs progressively worsened. In March 1980 the doctors no longer pursued the transfusion therapy; for some months they did not have Isabella brought in for transfusions. Why did they fail to carry out their court-directed obligation? That is a mystery that the authorities to this day have not attempted to solve.

During the following months, the Onedas did everything they could for their beloved daughter, procuring medicine that could be administered at home and, despite their limited finances, giving her the best food they could find. They, never giving up hope, even wrote to specialists in Germany, France and Switzerland.

At the end of June, Isabella's condition suddenly worsened, possibly because of a

bronchial infection that can be fatal to children suffering with thalassemia major. At this late point the police again came and brought Isabella to the clinic, where she died while a blood transfusion was being forced on her.

Can you imagine the sadness and the sense of loss the Onedas felt that July 2nd, even though they had known that their two-and-a-half-year-old child was fatally ill? But their sorrow was to receive another blow. About five o'clock on July 5, 1980, while the Onedas were at a friend's house, two carabinieri arrested them. They just had time to leave their second child, three-month-old Ester, with friends.

They were taken to the local prison of Cagliari, called The Right Pathway (what irony!), one of the vilest in Italy. They were shut up in cells in different parts of the prison.

### **How Could They Be Convicted of Murder?**

For 20 months this humble couple were kept locked up. Finally a trial was held, and on March 10, 1982, the Assizes Court of Cagliari issued its shocking verdict: It held that Giuseppe and Consiglia Oneda were guilty of deliberate murder. The sentence? Fourteen years in prison, more than what is given to many terrorists!

You can understand why that verdict caused a stir throughout Italy and was criticized by many legal experts. The case was appealed, but on December 13, 1982, the Cagliari Appeal Court of Assizes confirmed the previous verdict. All it did was reduce the sentence to nine years, claiming that the Onedas were given the benefit of extenuating circumstances since 'they had acted on motives of particular moral value.'

The only chance left before the courts of human justice was an appeal to the Supreme Court of Cassation. On July 8, 1983, Giuseppe Oneda was released on parole because the three years of suffering in prison had dangerously undermined his health. But Consiglia was kept in prison.

### **The Supreme Court of Cassation**

This court in Rome is the supreme organ of Italian justice. It judges questions of the correct application and interpretation of law, reexamining sentences issued by minor courts when these are appealed. If it determines that the law has not been observed or has been wrongly applied, the Supreme Court has the power to annul the previous verdict and order another court to reexamine the case. It heard the Onedas' case on December 13, 1983.

The Supreme Court does not often annul a verdict put before it, and the two previous adverse verdicts would carry considerable weight. So, was there any hope that the Onedas would justly be seen as the loving, caring parents they are?

### **A Dramatic Turn of Events!**

Let us describe for you that day in court:

After an introductory speech presenting the salient points of the case by one of the five judges acting as reporter, the case for the prosecution began.

The judge acting for the prosecution is particularly feared by the defense counsel because it is very difficult to annul his requests. And in this instance the judge was an expert jurist who had handled this role in a number of famous cases. What would he have to say?

Surprisingly, he asked: "Did the mother or father show they desired the death of their child at any time, according to the

facts brought to light during the case? Has the Cagliari court given a thorough answer to this question?" He added: "The Juvenile Court left the child with her father and mother because it held them to be loving parents and the family environment was the best for her." Then he noted that 'the judges, experts and sociologists concerned were in the best position to determine that the parents merited having custody of their child.'

What about the claim that the Onedas maliciously caused their child's death? The judge continued: "There is no evidence of behavior or other elements of proof strong enough to allow us to speak

calmly of malice aforethought.... For this reason, therefore, we hold that the judges [of Cagliari] have not given a satisfactory answer to these questions."

The judge for the prosecution then submitted this startling request: "*I therefore call upon the Court to annul the verdict on the question of malice aforethought.*"

No evidence to prove malice aforethought! That meant that the Onedas were not willful murderers! Besides this, the judge for the prosecution was requesting the annulment of the previous trial!

Next the Court heard from the defense counsel, lawyers who were known countywide. They pointed out the inconsistencies of the previous court proceedings and the absurdity of the judgments that had been reached.

Then the Court withdrew for a time. Finally the presiding judge read the Court's decision: The previous verdict was annulled and the case turned over to the Appeal Court of Assizes at Rome to be reheard.

In stating its motive for its decision the Supreme Court, among other things, brought out the serious shortcomings of the pediatric clinic and the other public service institutions; 'undoubtedly... the public service institutions were found gravely wanting; after their initial actions... they showed a complete lack of interest, despite the explicit request made for some provision for definitively and permanently solving the problem of the ideological beliefs of the accused.' This is the decision of the Supreme Court of Cassation, page 30.



**Consiglia Oneda leaving prison and rejoining her daughter Ester**

## **Finally Reunited!**

Consiglia Oneda has now been released because the term for preventative detention expired. After three-and-a-half years of hardships the Onedas are finally reunited. Giuseppe and Consiglia have the joy of being together and giving loving attention to their little Ester. Let them tell us about their experience firsthand:

*Giuseppe:* "We were married in 1976, and a year later Isabella was born. We had looked forward to her birth, but soon after we realized that something was wrong. She was very pale and sickly. When she was six months old, doctors diagnosed the dreadful disease that would cause her death. You can imagine how sad we were to hear that fatal diagnosis."

*Consiglia:* "Naturally, we became even more attached to our baby. I think any parent would react that way toward a suffering, helpless child who had a fatal illness. We immediately placed Isabella under treatment at the pediatric clinic, where blood transfusions were administered. Nevertheless, she continued to worsen. I remember that after a year of transfusion therapy she had an enormously swollen belly; her liver and spleen had become enlarged. How she suffered when they gave her transfusions! Once it took the doctors an hour to find a vein; all the time my little girl screamed with pain."

*Giuseppe:* "In that sad period we found real comfort in our study of the Bible. We were particularly struck by the promise in Revelation 21:4 that God will soon wipe the tears of pain from the eyes of those suffering, and that death will be no more."

*Consiglia:* "For us this meant that, by means of the resurrection, we would be able to see Isabella healthy, even if she were to die, which unfortunately seemed inevitable. Then, when we learned from the Bible of God's command to 'abstain from blood' [Acts 15:20; 21:25], we made a decision . . ."

*Giuseppe:* ". . . to hold to Bible principles. For us this was the only way we could hope to have Isabella back healthy in the day when God will resurrect her from the dead. We could see that the transfusions were not halting the disease, and we knew that many children in Sardinia die at an early age from this same illness despite being given transfusions. We had also heard that many parents, after months of transfusions during which their children showed no improvement, had chosen to care for their children at home with less painful and frightening means."

## **Baby Jane Doe—What Will Parents Do?**

Loving parents sometimes face agonizing decisions. Suppose that you were the parents of Baby Jane Doe, for example, what would you do? *The New York Times* (November 1, 1983) reported:

"Three weeks ago a Long Island couple had a girl, and she was not healthy. Baby Jane Doe had spina bifida, an abnormally small skull, hydrocephalus or excess fluid on the brain, and other deformities. Even if operated on, she would remain severely retarded and bedridden for life—in her case about 20 years. After consulting with their doctors, social workers and clergy, Baby Jane's parents made a painful choice: to forgo the operation and let nature take its course."

Some outsiders disagreed, taking the matter to court. But when it reached the U.S. Supreme Court, the Court refused to hear the case. Baby Jane Doe illustrates the agonizing problems that even loving parents may face.

*Consiglia:* "How could we refuse the only prospect of having Isabella healthy again, the prospect based on God's promise? From what we had read about the results of this treatment, we realized that blood transfusions were not a good thing. We learned that they often cause fatal damage to vital organs."

*Giuseppe:* "We let the doctors know of our decision, and that was the start of this well-known story."

*Consiglia:* "Isabella was very sensitive, affectionate and intelligent."

*Giuseppe:* "She was little more than two years old, yet she already knew many things from *My Book of Bible Stories*. She knew God's name, Jehovah. She could recognize and tell us about the pictures in stories of Bible characters."

*Consiglia:* "It is a terrible thing for a mother to know she wasn't able to give her child a body healthy enough to go on living. My daughter Ester reminds me so much of Isabella. Now I want to give this healthy child the love I would like to have continued to give to Isabella. I'm happy to be back with my family and the Christian brothers who are so fond of us. Still, I'll never forget those three and a half years spent in prison, including the day my cellmate tried to commit suicide out of despair. Though I was able to save her, it was a terrible experience. Yet it helped me to rely on Jehovah God more."

*Giuseppe:* "My cellmates did all they could to break my Christian integrity—violence, homosexual practices and other corruption. My greatest fear was that I might fail in my integrity and lose the possibility of living in God's happy new system of things. At times I despaired, as when the appeal court confirmed the sentence; at times I wished I'd never been born. All the same, I received comfort from Jehovah in fervent prayer. I'm grateful, too, that he put the book of Job in the Bible because I feel that there are similarities between Job's experience and mine. Of course, God answered Job, giving him the strength to bear the test and find 'the way out.'"—1 Corinthians 10:13.

"Even in the saddest moments of the prison nightmare, Jehovah was my constant point of reference. [1 John 1:5] I was also greatly encouraged by the fellow Christians who sent me countless letters from various countries. Their loving interest was a confirmation that God does not abandon us. Scriptures such as Romans 1:12 and Mark 13:13 helped me to stick it out. I came out of prison, 'thrown down' as the apostle Paul says, 'but not destroyed.'"—2 Corinthians 4:9.

*Consiglia:* "I don't know whether Giuseppe and I will be completely acquitted when the legal case finally comes to an end. Yet, we are grateful to those who have helped and who are still working to cancel the false charge that we murdered our daughter. That is the most terrible thing a parent could be accused of."

*Giuseppe:* "We are happy to have come through without hating anyone for what has happened. Love of God and neighbor will certainly help us to count our many blessings. We have our family, our spiritual brothers, our faith and our hope."

Likely you will agree that these humble parents from Sarroch were unjustly accused, and you probably feel sympathy for the suffering they underwent. You may, though, wonder about some aspects of this matter of parental involvement in the health care of children. Yes, it is an issue that may directly touch any of us or our relatives and friends.

# Does Refusing Medical Treatment Mean Refusing Life?

**A**SK yourself, "Do I have the right to decide which, if any, medical treatment I will accept?" That is an important question for you to consider, because some claim that a person shows lack of appreciation for his life if he refuses a therapy that doctors recommend. Further, it can be asked whether it is unloving for parents who have weighed the risks involved to decline a certain treatment advised for a sick child.

Some people who speak dogmatically on this matter often reduce it to the assertion: "Saying no to the therapy means saying no to a child's life." But you can easily see what an oversimplification, what a superficial view, that is. It plays on the emotions while ignoring (1) conscience and fundamental ethics, (2) your personal and family rights and (3) medical and legal aspects of an issue that now has been given worldwide attention.

Conscience is an intimate and inviolable part of you and of every sane, moral human. Well-known Catholic cardinal John Henry Newman held 'that the way to the light is to be found through obedience to conscience.' Thus when Nazi war criminals said that they were only obeying orders, moral people earth wide replied that despite orders these people should have followed their conscience. Similarly, in January 1982, Pope John Paul II 'raised his voice to God that consciences not be suffocated.' He said that forcing someone to violate his conscience "is the most painful blow inflicted to human dignity. In a

certain sense, it is worse than inflicting physical death, of killing."

His remarks may harmonize with your own feeling that conscience should play a vital role in medical decisions.

## **Conscience and Medical Questions**

Here is an example: Whatever your faith, likely you know that Catholic doctrine condemns a woman's seeking an abortion, even when a pregnancy presents risks for mother or child. Imagine what a problem this poses for a Roman Catholic physician in a land where abortion is legal, as it is in Italy since Law Number 194 of May 22, 1978 was enacted. This law allows for conscientious objection to abortion on the part of medical personnel. However, article 9 specifies that "conscientious objection cannot be invoked" by a doctor when a woman's life may be in danger. What, then, is a sincere, practicing Catholic doctor to do?

If no other physician were around and he did all he could, short of violating his conscience, would we accuse him of being a murderer? On the contrary, it 'would be worse than killing' to force the doctor to violate his conscience even if a woman or the authorities insisted. This illustrates how demands of conscience can affect medical decisions regarding health and life.

## **Parents, Children and Life**

We can see this clearly, too, from what the early Christians did. You probably know that they refused to burn incense

before the emperor's statue, considering the act to be idolatry. But their religious and conscientious view had a direct bearing on their health and life, and that of their children too. Why? When forced to choose—'Offer incense or your family will die in a Roman arena!'—the Christians would not deny their convictions. They were loyal to their faith even when that course was risky or fatal to them and their children.

The Christians were also tested as to blood, since the Bible commanded them to 'abstain from blood.' (Acts 15:20) Tertullian, a Latin theologian of the third century, reports that as a supposed cure epileptics drank the fresh blood of slain gladiators. Would Christians take in blood for such "medical" reasons? Never. Tertullian added that 'Christians would not even eat the blood of animals.' In fact, when Roman officials wanted to test whether someone really was a Christian, they pressured him to eat blood sausage, knowing that a genuine Christian would not, even on pain of death, eat it. This is worth noting since the Christian witnesses of Jehovah today also refuse to take in blood.

Now we might ask, Did those early Christians have little regard for life or did they want to be martyrs? No, it was the

Roman authorities who forced death on them and their children. And do we not respect the memory of those devoted Christians who knew, as the pope recently said, that violating their conscience would have been worse than death?

If someone feels that this is in a different field from medical decisions, note what Dr. D. N. Goldstein wrote:

"Doctors taking this position [forcing a treatment on people who refuse it] have denied the sacrifices of all the martyrs that have glorified history with their supreme devotion to principle even at the expense of their own lives. For those patients who choose certain death rather than violate a religious scruple are of the same stuff as those who paid with their lives . . . rather than accept [forced] baptism. . . . No doctor should seek legal assistance to save a body by destroying a soul. The patient's life is his own."—*The Wisconsin Medical Journal*.

#### **Choosing Real Life**

Most of us would agree that "life" means more than a mere biological existence. Life is an existence centered around ideals or values (political, religious, scientific, artistic, etc.); without such, existence may be worthless. Thus during World War II patriotic men and women risked their lives to defend politi-

### **Health Care for Children—A Jesuit's View**

John J. Paris, S.J., associate professor, College of the Holy Cross (U.S.A.), spoke at the conference Legal and Ethical Aspects of Health Care for Children. (April 1, 1982) He told of a Jewish judge who ordered that a blood transfusion be given to one of Jehovah's Witnesses. Professor Paris said: "The judge obeyed his religion and did what he thought was right, but in doing so, violated the religion of the patient."

He added: "Christian theology does not support that mere breathing is life. In the hospital, no one dies; they arrest. . . . [In the hospital] life is not sacred, it's ultimate, and death is a failure. But in the Judeo-Christian tradition, death is part of the human condition, part of the journey of life. There is no avoiding the fact that these are quality of life decisions. Sometimes the best treatment is no treatment."

cal ideals, values such as democracy and freedom of speech, worship and conscience. As a result of this defense of ideals, many children died. Countless others became orphans.

Indicative of this is the dramatic case of Italian statesman Aldo Moro. He was barbarously murdered in 1978 when authorities refused to comply with terrorist demands. Clearly, at times lives are sacrificed in the name of higher interests.<sup>1</sup>

You can thus appreciate that a moral person could decide to risk his biological existence rather than compromise his ideals. In doing so he is making a choice of real life, life in its fullest sense. This certainly applies to Christian ideals.

Christians view human life as sacred, as a precious gift from God. Consider the apostle Paul, who was an intelligent, educated person. He suffered beatings and life-threatening situations but said: "I have taken the loss of all things and I consider them as a lot of refuse, that I may gain Christ . . . to see if I may by any means attain to the earlier resurrection from the dead."—Philippians 3:8-11.

We can be sure that Paul would never have shared in something that he knew

God condemned. Unquestionably, Paul would not have risked losing out on "the real life," which for him would be life in heaven, just to extend his human life or health by a few years. (1 Timothy 6:19) But consider:

There are millions of churchgoers today who look forward to life in heaven; perhaps you do. So if a seriously ill person with a hope of future eternal life refused a therapy that he felt God forbade, it certainly would be unfair to accuse him of refusing life. Rather, he has lived on earth for years, and he may recover to live here longer. But in any case, and even if his doctors are unbelievers, it would be reasonable for him to consider his lasting future life and make medical decisions accordingly.

Physicians seldom discuss that aspect of things when recommending some therapy for you or your loved ones. But there is a vital aspect that they should inform you about. It could be called risk/benefit. You owe it to yourself and to your family to consider this feature, for it may help you to make a wise decision and to understand the wisdom of what others have done.

## Eternity Changes the Analysis

Dr. Ruth Macklin is a philosopher at Albert Einstein College of Medicine (New York). In a class discussion of ethics a medical student told of a Witness patient who was a "victim of sickle-cell anemia [and] who risked bleeding to death without a transfusion." The student said: "He was logical. His thought processes were intact. What do you do when religious beliefs are against the only source of treatment?"

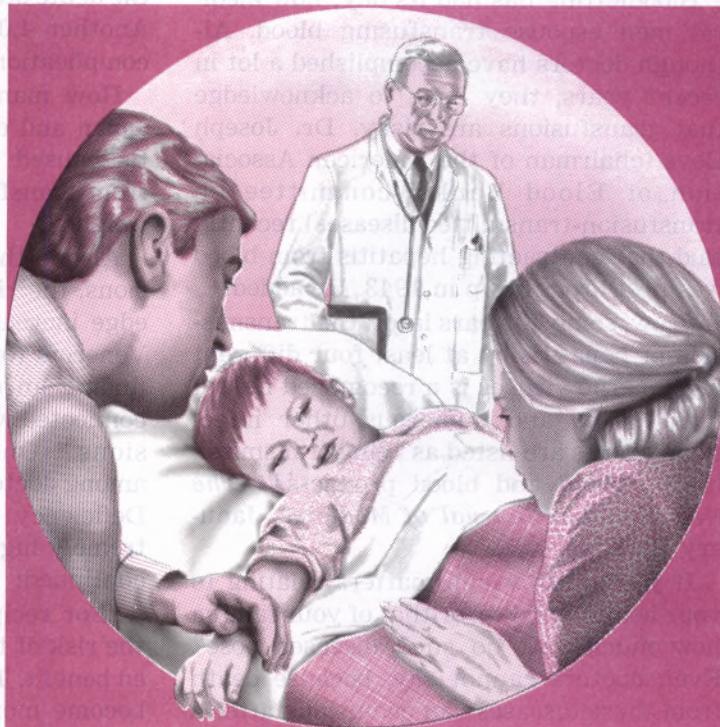
In response, Dr. Macklin said: "We may believe very strongly this man is making a mistake. But Jehovah's Witnesses believe that to be transfused is to 'eat blood' and that eating blood [may] result in eternal damnation. We are trained to do risk-benefit analyses in medicine but if you weigh eternal damnation against remaining life on earth, the analysis assumes a different angle."—*The New York Times*, January 23, 1984.

# Your Right to Weigh Risks and Benefits

**Y**OUR body is yours. Your life is yours. These statements may seem obvious, but they point to a basic right of yours bearing on medical treatment. That is your right to decide what will be done to you. Many exercise this right by getting a second opinion and then deciding; others refuse some particular therapy. A 1983 study by Dr. Loren H. Roth revealed that '20 percent of hospital patients refuse treatment.'

But if you were ill or injured, how could you decide? Not being a physician, how could you know the best therapy? Usually we turn to the experts, to doctors who have specialized education, experience and a commitment to help people. Doctor and patient should consider the "risk/benefit ratio." What is that?

Let us say that you have a bad knee. A physician recommends surgery. Yet what are the risks of the anesthesia and surgery or the risks to your leg function later? On the other hand, what are the potential benefits and the chances that those benefits will be achieved in your case? Once the risk/benefit picture has been explained, you have the right to decide: to give your informed consent or to refuse the treatment.



## Weighing Risks and Benefits

Consider the risk/benefit ratio in a real situation, that of Giuseppe and Consiglia Oneda, mentioned earlier.

Their daughter Isabella was very ill, and doctors recommended (even demanded) that she be given periodic blood transfusions. The loving parents objected primarily because of their knowledge of Bible law. Still, how might the matter of risk/benefit ratio have affected things?

Nowadays most people assume that the *transfusing* of blood *into* a patient is a safe, effective therapy. We should not forget,

though, that in the 17th century bloodletting was a common medical practice, for young and old alike, often with fatal consequences. What would have happened in those days if a parent had refused to allow his child to undergo bloodletting?

Bloodletting has had its day; now medical men espouse transfusing blood. Although doctors have accomplished a lot in recent years, they have to acknowledge that transfusions are risky. Dr. Joseph Bove (chairman of the American Association of Blood Banks' committee on transfusion-transmitted diseases) recently said that contracting hepatitis from blood was first brought up in 1943. He added:

"Now, some 40 years later, the transmission of hepatitis by at least four different blood-borne viruses is a recognized risk of transfusion, and numerous other infectious agents are listed as being transmissible by blood and blood products."—*The New England Journal of Medicine*, January 12, 1984.

If you are to weigh matters relating to your health and life, or that of your family, how much risk do such diseases pose? Even doctors cannot say, because death from these diseases can occur long after a transfusion is given. Take as an example just one type of hepatitis (B), for which

screening is only partially successful. A news report (January 10, 1984) said:

"In 1982, some 200,000 Americans came down with hepatitis B, according to the Center for Disease Control (CDC) in Atlanta; 15,000 people were hospitalized due to the acute stage of the illness, and 112 died. Another 4,000 victims died from chronic complications attributed to the disease."

How many others in Italy, Germany, Japan and elsewhere have died of hepatitis caused by transfusions? Yes, death from transfusions is a serious risk to be weighed.

Also in the risk/benefit ratio of transfusions, the *risk* is growing. "As our knowledge increases," stated Professor Giorgio Veneroni (of Milan) in May 1982, "we are finding an ever greater number of risks connected with homologous blood transfusions." One discovery causing alarm among doctors is AIDS (Acquired Immune Deficiency Syndrome), which has an extremely high death rate. Dr. Joseph Bove continued:

"For recipients, physicians must weigh the risk of transfusion against the expected benefit. This concept is not new but has become more pressing, since one can no longer assure an anxious patient that he or she will not get AIDS from transfusion."

## A Frightened Pediatrician

Professor James Oleske recently admitted:

"What is frightening to me as a pediatrician and immunologist . . . is that we're still in an alarming period when a large number of blood transfusions have been given to premature infants before we knew about AIDS . . . If in the late 70s and early 80s our blood supply was in fact contaminated with the AIDS agent, then a lot of preemies may have been exposed . . . The problem is there is no simple screening test for AIDS and without that diagnostic test there really is no way of telling who may be incubating it but feels healthy and can donate blood."—*Data Centrum*, January 1984.

Doctors did not discuss that risk with the Onedas in 1978; it was not then recognized. But we know of it now. Should not such knowledge of the greater risks of transfusions make the Onedas' decision less subject to criticism?

### **Parents Must Weigh Risks and Benefits**

As an adult you have the right to weigh the risks and benefits of blood transfusions or any therapy. "Every competent adult is considered to be the master of his own body. He may treat it wisely or foolishly. He may even refuse life-saving treatment, and it's nobody else's business. Certainly not the state's." (Willard Gaylin, M.D., president of The Hastings Center) But who will weigh risks and benefits for a child?

Loving parents is the answer shown by general experience. For example, what if your child had problems with his tonsils and surgery was suggested. Would you not want to know about the advantages and risks of a tonsillectomy? Next, you might compare that with risk/benefit information about antibiotic therapy. Then *you* could reach an informed conclusion, as so many parents have.

Look at a more serious situation. Doctors bring you the sad news that your dear child has a virtually incurable form of cancer. They say that chemotherapy could be used, but the chemicals would make your child very, very ill, and the chances of arresting the disease at this stage would be almost nil. Would you not have the right to make the final decision?

Yes is the answer that you would draw from an article by Dr. Terrence F. Ackerman.\* He admitted that many court orders

\* "The Limits of Beneficence: Jehovah's Witnesses & Childhood Cancer," *Hastings Center Report*, August 1980.

### **Blood—Gift of Life?**

"When Sam Kushnick died last October, his family wanted to bury him in a Jewish prayer shawl and in his favorite shoes. But undertakers didn't want to touch his body; the death certificate said that he had died of AIDS—Acquired Immune Deficiency Syndrome.

"What is unusual about the Kushnick case isn't that an AIDS victim was treated in death as a pariah. What is remarkable is that Sam was only three years old and belonged to none of the principal risk groups for the disease—promiscuous homosexuals, Haitians and heroin addicts. The little Los Angeles boy was one of a small but growing number of AIDS casualties who contracted the disease after receiving blood." (*The Wall Street Journal*, March 12, 1984, page 1.) Sam was born prematurely. As doctors in the hospital drew some of his blood for testing, they replaced it with transfusions of donor blood. After he developed AIDS at age two, the donors were traced. One was a homosexual who still manifests no symptoms of the disease that killed little Sam.

have been obtained on the claim that the state must protect minors. Yet, in a number of cases the famed M.D. Anderson Hospital and Tumor Institute followed 'the policy of *not* seeking court-ordered transfusions.' Why? Partly because 'each of these children had a potentially fatal disease, and we could not predict a successful outcome.' Was that not true also of Isabella?

Ackerman stressed the value of "respect for the authority of parents to raise their children in a manner that they consider appropriate." He reasoned: "It is axiomatic in pediatric practice that the physician has a moral duty to support the parents and family. The diagnosis of a potentially fatal

illness in their child places enormous stress upon parents. If parents must contend, in addition, with what they believe to be a transgression of God's law, their ability to function might be further impaired. Moreover, the well-being of the family directly affects the well-being of the sick child."

### **Alternative Methods**

To avoid the many risks of transfusion, researchers have developed surgical techniques that limit the need for blood. In fact, the Witnesses' stand on blood has encouraged this research. In late 1983, newspapers in the United States told of a report to a convention of the American Heart Association: No blood was used in heart surgery on 48 children, ages three months to eight years. The patient's body temperature was lowered and the blood diluted with water containing minerals and nutrients. But no blood was given! Initially, this technique was used only on children of Jehovah's Witnesses. When the surgeons noticed that Witness children survived these operations much better than those where conventional methods were used, they decided to extend this technique to all their patients.

Understandably, there are cases in which doctors consider a blood transfusion indispensable. It can, however, be objectively held that: (1) Even many doctors admit that cases where they are convinced that transfusions are truly vital are *very rare*; (2) there is a long-standing harmful habit of administering blood unnecessarily; (3) the grave risks of transfusions make it impossible to be dogmatic as to the risk/benefit ratio for them. Hence, some hospitals report that even many who are not Jehovah's Witnesses are demanding that blood not be given them.

### **Hope for the Future**

Happily, more and more attention is being focused on the rights and dignity of the individual. Enlightened countries, such as Italy, are putting forth effort to ensure the widest possible freedom, including the freedom to make *informed* medical decisions. A booklet produced by the American Medical Association explains: "The patient must be the final arbiter as to whether he will take his chances with the treatment or operation recommended by the doctor or risk living without it. Such is the natural right of the individual, which the law recognizes."

This applies, too, in the case of minors. If you are a parent, you should take an active part in making medical decisions affecting your children. A council of judges in the United States wrote in "Guides to the Judge in Medical Orders Affecting Children":

"If there is a *choice* of procedures—if, for example, the doctor recommends a procedure which has an 80 per cent chance of success but which the parents disapprove, and the parents have no objection to a procedure which has only a 40 per cent chance of success—the doctor must take the medically riskier but parentally unobjectionable course."

Such advice can be most meaningful if you recognize your right—yes, your obligation—to obtain accurate medical information. Often it is wise to get a second opinion. Inquire as to the various ways in which a medical problem can be treated, and the potential risks and benefits of each therapy. Then, knowing the risk/benefit ratio, you can make the informed medical decision. The law establishes that you have that right. God and your conscience say that you have that obligation.

# acrostic puzzle

Directions: Guess the words defined and write them over their numbered dashes to the right. Each cited scripture contains the word used or one similar to it. Then transfer each letter to the correspondingly numbered square in the pattern below. The initial letters of all the answers, when read down in the first column, will identify from where the words are taken. (Solutions on page 27.)

- A. In the direction of (Numbers 6:25, 26)
- B. Watchman's booth (Isaiah 1:8)
- C. Ancient unit of measure, as for grain (Leviticus 5:11)
- D. Disciple whose name meant "Son of Comfort" (Acts 4:36, 37)
- E. "Get ..... of her, my people, if you do not want to share with her in her sins" (Revelation 18:4)
- F. Christians should "attain to the ..... in the faith" (Ephesians 4:13)
- G. These have actually taken their stand against Jehovah himself (Psalm 2:1, 2)
- H. Bitter and sweet do not "bubble out of the same ....." (James 3:11)
- I. Not many (Matthew 7:14)
- J. Adam said, "She gave me fruit . . . so I ....." (Genesis 3:12)
- K. Clean animals for the Israelites to eat had to be "chewers of the ....." (Leviticus 11:3, 4)
- L. At Malachi 3:10 Jehovah invites his people to "..... me out"
- M. A Nazirite could not do this since he had to allow his hair to grow (Numbers 6:2, 5-9)

A.	36	7	11	14	61	62
B.	58	34	39			
C.	12	22	37	60	47	
D.	1	31	8	16	26	32
E.	33	9	20			
F.	17	29	46	42	25	23
G.	27	41	54	43	10	
H.	21	24	50	56	28	15
I.	6	52	45			
J.	55	18	53			
K.	13	2	57			
L.	35	59	51	3		
M.	19	40	4	49	38	

1	2	3		4	5		6	7	8		9	10
11	12		13	14	15	16	17	18		19	20	21
23	24	25	26	27	28	29	30		31	32	33	34
36	37	38		39	40	41	42	43	44		45	46
47	48	49	50		51	52	53	54		55	56	57
				58	59	60	61	62				

## Young People Ask...

# Can Drinking Really Help Me Cope?

**A**S A teenager Dennis was extremely shy. He found it very difficult to hold even a simple conversation with others. But then Dennis discovered that alcoholic beverages could change things. "After a few drinks I would loosen up." So he thought that alcohol could help him to overcome his shyness.

Dennis' experience is not uncommon. Many young people drink alcoholic beverages for similar reasons. What about you? Will you drink? If so, for what reason will you drink? Before you answer those questions, there are a number of factors you'll want to consider.

You'll want to think about your parents, for they're affected by what you do. You'll also want to consider the law of the land—whether you're legally old enough to drink. One more thing: It's been said that every decision has a consequence. So in deciding if, how and when you will drink, you'll also want to weigh the consequences of your decision, for misusing alcohol can have long-term effects that perhaps you haven't thought about.

### ***The Need for Balance***

There is no denying that there are some benefits in the *moderate* use of alcoholic beverages. Even the Bible acknowledges that wine can make the heart merry or enhance the taste of a meal. (Ecclesiastes 9:7) There is also some evidence that light natural wines have certain health advan-

tages. (1 Timothy 5:23) This appears to be particularly true for the elderly.

In all honesty, though, would you say that most young people who drink do so moderately, to enhance the taste of a meal or for health advantages? "You just can't picture a group of 15-year-olds sitting around a table, sipping martinis and having pleasant conversation," says Fred, a young man who had drunk heavily as a teenager. He added: "So often young people drink to get high."

Of course, not all young people misuse alcohol in this way. However, when interviewed by *Awake!*, more than a few



**A few drinks may help you to loosen up but only temporarily**

youths who had got involved in drinking did concede that their primary purpose in doing so was to get high or even drunk! Some admitted also that they drank to cope with problems, to give them courage or, like Dennis, to help them be more sociable. Could there be some long-term dangers from misusing alcohol in this way?

### **Your Mind Needs Exercise Too**

Experience is the best teacher. Or so you've heard. While experience may not necessarily be the *best* teacher, it certainly is *a* teacher. In other words, as you grow up, one important way you learn is by experience. As you experience life *and its problems* you learn to cope with difficult situations. This is very important to your proper emotional development.

We might illustrate it this way: Your body needs exercise. When it's exercised, it grows stronger and healthier, right? Well, it's the same with your mind. It, too, needs exercise. How do you exercise your mind? By experiencing and *dealing* with problems. But just as your body will grow flabby when deprived of exercise, so, too, your mind will grow flabby if you don't exercise it. It will be ill-equipped to deal with the daily problems of life. That's why there's such a danger in using alcohol as a way of escaping from problems and uncomfortable situations.

Dennis, the young man mentioned at the beginning, found this to be true. He explains: "I think a lot of young people drink to relieve the pressure they're under, to blot out their problems. So they never really learn how to deal with problems. I can see that that's what happened to me." In what way?

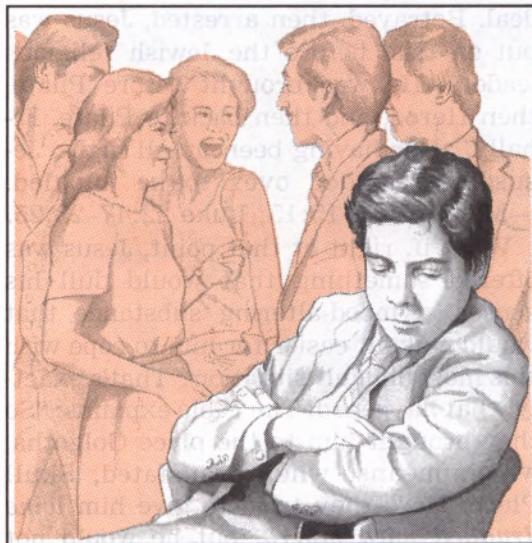
Recall that Dennis thought that alcoholic beverages could help him overcome his shyness. As he said: "After a few

drinks I would loosen up." But did drinking really help him to overcome his shyness? "When the alcohol wore off, I went back into my shell," answers Dennis. What about now, *years later*? Dennis continues: "I never really learned how to communicate with people on my own true level. I think I was stunted in this way."

The same is true of dealing with stress in general. If you use alcohol *now* to cope with stress, you may find it difficult to handle stress as an adult.

Consider as an example Joan, who as a teenager used alcoholic beverages as a kind of escape. Did this have any long-term effects on her? Joan, now in her late 20's, explains: "Recently, in a stressful situation I thought: 'It would be nice to have a *drink* right now.' You think that you can handle a situation better with a drink."

Dennis and Joan's comments agree with those of L. Hennecke, Ph.D., and S. E. Gitlow, M.D., published in the *New York*



**One who relies on alcohol may never really learn to cope with shyness**

*State Journal of Medicine:* "When drugs [including alcohol] become the means of easing difficult situations—academic, social, or interpersonal—the necessity for learning healthy coping skills is removed. Effects may not be felt until adulthood,

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**A**s you face more and more of life's problems you will get better and better at handling them

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when establishing close personal relationships then often proves difficult, leaving the individual emotionally isolated."

It's far better to meet and deal with problems and difficult situations directly!

**"He Would Not Take It"**

In this connection, there is no finer example for you to imitate than Jesus Christ himself. On the final night of his earthly life, Jesus endured a terrible ordeal. Betrayed, then arrested, Jesus was put on trial before the Jewish religious leaders. He was brought before Pilate, then Herod, and then back to Pilate. Finally, after having been up all night, Jesus was handed over to be impaled.

—Mark 14:43–15:15; Luke 22:47–23:25.

What if, right at that point, Jesus was offered something that would dull his senses, a mood-altering substance that would make it easier for him to cope with this most difficult situation? That's exactly what happened! The Bible explains: "So they brought him to the place Golgotha, which means, when translated, Skull Place. Here they tried to give him *wine drugged with myrrh*, but he would not take it." (Mark 15:22, 23) Jesus wanted to be in possession of all his faculties. He

wanted to face this difficult situation squarely. He was no escapist!

Of course, the wine that Jesus was offered was *drugged*, and that's why he refused it. Later, when offered evidently a moderate amount of *undrugged* wine, Jesus accepted. Why? Simply to quench his thirst and to fulfill a Bible prophecy.

—John 19:28-30; Psalm 69:21.

By comparison, your problems, pressures or stresses pale into insignificance. But still you can learn a valuable lesson from Jesus. Instead of using a mood-altering substance (such as alcohol) to cope with problems, pressures and uncomfortable situations, you're much better off dealing with them. As you face more and more of life's problems you will get better and better at handling them. You will grow to have a healthy emotional makeup.

Making an informed decision about if, how and when you will drink alcoholic beverages is a serious responsibility. If you choose not to drink, feel good about it. You don't have to apologize to others for not drinking. You're entitled to be respected for your decision. On the other hand, if you're of legal age and you choose to drink, then by all means drink responsibly—in moderation.

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## In Our Next Issue

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- *How to Cope With Unemployment*
  - *'Can I Go to School Without Getting Beat Up?'*
  - *I Started Out a Warbird but Ended Up a Dove*
-

## Making "the Hardest Job" a Bit Easier

MANY letters have been received expressing appreciation for the *Awake!* series "Young People Ask . . ." as well as the series "God's Word Is Alive" that appears in *The Watchtower*, also published by the Watchtower Society. Among them is a letter from a mother of four who has found a novel way to use these articles. She writes: "Raising children successfully, especially in this wicked old system, is the hardest job any of us will ever have. Children really appreciate it when there are 'special' things just for them such as these articles. However, all too often we [parents] read through the magazines ourselves but don't make the time to share them with our children that aren't able to read yet."

"We therefore devised a way to get the most out of these articles and make it fun, too. We had a party and invited some of the children in the congregation. They were told to bring older issues of *The Watchtower* that featured 'God's Word Is Alive' and *Awake!* with 'Young People Ask . . .' We provided them with plenty of construction paper, glue, markers, scissors, etc., and had everyone [cut out the articles and] make their own book! The teenagers used 'Young People Ask . . .' and the little ones, even ones in kindergarten who do not read yet, used 'God's Word Is Alive.' So after playing Bible games and enjoying refreshments, everyone left with his own book with a tailor-made cover and encouragement to read it at home. The books were put together in such a way that more articles can be added later."

What has resulted from these efforts? She continues: "Our little ones now come up to us with their books, *reminding us* to read to them. Thank you again for these fine articles!"



## Innocent Victims of the Nuclear Age

By "Awake!" correspondent in Guam

ON MONDAY, July 1, 1946, the sparkling calm lagoon of a little-known atoll in the Marshall Islands, about 2,000 miles (3,200 km) southwest of Hawaii, was shattered by a blinding explosion. A radioactive mushroom cloud soared six miles (10 km) into the sky, and Bikini gained instant fame as the site of the first peacetime nuclear bomb test.

Bikini consisted of a number of small, tropical islands and islets around an oval-shaped, 299-square-mile (775-sq-km) lagoon. Five months after the cities of Hiroshima and Nagasaki were devastated by nuclear bombs, the U.S. government selected Bikini to be the spot for further nuclear experiments, and public announcements to this effect were made in the United States. It was only some

weeks later, however, that the natives of Bikini were told that they would have to move.

The 167 islanders were loath to leave, but they consented when they were told that the tests were "for the good of mankind and to end all world wars." Soon thousands of military and scientific personnel, as well as hundreds of ships and aircraft, began arriving at the palm-clad atoll. Meanwhile, the Bikinians sadly prepared to leave their home, embarking on a long odyssey that, for many of them, has not yet ended.

The Bikinians had been told that they would be able to go home at the conclusion of the tests, hence they chose to settle on Rongerik atoll, 125 miles (200 km) to the east. But Rongerik was

no Bikini. This formerly uninhabited atoll of 17 islands contained a mere half square mile (1.3 sq km) of dry land, compared to Bikini's 2.3 square miles (6 sq km). Its 55 square miles (142 sq km) of lagoon did not begin to compare with the 299 square miles (774 sq km) of lagoon in Bikini. The solitary well supplied only brackish water. The coconuts were of poor quality. And many species of fish that were edible on Bikini were poisonous on Rongerik. Less than two months after arriving, the Bikinians asked to return home. This was, unfortunately, impossible.

Natives from the nearby Rongelap atoll heard of their distress and tried to help by bringing fish and other foods over to them in outrigger canoes. But the situation on Rongerik continued to deteriorate. A disastrous fire destroyed 30 percent of the productive coconut trees, causing even greater food shortages. Several medical reports made during the next two years confirmed that the Bikinians were a "starving people," and their departure from Rongerik had been "too long delayed."

Finally they were evacuated a second time, to a temporary camp at the naval base on Kwajalein, also in the Marshall Islands. Several months later, they voted in favor of moving to Kili. This was a single island only one third of a square mile (.86 sq km) in area. But it had one thing to recommend it—it was uninhabited. Why was that important?

The Marshall islanders do not have land rights in atolls other than those of their own social grouping. Nor do they buy and sell land as people in other nations do. Because the land and sea provide their sustenance, Marshallese are reluctant to take up residence where other islanders live. On any but an uninhabited atoll, they

would be the equivalent of poor relatives, dependent on the goodwill of the natives. The Bikinians did not want that; hence, they went to Kili.

But living conditions there were poor. Kili is surrounded by a narrow rock shelf that drops steeply into deep water. Although coconuts grow well and rainfall is plentiful, there are no reef fish and no shellfish, for the surf breaks directly onto the rocky shelf. Canoes are useless as there is no way to launch them through the rough waters. During the trade-wind season, the ocean is so stormy that supply boats cannot reach the island. A Bikinian now living in Majuro commented: "Life on Rongerik and Kili was very hard. It was worse than being in jail because the islands were so small and there was not enough food."

#### ***In the Meantime . . .***

Meantime, a 40-islet atoll named Eniwetok, also in the Marshalls, was eyed for additional nuclear weapons tests. Hence, the natives were evacuated and transported to Ujelang, 124 miles (200 km) southwest. This island, incidentally, had also been chosen by the Bikinians, who were already building new houses there for themselves when, with little notice, the authorities moved in the Eniwetokese instead. There was much bitterness on the part of the Bikinians over this.

Then came the hydrogen bombs, the first of which was tested at Eniwetok in 1952. One island and parts of two others were completely vaporized. A disastrous test (ironically named Bravo) occurred on March 1, 1954, at Bikini. This, the largest announced hydrogen bomb, was perhaps 700 times more powerful than the first atomic bomb dropped at Bikini. A blinding flash of light followed by a fireball of tens of millions of degrees of heat shot upward

at a rate of 300 miles (483 km) an hour. Within minutes, the huge mushroomlike cloud rose to 100,000 feet (about 30,500 m).

The lagoon was rocked by several hundred-miles-per-hour winds. Hundreds of millions of tons of Bikini's reef, islands and lagoon were pulverized and sucked up into the air. High-level winds bore the deadly radioactive ash 80 miles (130 km), to shower down like snow on 23 Japanese fishermen in a boat called *Lucky Dragon*. More than a hundred miles (160 km) away, on the inhabited atolls of Rongerik and Rongelap—whose inhabitants had been so kind to the exiled Bikinians—the gritty, radioactive ash fell to a depth of two inches (5 cm). Almost 275 miles (440 km) away, on the Utirik atoll, the ash fell like a mist. In all, 11 islands and 3 atolls were directly affected.

Soon afterward, the Japanese fishermen and the inhabitants of Utirik and Rongelap began showing the effects of acute radiation exposure: itching, burning skin, nausea and vomiting. One of the Japanese fishermen died not long afterward, and within the next two years the Japanese government received two million dollars in compensation for the other sick crew members and the damage to the tuna industry.

When the testing was over, there had been 23 nuclear blasts at Bikini and 43 at Enewetak, ranging from 18 kilotons to 15 megatons! Although there were breaks between tests, on the average one nuclear weapon was exploded every other day when a series began.

#### **What Next?**

Sometime after the testing was over, everyone thought the Bikinians could go home. After an initial survey by the Atomic Energy Commission in 1969, Bikini

was declared safe. All test-related debris was to be dumped at three sites located less than a mile out in the lagoon. Bikinians were told: "There's virtually no radiation left, and we can find no discernible effect on either plant or animal life." The cleanup and resettlement was planned to extend over an eight-year period.

But the longtime dream turned into a nightmare. Instead of the lush islands they had left, those who returned found a shattered atoll covered with dense, worthless scrub, few trees and tons of testing debris. Some wept bitterly. Nevertheless, with financial help they set to work re-planting coconut trees and other crops, and constructing houses.

But their problems were not over. Radiological tests made in 1972 and 1975 revealed higher levels of radioactivity than originally thought. Some wells were too radioactive for drinking purposes. Certain foods were forbidden. High levels of radioactivity were found in their bodies. So, once again, the Bikinians were on the move—back to Kili. The 50,000 coconut trees and 40 new homes that were part of the three-million-dollar rehabilitation plan were abandoned. Scientific studies of Bikini made in April 1983 show that without a massive cleanup it will be at least 110 years before anyone will be able to live there.

#### **What of the Other Victims?**

An 18-kiloton explosion in 1958 failed to chain-react and it spread lethal plutonium 237 over the island of Runit, one of Enewetak's 40 islands. The debris was later gathered, buried in the bomb crater and capped with a 370-foot-wide (113-m) and 19-inch-thick (48-cm) concrete cap. It covers 110,000 cubic yards (84,000 cu m) of some of the most dangerous waste in

the world. According to one report, it will be completely off limits "forever." Only three islands in the atoll can be used for residence, and the diet will consist primarily of imported foods until locally planted coconuts, breadfruit and arrowroot are mature. In 1980, 500 Eniwetokese returned, but less than two years later, 100 of them left due to the difficult conditions. The cleanup and rehabilitation phases cost \$218 million.

Meanwhile, in the atolls that were doused by radioactive fallout, the rate of thyroid abnormalities, cataracts, retardation in growth, stillbirths and miscarriages for the inhabitants is far higher than among the other Marshallese. Many of the 250 Marshallese exposed to the 1954 "Bravo" blast have thyroid tumors. All 250 have thyroid abnormalities. They seem unusually susceptible to colds, flu and throat ailments. Most of them tire easily and almost all of them worry about their health.

A government leader said: "Each person who has been exposed asks himself, 'Will I be well tomorrow? Will my children be normal?' And when he becomes ill he asks himself, 'Is this an ordinary illness, or has the ghost of the bomb come to claim me now—even years after?'" One man on Utirik atoll lamented, "Several of my babies who were healthy at the time they were born died before they were a year old . . . Altogether I lost four babies. My son Winton was born just one year after the bomb, and he has had two operations on his throat for thyroid cancer."

#### **"Hope Deferred . . ."**

The future of the exiles from Bikini is still not certain. Hawaii, their latest choice for relocation, is being considered by the U.S. government. Most of them are still living on Kili Island. Their experi-

ences demonstrate how tragic the nuclear arms race is. It costs far more in money and effort than the human race can afford, and even in peacetime it claims victims, including innocent bystanders living far, far away from the powerful countries that compete with one another for nuclear superiority.

The Bible says: "Hope deferred makes the heart sick." (Proverbs 13:12, *The New English Bible*) This has been the Bikinians' experience when relying on men. Nevertheless, for many years now, a message has been broadcast by radio from Majuro all through the Marshall Islands that calls attention, not to the arms race but to God's Kingdom as the source of real security. This is truly "for the good of mankind and to end all world wars." Soon that Kingdom will 'make wars to cease to the extremity of the earth,' and "bring to ruin those ruining the earth."—Psalm 46:9; Revelation 11:18.

When the Bikinians living on Kili visit Majuro to obtain supplies or do business, they receive this message personally from the many active Witnesses of Jehovah there. A knowledge that the time is very close when the Kingdom will bring paradise conditions back to the earth will help them to experience the latter half of the Bible verse mentioned above: "A wish come true is a staff of life." Under that Kingdom, there will be no more nuclear threat—and no more victims.

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#### **ACROSTIC SOLUTIONS:**

##### **CLUE WORDS:**

(A) toward; (B) hut; (C) ephah; (D) Barnabas; (E) out; (F) oneness; (G) kings; (H) opening; (I) few; (J) ate; (K) cud; (L) test; (M) shave.

BUT AS FOR US, WE CANNOT STOP SPEAKING ABOUT THE THINGS WE HAVE SEEN AND HEARD.

When filled in, the grid contains a quotation from the Bible, Acts 4:20, *New World Translation*.

# From Our Readers

## Creative Guidance

I have enjoyed the issues of your magazine during the past year more than words can say. As a commercial writer, I continually find creative guidance in your magazine. But most importantly, no matter who or where you are, no matter what your situation —each time you read the latest issue it's as if it were written just for you!

L. H., Canada

## Employee Fitness

In your issue of December 22, 1983, the little item on "Employee Fitness" caught my eye. The company I work for recently started a suggestion contest, so I clipped the article, added some thoughts as to how a fitness program would work in our area and submitted it. The idea caught on immediately and I won \$50. Thanks for such informative articles.

M. O., Oregon

## Help With Schoolwork

Recently I was assigned to do research on the subject of comic books, and my teacher told me to go to the public library. I and a friend went there, but we were told no such material was available there. I returned home worried, but to my great relief my mother gave me a copy of the Italian edition of your magazine with the articles on comic books. (English, June 22, 1983) There I got the information I needed. The next day my teacher told the whole class that my research on this

assignment was outstanding, and she read my material to the entire class. When she finished reading, all clapped their hands. Thank you for the wonderful magazines.

S. T., Italy

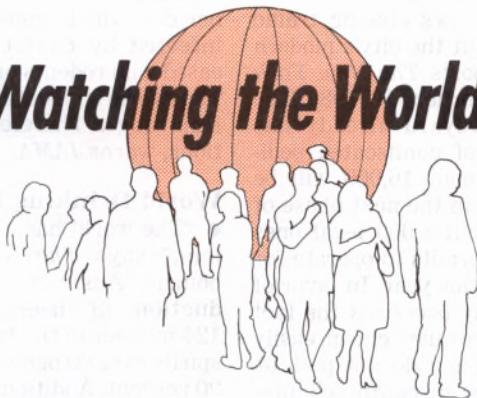
## The Pope on the Move

I just had to write you and offer congratulations on the splendid article you wrote about the Pope. (December 8, 1983) The world is not perfect and never will be, but showing his face around the world will help a little. Now let me talk about the important part of my letter. Evidently you do not love your mother. Sounds silly, but that is what you are saying. You know that our Lord LOVES his mother. When he died on the cross he looked down and was thinking of his mother.

R. A. D., Illinois

*By all means we have love for our mothers, as the Bible teaches. (Exodus 20:12; Proverbs 6:20) Jesus had great love for his mother, yet he did not encourage others to show preferential treatment to her. When someone said to him: "Your mother and your brothers are standing outside wanting to see you," Jesus replied: "My mother and my brothers are these who hear the word of God and do it." (Luke 8:20, 21) True, when Jesus was suffering on the stake, he showed loving concern for his mother, assigning her to the care of a beloved disciple. (John 19:26, 27) But as he was dying his thoughts were turned toward his father, as he stated: "Father, into your hands I entrust my spirit." (Luke 23:46) He did not encourage us to pay homage to Mary.—ED.*

# Watching the World



## Catholic Paper Commends Jehovah's Witnesses

● *Il Messaggero di Sant'Antonio*, an Italian periodical published by the Catholic basilica of Sant'Antonio of Padua, said of Jehovah's Witnesses: "The will-power, the enthusiasm, [and] the will to make of all the world 'the Kingdom of Jehovah' are certainly praiseworthy." It cites the case of an 'old woman who, prevented by age and ailments from going from door to door to give a witness about Jehovah, for two hours a day writes letters that brothers in the congregation then leave where people are not at home.' Such devotion, it adds, "is really an example that makes one think, especially us Christians of a frail and doubting faith."

## Early Christian Baptism

● Many religions perform baptismal rites by sprinkling rather than by total immersion in water. How did early Christians do it? In the vaults of the Catholic basilica of San Lorenzo in Lucina, Italy, archaeologists recently found a round basin, coated with marble on the inside, that dates back to the second century of our Common Era, re-

ports *Il Tempo*. According to scholars, the pool was used by Christians of the first centuries to baptize new believers by total immersion.

## Loyalty to Church —Or State?

● "The Vatican has become increasingly concerned about what it sees as efforts by some governments to alienate Roman Catholics from loyalty to the church," reports the *International Herald Tribune* of Paris. According to the report, the pope is "deeply concerned" about the status of the Roman Catholic Church in China because the "only legal worship is in churches that are controlled by what is known as the Patriotic Church, run by ordained priests who have openly rejected papal authority and reject everything that the Vatican has done since 1949." The article mentions China, Vietnam, Czechoslovakia and Albania and quotes the pope as saying: "They try to create a church cut off from the Apostolic See . . . making them believe that they can continue to practice their faith in full independence."

## Spain's Nonpracticing Catholics

● Although there is religious freedom in Spain, only a minority attend church. Spain's *El País* reports that, while 95 percent of Spain's population has received Catholic baptism, a study based on 1982 statistics shows that only 32.5 percent really practice their religion and that Sunday Mass attendance is on the decline.

## Prostitute's "Rights"

● In these days when all types of groups are demanding their "rights," a Canadian group called Friends of Jezebel is fighting to legalize prostitution. Claiming they are the most oppressed minority in Canada, reports *The Toronto Star*, they say that they will "fight for their rights under the Canadian Constitution to make prostitution a legitimate business enterprise." "We are the social lepers of the 1980s," said its organizer, a prostitute. "We want society to recognize a prostitute as a person, rather than so much debris standing on the street."

## Animal Rites

● Pet funerals are performed daily at Jikkein, a Zen Buddhist temple in a Tokyo suburb. According to New Zealand's *Auckland Star*, the animal rites "begin with bells to seek the presence of Buddha and a shaven-headed priest chanting the sutras. Another soul, that of a silky white pekinese dog, has begun the long road to nirvana." The chief priest said: "In Buddhism all living things are capable of achieving Buddhahood. Our rites for animals are identical to those for humans." The temple cremates about ten thousand animals every year and simple rites are performed for

every group. Pet funerals are a sideline "for the money." Special lockers may be obtained by paying additional money. One woman decided against a more expensive eye-level locker "because she didn't want her dog to be next to a cat."

### Starving Refugees

● "Zimbabwean officials say about 100,000 Mozambicans, many of them starving, have inundated Zimbabwe's northern and eastern border areas in the last few months," reports *The New York Times*. Southern Africa's severe drought and violence by rebels are causes of the influx, it adds. Malnutrition results in distended bellies, reddish hair, which is a sign of protein deficiency, and blindness from lack of vitamin A. It is claimed that five to seven deaths occur each day in Mukosa. One refugee family walked 75 miles (120 km) and, describing the conditions, said: "In village after village people wanted to come with us but they were too weak. If we didn't leave we would just die there."

### Tobacco Hazard

● Another hazard of tobacco smoking has made the news —its cost. Don Shaughnessy, computer-science authority, calculates that if a person quit smoking a pack a day and faithfully put the money saved into a bank account with compound interest, in 40 years his bank account would have \$282,707.83 (U.S.) in it. Added to this, he says, "life insurance is at least 50 per cent cheaper for non-smokers."

### Poor Man's Taxi

● In Jakarta, Indonesia, the *becak*, or pedicab, is called the poor man's taxi. But its service is

coming to an end there because "city hall insists they are a menace in Jakarta's chaotic traffic and do not fit the city's modern image," reports *The New York Times* of February 26, 1984. The *becak* graveyard already has thousands of confiscated pedicabs and about 16,000 will be confiscated in the next phase of operation, but 8,000 legal ones will have permits to operate for the rest of this year. In favor of the leisurely *becaks* is the fact that they are quiet, cheap, easily maintained and do not pollute. Their being discontinued presents an economic problem for the tens of thousands of drivers and their families who have depended on them for their livelihood. The *becaks* will be replaced by the *bajaj*, a motorized, three-wheeled scooter-cab that is still cheaper than a taxi.

### TV and Drivers

● "What young drivers learn from TV could be a fatal lesson," says *Motorland Magazine*. Some TV shows feature high-speed chases and exciting crashes "in which the hero walks away unharmed." The report also adds: "The facts are not so entertaining" when one considers that auto accidents are the Number One killer of teens in the United States. "Speeding and recklessness claim many victims each day."

### Pet Hazards

● *JAMA (Journal of the American Medical Association)* says that household pets may be "hazardous to health" unless precautions are observed. "Animal bites, scratches, flea ingestion, and mere face-to-face cuddling can result in infection and even death," says the report. One woman contracted plague pneumonia from her ailing cat and

died. A ten-year-old girl was infected by a scratch wound from her cat, which, apparently, was infected by contact with diseased wild rodents or their fleas. Tapeworm infestation can come from dogs. Therefore, be cautious, warns *JAMA*.

### World Drinking Problem

● "The world has a drink problem," says *The Sun* of Melbourne, Australia. Global production of beer has risen 124 percent in the last 20 years, spirits over 60 percent, and wine 20 percent. Additionally, alcohol production is up 500 percent in Asia in the past 20 years, 400 percent in Africa, and 200 percent in Latin America.

● In Russia, a Soviet police chief says, "the little ray of sunshine in the stomach" leads to "65 per cent of murders, 71 per cent of assaults, 63 per cent of rapes, 90 per cent of hooliganism and 53 per cent of rail deaths, plus one-quarter of all road accidents."

● The report says that the higher living standard in the industrialized countries makes it possible to afford drink, and when recession and unemployment come, many turn to drinking. The bad results are: cirrhosis of the liver, psychotic conditions, fatal road accidents and crime.

● In England "alcohol is now the largest single factor in drownings," says the *Yorkshire Post*. It says that one quarter of the reported 516 accidental drownings in Britain during 1982 were alcohol related.

### Blood Transfusion Risks

● Pathologist Ira Shulman of Los Angeles County—USC Medical Center says, "Transmitting malaria through a blood transfusion is rare," yet in 1982 nine cases were reported. Blood do-

nors from malarious areas can pass along the disease. Dr. Byron Myhre states that blood banks rely on volunteers, and despite doing the best they can, "there's always the danger of hepatitis, malaria, and infections of various kinds. Every time blood is prescribed, there's some possibility it can produce disease."

### Frog News

● A frog that incubates its eggs in its stomach, thought to be extinct, "is refound," 750 miles (1,200 km) north of Brisbane, Australia, reports the *International Herald Tribune* of Paris. The frog has been of scientific interest because its eggs, incubated in its stomach, are "apparently unharmed by digestive

juices," says the report. Scientists conclude that "something must inhibit the destructive effect of the hydrochloric acid and other enzymes in the frog's digestive system," and that such could be valuable in the treatment of human ulcers.

### Hypnosis Reliable?

● "Hypnosis is used routinely by both lawyers and law enforcers to jog the memory of witnesses. But new research indicates that it may hurt more than it helps," reports *Science Digest*. When asked to recall 60 drawings of common objects, hypnotized test subjects made far more mistakes than did those who were not hypnotized. "The researchers suggest that the hypnotized mind actually manu-

factures memories that are nothing more than vivid figments of the imagination," says the report.

### 8,000-Mile Cable

● A cable that is to connect Asia, Africa and Europe is projected. It is to have eight segments "linking Singapore to France via Indonesia, Sri Lanka, Djibouti, Saudi Arabia, Egypt and Italy," reports the *International Herald Tribune* of Paris. At 8,000 miles (12,900 km), it will be one of the world's longest submarine cables, and it has been estimated that it will cost \$408 million (U.S.). Twenty-one companies signed an agreement for the project. It is scheduled to be in operation early in 1986.

involves members from the religious community more than their "eyes tell them".

8,000-Title Cards  
\* A card size 3x5, is to contain:  
Year; Author's name; Title; Date of  
receipt; N.Y. or to place date 80-  
means "japan"; publisher; city;  
place of publication; state;  
name of author if there  
is no author.

"Index," such as the books' titles.  
Title cards should be kept  
near library staff to facilitate  
use of the publications and  
make quick reference to the books  
containing subjects in the titles  
most likely to interest them.

#### How Books Help?

\* Help is a very valuable  
to both readers and scholars  
as well as to the library or the  
author. But who uses it best?  
People, it seems, seem to have  
more time to think of books  
than of common objects, thereby  
using less time to read them in  
most instances than big stores  
like bookstores, where they  
usually buy books.

Books from libraries like our  
base show the general D-B-  
you might see first good  
books for all purposes, and  
books good for personal  
interests, hobbies, and interests  
of various kinds. Books  
also provide a better equipment  
for the home library if one  
uses books.

**How Many?**  
\* A good rule of thumb is the  
size of the library or the  
size of the collection, though  
there is no real limit to the  
number of books in a library.  
American libraries have  
the right and power to collect  
whatever is wanted, though  
they may be limited by  
local authorities.