

SHOULD MOTHER TERESA OF CALCUTTA BECOME A SAINT?
ONLY IF THE CONDITIONS FOR THOSE IN HER INDIAN INSTITUTIONS ARE IMPROVED TO
MEET INTERNATIONAL HUMAN RIGHTS REQUIREMENTS

Recent publications quoting from several hundred reliable sources on Mother Teresa argue that unwanted children and 'dying destitutes' in her institutions are suffering neglect and abuse. Instances are cited from as early as the 1950s persistently right up to and including December 2002.

"The basic and sometimes sloppy standards of care and provision in the various projects appeared almost wilfully spartan. So many of the babies look unwell- malnourished: why is this? Many have distended stomachs, really bloated, and yet they have no body fat- the smaller babies' limbs are matchstick thin. They lie around in soiled cloth nappies- the only shit I've seen has been orangey and very liquid/mushy [Summerson PhD dissertation 198-9]

Another earlier example: Oram Rayson wrote about her Nirmala Hiriday [Home for the Dying] experience in 1984:

"I was making a bed and saw a woman had put a crust of bread under her pillow, saved from breakfast presumably because she could not believe she would have any more. When the sister saw this she threw it away, which I thought showed an amazing lack of compassion". Two days later Oram left & said, "the patients were being given neither proper nursing nor loving compassion, so what on earth is the point... all they are were being given was a lot of rice" [Sebba 141]

In the film Mother Teresa and her World she explains, "We are using the poorest of the poor to put our love for Jesus into action" but is she?

For Mother Teresa said :*As long as we do not make the best effort we are capable of, we cannot feel discouraged by our failures. We cannot claim any successes either. We should give God all the credit and be extremely sincere when we do so* [G-Balado 80]

For Mayeroff writes "if caring is to take place, not only are certain actions and attributes on my part necessary but there must also be developmental change in the other as a result of what I do; I must actually help the other grow." [39]

Indian observers like George have noted:

"True compassion for the poor today has to involve vigilance against the trends in the emerging new order that threaten to aggravate the economic disabilities of the poorer societies around the world. It's this prophetic dimension that's been missing from Mother's mission"

But "It would be a tactical mistake on her (Mother's) part [to set up facilities comparable to the West to care for the poor] as that would abolish the very pretext for charitable giving from the West. What challenges the overseas volunteers are the extremely harsh conditions in which they have to serve"
[p126, 128]

There could be other reasons:

1 Are these sufferings due to **ignorance**?

On July 28, 1992 M Teresa was photographed opening an Indian charity- Upanayan's special program for development of training for children with mental retardation.

But Joe Roberts in *Abdul's Taxi to Kalighat* [2000] writes of his Bengali friend saying "my wife does voluntary work for the cerebral palsy children. Money was raised to build a child welfare center and there were enough facilities for spastic children from Mother Teresa's orphanages to come along. Subra approached the Missionaries of Charity. She said "We can do something to help these children" but the nuns told her God's love was enough for them"

Pope John Paul II wrote: true development implies a lively awareness of the need to respect the right of every individual to full use of the benefits offered by science and technology [Miller 456]

But *The Calcutta Telegraph* reported on 21/9/97: "It is well documented that the quality of medical care the sick and the dying get at her various homes is primitive at best, bordering, at times on the callous"

"Many prominent city based NGOs [non-government organisations] feel the Missionaries of Charity's approach to the rehabilitation of those considered "marginal people" is flawed, inasmuch that it does not emphasise education as part of the process. But we have to focus on health and education because that is the only way of making them self reliant like other human beings" said a spokesman of the NGO "Child Relief and You" .. According to Mrs Dutta the emphasis on education is a must as it is recommended by the government, which provides NGOs 90 per cent of their costs ..the Charity [MC] is under no such obligation as it does not depend on state funding. Donations enable it to devise its own programmes" [The Calcutta Telegraph 11/9/97]

Programs that even a twenty year old volunteer is able to note [19 July 2000]:

I complain at Shishu Bhavan about the lack of medical care of poor dying babies. Today one baby died after she had suffered for about two weeks and became weaker and weaker. Another thing- for example every child should have its own bottle, because now all kids suffer from a cold.

But it is even possible that there were NO volunteers present in this area while Mother was alive.

SH from Norway writes:

-five years ago – more children at Shishu Bhavan ; handicapped tied to their beds; volunteers not allowed to work with normal children

-one evening I was the only volunteer. It was too much to do for the Indian women who worked there; the children were crying and starving before they get food.; the sister didn't say hello 21/10/2002

Some Calcutta observers write that since Mother died conditions in her homes have deteriorated

This is not because of lack of interest from the community. The sisters have received much advice in the methods of running homes, as detailed in their *MANUAL FOR MANGEMENT AND CARE FOR THE DESTITUTE DIFFERENTLY ABLED PERSONS* PUBLISHED BY THE MISSIONARIES OF CHARITY 2000AD (private circulation only) and the accompanying second book *Appendix of Forms used in care of the differently abled destitute MR Persons* . Numerous Indian individuals as well as institutions have contributed to educate the sisters in rationale, methods and lesson plans in order to improve the quality of care they give. Contributors include Dr Vimala and his students; Dr D K Menon, Dr R Peshwaria, Dr S Venkatesan and Dr T Subba Row, whose work was used in more than 25 seminars & courses for MC Brothers & sisters. T Kutty conducted a workshop [for the MCs]sponsored by the National Institute of the Mentally Handicapped; in the late 80s Mano Vikas Rehabilitation, Research & Training Centre in Kolkata helped. Mrs M Das Gupta and the *Sharehouse* donated teaching aids for training and use in homes. These are a sample of the Indian professionals who wanted better conditions for her inmates.

After her death Wipro & Compaq in Bangalore donated a computer to O Minj who created the 270page comprehensive handbook detailing ways of understanding & working with both normal and handicapped persons from birth upwards

In Calcutta only with a handful of children in Dayadan are any of these skills visibly being applied. With untrained staff and volunteers there is no provision to avoid the problems so well explained in the sisters' books.

If one visits Mother Teresa's homes in Calcutta- especially the orphanages it would appear that only Sr I of Dayadan had read the Missionaries of Charity's own private publication. I quote:

On page 1 'if a child with mental retardation is not trained, he may not learn to sit or stand, he may not learn to read or write or count, he may not learn to relate to others or develop work skills or spiritual skills. So if the mentally retarded child is not trained he will not only be disabled but will become handicapped'

The Missionaries of Charity[MC] handbook p6 states that a mildly retarded child with a DQ [Development Quotient] of 50-70, has from ½ to ¾ of an average child's DQ of 100.

But in 1999 all of the MC orphanage 'normal' children tested in Delhi in1999-pre play program were below 70DQ. The majority of MC children sadly remain in this category. Yet the health care workers [and presumably the sisters] were trained to conduct the programme themselves and despite the doctors having provided 6 months of in house care, all necessary equipment and more, plus a simple book on exactly why

and how to provide care for adequate development, once the programme was handed over to the caregivers and the trainers left, the play programme languished

Sadly when the play therapy they had arranged for 45 minutes twice daily ceased, after a few months the mean motor and mental scores of children when tested were 66.14 and 56.59 respectively- even lower than the pre-intervention levels of the pilot study. But for the average child it is around 100 ! These scores show that the developmental improvements regress rapidly if the programme is not sustained vigorously.” [‘ *Not by bread alone project: a two year follow up project*’]

The doctors then arranged for a play therapist in Delhi in 2000, but in 2002, the sisters decided to dispense with her services so when I visited in September babies were crying unattended and older children remained listless and under-stimulated. Older children might even fit into the *moderately retarded* category as they have limited speech as there is to no-one speaking clearly a single language to them.

Contributions continued under Sr Nirmala so if sisters had access to these two handbooks, one must wonder why it is not apparent to the sisters that education is essential for normal development. These books cover various models of human development along with several different approaches the expectations for normal development from infant to fully functioning adult

Why had the MH secretary/accounting sister allowed the play therapist to be dismissed when her presence *had* been necessary to ensure the play program’s adequate functioning. Because when it had languished the children’s DQs when down to less than 2/3rd of an average child?

In the MCs book on p12 it is stated clearly that postnatal causes of retardation are malnutrition [will affect the brain] & ‘psychological factors of unfavorable, institutional environment’ .All children [except in Delhi- which is licensed by the Government] I visited and worked with lacked fresh fruit and vegetables, milk. Even in Delhi in December 2002 all had no possessions and were living in an environment bereft of stimulation with inadequate numbers of workers. [around 1:10 ratio]

On p8 the MC publication discusses the problems the retarded child faces at 0-6 years which are ones which many SB children display –learning to eat and dress independently but which the children have no opportunity due to time factors to learn or practice these vital skills; learning to clean teeth[I have only seen this happen in one home (Dayadan)], speaking –[as no single language is used consistently with the children and no time to talk to them- most children especially those in the institution over years were unable to speak in sentences] I met one eight year old boy who had been adopted and returned *twice* who had been a normal child even attending English medium school, who when once again in the orphanage, the sister told me that he *had forgotten how to speak*. It was certainly the case during the weeks I spent with him –for the only word he would utter was *auntie* [referring to myself and other visitors]

2 Is owning a **theology** which allows preventable suffering of those abiding in Missionaries of Charity Indian homes to remain untreated acceptable for a Christian saint in the 21st Century?

Aspects of her theology that are causes for concern-
OBEDIENCE-

*It is impossible that a Sister who is obedient will not become a saint
Obedience is the only condition for close union with God, said Mother*

The MC *Contemplative* calendar [kindly given to me by a lay MC] published in 1990 which dedicates the month of April to her words of wisdom relating to obedience

-for the 19th *Superiors may make a mistake in commanding but we are infallible in obeying. 21st Unless you force yourself to be indifferent as to who your Superior may be so far as your private feelings go, you will never be spiritual neither will you faithfully observe your vows; 23rd When you are obeying if you die, you will go straight to heaven because you are sure of doing God’s Will*

Mother said: God does not demand that I be successful. God demands that I be faithful when facing God, results are not important. Faithfulness is what is important” [G-Balado 2002 p52]

SUFFERING-

Today the passion of Christ is renewed in the life of those who suffer, who are sick, poor and abandoned to

accept suffering as a gift from God; it's a sign of the maturity of our faith and the holiness of our life said Mother .[Gjergji p123]

How to determine if God had chosen Anil [a toddler who in 1997 had inverted club foot which the sisters refused to correct as well as being daily force fed lying flat on his back]as a co-sufferer with Jesus on the cross?

"It is an innocent suffering and that is the same as the suffering as the suffering of Jesus. He suffered for us and all that innocent suffering is joined to his in the redemption. It is co-redemption" said Mother [Cahill]

Mother said: *What is suffering? It is nothing! But when suffering is sharing the pain Christ himself endured, it is the most wonderful thing- a beautiful gift, you see...The suffering relieves the sin- that is why it is such a beautiful gift*

The Cross will be for us as it was for Christ: proof of the greatest love. Jesus alone, God made man, could fully understand the meaning of sin and suffer from it.

The force with which Christ was drawn to His Cross, in expiation for the sin of mankind, must urge us as Sponsors of Jesus Crucified to accept voluntary nailing with Christ on the Cross, in a spirit of love, obedience and reparation for our own sinfulness and that of the world, especially our poor:

- *To fill up in our flesh what is lacking of the suffering of Christ on behalf of His Body, the Church;*
- *To express our union and sharing in the sufferings of our poor; for their salvation and sanctification;*
- *To give witness of penance so that the people of God will have the courage to accept it also in their own lives.*

[E &K Egan 1992 129]

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It is well documented that Mother Teresa sought good medical treatment in the best clinics or with up to \$US15,000 equipment in her Spartan room in Calcutta, it seems strange not to look for better treatment for those in her care – the second greatest commandment states "Do unto others as you would have them do unto you"

POVERTY

Susan Shields an ex- MC sister, "was disturbed that the poor were the ones who suffered from the Sisters' self-righteous adherence to poverty" [Moniz67]

So many of Mother Teresa's biographers allude to the possibility that her Calcuttan homes remained poverty stricken as this provided opportunities for volunteers who would never have the opportunity to be able to 'help' others despite lack of commitment and skills. The more needy the inmate, the easier

Love to be true, has to hurt said Mother Teresa [*Words to Love By* p14]

D-Ray writes of the "*Cruel paradox of Mother Teresa idealising pain for the poor while herself going to elite clinics Cal*] *She reportedly said to a terminal cancer patient in agony- 'You are suffering like Christ on the Cross. So Jesus must be kissing you'* [Tel 7/9/97]

Mother appeared not to believe that the "*real alternative is to do more than turning the poor into objects of pity. The task is not only to alleviate poverty but to abolish avoidable poverty.* [George 127]

We consider it an honor and a privilege to serve Christ in the distressing disguise of the poorest of the poor with our humble work, and we do it with deep gratitude and profound reverence in a spirit of fraternal sharing, convinced that in accepting our humble service they make our existence as Missionaries of Charity possible-[E &K Egan 1992 60]

But her advice for the poor remains- "*I think it is very beautiful for the poor to accept their lot, to share it with the passion of Christ. I think the world is being much helped by the suffering of the poor people"* [Tel 9/9/97]

D. Shah on IndiaStar.com could be correct:

'Mother Teresa portrayed India as a poor, starving, and a diseased land to her Western donors who responded by filling her coffers so that she could continue her mission of converting the poor & illiterate of India'

The MC 1990 calendar again offers Mother's thoughts in February on encouraging the growth of poverty :

- *My Children are we really poor? With poverty which is freedom Charity will grow*
- *Protect your poverty-it is a precious treasure*
- *I serve poverty she is my mistress among many gems.*

But Mother said 'I love Poverty She is my Mother' and 'Poverty is Love before it is renunciation'

SERIOUS ISSUES THAT REQUIRE IMMEDIATE ATTENTION

'I don't care what people say about the death rate' said Mother to her first biographer Desmond Doig a Calcutta journalist [Doig 111] This was written in regard to those in her home for 'dying destitutes' [Nirmala Hiriday] Those admitted had to be 'the poorest of the poor' and have no family. This still remains the case for most inmates today. Many volunteers who 'work' there believe that the fact that these people may have come from an even poorer situation means that because the home is marginally better than their previous situation it's acceptable that the home does not meet United Nations Human Right standards. However when this same explanation is used to justify her Shishu Bhavan children's bleak existence Not only are UN Child Rights' disregarded but also the world suffers from these children's potentials never being achieved. As Pope Paul II reminds us:

We should "commit ourselves more resolutely to our duty to work together for the full development of others" [Miller 453]

When in 2002 my Indian friend and I learned from the Calcutta Municipal Corporation's Chief Medical Officer that no bodies had ever been removed by the council from Shishu Bhavan; it was possible that they could have presumed that no babies ever died there. *(P.J.-June2000 told me that he was shocked as a volunteer at Nirmala Hiriday in 1991 to have seen six shoeboxes appear one morning which hadn't been present the previous evening each holding a tiny body- July 2003 J S another volunteer observed 2 baby bodies- including a 3 year old arriving for cremation....*

When we spoke [December 2002] to the staff at the local crematorium where the corporation takes the Nirmala Hiriday unclaimed bodies, we learned that 3-6 baby bodies came monthly 'from Nirmala Hiriday' My friend was shocked by this revelation but I was already aware as Sr Majorie superior in 2000 had told me that 3-6 babies died each month; telling me also that hepatitis B was spreading amongst the small upstairs babies [140 then present], excluding them from adoption. I was shocked, rushed to the library to discover that Hep B can be spread through poor hygiene, which is so prevalent in Missionary of Charity homes.

Freedom of Information only came viable in December 2002. Statistics of numbers of bodies removed from Nirmala Hiriday only started being recorded in 2000. Access to the sisters' statistics is difficult with the Chief Medical Officer stating that Government statistics relating to Shishu Bhavan are limited to numbers of overseas adoptions.

If the Calcutta Municipal Corporation was aware of this tragedy, they may have intervened and supplied vaccine. The CMO told me that unless they are requested they don't offer.

If the CMC had been aware of the numbers of babies that had died in Shishu Bhavan I believe that they would have increased their contributions to educate the staff and sisters on how to ensure normal child development.. But due to the sisters sending all dead bodies to Nirmala Hiriday to utilize the CMC's free pickup and cremation service had meant that only the crematorium workers may realise the numbers of children who have died.

.Mother Teresa's early work caused the local Bishops to be concerned because her medical training consisted simply of around 3 month's observation in 1949. It's superfluous to mention that it is urgent to incorporate changes that research and development have given to the world. For instance deprivation in the womb or after birth no longer has to mean permanent damage. Surely Mother was aware of this or was she?

But the MC theology includes : *Our aim is not only to work in Shishu Bhavan:it is only a means. Our aim is to satiate the Thirst of Jesus* MC 1990 calendar, Jan 15 – where do a child's needs fit in?

For whatever reason- perhaps political, perhaps due to caste, Mother's Indian institutions remained with deprived untreated individuals. For instance S Westmacott wrote for the public's attention in 1996 *When a British therapist began propping them up [in Shishu Bhavan], working their limbs and feeding them in an upright position, (which is essential if they are to improve their condition), she met with angry opposition from the staff. She was told to lie the children and drop the food into their mouths...But I knew*

of many who had offered to teach them [the nuns], who had shown them how to feed them properly, who had tried to change the bad habits and been ignored [Daily Telegraph London 1/12/1996]

MC refusal or ignorance to treat a correctable complaint was published in the Guardian 16/11/96. D Leighton told how when he found a boy dragging his legs across the floor, he told the Sisters that the boy had a broken leg, but the sisters insisted that he had polio. Nothing was done about the leg and the boy is now crippled for life'.

“So here we have two pictures of a little boy. In one picture he’s bound by the wrists to the side of the crib. In the other picture, he’s bound hand and foot outside the crib. This time he’s bound behind his back” Peter Taylor’s ‘Time for Change’ Frontline TV London 1996

Brenda, a trained nurse from America, working with the 40 handicapped and ‘malnutrition cases’ in SB: *While I spent time in Shishu Bhavan I saw rough treatment of the children (child tied to table- mobile child), force feedings, feeding while child supine, and disorganization of the feedings (some children left in cribs with no feedings) I believe your establishment could benefit greatly with more trained staff organization (assigning children to staff day after day) and developmental programs for the children (playtime, school, etc...) Jan 2001*

The situation remains unchanged in 2002 during my visits and discussions

As a visit to other Cal homes will immediately show Indian standards are equivalent to Western standards- firstly in the staff ratio. Consider Palan the government orphanage in Delhi where doctors monitor the babies’ progress all 24 hours. The babies are separated into three areas depending on their condition. Masks and gloves are worn as necessary; fluid balance charts and progress charts are readily available, drugs are ordered as they should legally be by a qualified doctor. And of course each child has a name and date of arrival available to all workers. Adequate facilities in no way implies luxury and poverty is something that many want to see eradicated. Why did Mother think it was acceptable to take people’s unwanted babies and then bring them up in poverty?

While modern Western toys have only recently become popular in India children have always played with everyday items. Even in a country where child labour is still prevalent no-one considers using the child before they are over two. Even street dwellers who must leave a child alone when called to work tie the child to a long length of string sufficient to allow for movement and play yet short enough to prevent a traffic calamity. One sees many street children playing with items imitating a shrine or home or?!! Younger ones always wear bells on their ankles or around their waist to alert others of their presence. No child would be tied in a way that prevents some freedom of movement.

“The babies seem miserable and neglected....they lie listlessly in their cots, or cry. Many of them rock their heads or bodies, from side to side. Most of the babies don’t seem to have had any kind of experience of life outside their cots; some of the babies are of toddling age and they can’t even crawl” [Summerson215]

I started volunteering in July 1999 and I did notice a change from an earlier visit that year- where the lack of stimulation was painfully obvious. I met Dr Vikas one of the four pediatric doctors had designed & implemented play intervention of 90 minutes daily for the orphanage. He was then systematically checking the children individually for progress and told me he was delighted as the children had progressed faster and more significantly than had been expected. His research showed that within three months he could report that the children’s mean Motor Development Motor quotient [100=the normal standard] rose from 63.7 to 81.7; their mean Mental Quotient rose from 65.8 to 89.6 and their mean Social Quotient rose from 61.9 to 91.3, a gain of 18, 23 and 30 points respectively.

This was surely sufficient evidence for the MCs all over India to implement the play project and read the booklets explaining the methods that the doctors had produced.

But I couldn’t help but note that there was great rejoicing when the visiting doctors finished their experimental period. The sisters’ faces didn’t hide the obvious disappointment they felt when Dr Vikas said he would visit intermittently to check on the play therapy’s progress...

So not surprisingly though Dr Taneja writes how despite designing it and working towards independence and self functioning play integration, over the next 1 year when the doctors resumed their hospital work leaving the play programme to function independently, it actually lost its structure altogether. Yet there was evidence that it should have been able to continue because the workers had already realised from experience

that the play program actually lowered their work load.

I'm unsure of the sisters' role in the play program but I did watch the workers enjoy playing with the equipment with the children; the sisters I worked with however did not seem to grasp the significance of play in overall child development. I had to negotiate with the sisters to allow the children to play but I always lost no matter how nicely I asked. I watched as did a French volunteer with great sadness how bored and sad the children often were. [Claudette Oct 1999]

It would have been several months after I left that a play therapist was appointed to rejuvenate the play programme. The sisters *still yet* to learn that play must be encouraged or at least just 45 minutes twice daily [supervised] for deprived children to develop normally- but it appears even in 2002 when I visited Delhi SB that the sisters remained disinterested. For at this time there were still around 40 children and babies yet MH sisters told me that they dispensed with the Delhi play therapist's services when they considered the numbers of children declined so as to not warrant her presence. Why didn't they train one of the sisters to be a play therapist? What about the 300 children in Cal SB? Why didn't they deserve a play therapist? So I saw once again what I had seen in Mumbai, Madras Trivandrum, Panaji, Valankani, Port Blair, Vellore MC children's homes, and Delhi before the play program – bored and listless children; crying lonely babies. Children unable to put two words together, living lonely unproductive existences.

Yet the team has written an 86 page handbook which details what children need, simple descriptions of skills children and should develop and at what age [perhaps difficult in Cal SB when the child's name is even a guessing game- how to be sure of the age?] They detail symptoms of delayed development and methods of assisting; in short everything about child development and simple ways of ensuring the best available is given. They have also written three articles discussing these same issues. They include what happens if play is removed and the child's DQ drops to almost the level of a moderately retarded child This concurs with and reflects the importance of the UN including play as a basic child right and many Indian institutions have taken up their ideas. But not the MCs for December 2002 many SB children especially in Cal still languish However in the comprehensive *Not by Bread Alone- a training module to introduce play into orphanages* prepared for the 1999 Delhi play program for SB every aspect of child development is covered. Chapter 6 pages 66-73 relates why nutrition is important and how and what to feed babies is explained in simple clear English which Mother decided to make the MCs official language.[I was told by an ex MC that *only* English was permitted to be spoken in MH].

But the play manual included easy to follow timetables and included with everyday recommended items to be used. Why did none of the relevant sisters have a copy of this manual? Why could I not locate even one copy out of the 21 supplied by Dr Beri? Over two months of inquiries I only found one person who recognised the title and indicated he may know the whereabouts though he declined to offer to locate it. But around 1999 some MC sisters were concerned. The [Regional] Sister Superior of the MCs running the MC orphanage in Delhi asked the Department of Pediatrics of Saint Stephen's Hospital around late 1998, to "look for some method of improving the development of children in their Delhi orphanage as they were having difficulties in the adoption of the children, because of the children's severe psychosocial, motor and language delays"

The doctors describe their findings from their first call :

In our initial visits we found the children in their cots most of the time...they cried rarely, had expressionless faces , responded poorly to overtures and had delayed speech and language.. Older children had poor motor co-ordination and walked rarely. They stood in their cots, only to be carried from one place to another by the caregiver. . They had little vocalization, never smiled and were fed sloppy food by the caregivers. They were seldom exposed to the outside environment."

Many of them had 'Anaclitic Depression' ie. Whenever picked up and cuddled, they would make their bodies stiff, cling to the stranger and cry inconsolably. Within the limited resources and without imposing any extra burden on the caregivers, we introduced a simple programme of play with the help of child psychologist Dr Sugata Sriram from Lady Irwin College, Delhi

Despite the play therapy

"Activities were structured, so that the caregivers didn't have to spend time in thinking innovative play ideas. The activities covered all areas of development.

The child to child' approach was utilized where ever possible, with older children playing with the smaller children. This helps develop some bonding, gives the children a sense of security, helps develop self-confidence, independence and self-reliance A rise of about 30% in the Development Quotient was seen"

[V. Taneja et al 12]

In Dr Puliye's word the effect of the play programme, "Within just three months of starting the play sessions, there were striking changes in the overall environment. The children were more energetic and full of life and achieved good limb and body controls; There were significant changes in the developmental status of all the children ...infants were more responsive, active and had better head, neck and body control after the intervention. They began to reach out for objects, crawl and play with toys, waiting to dance, sing to music and using verbal language to communicate They started enjoying music a lot, laughing and babbling. The older children also, became more active, responsive and enjoyed dancing to music. They played on swings and see-saws with improved co-ordination, laughed a lot and began using sentences of up to 2 words. They were independent, drank from glasses and ate with their own hands. . They had learned self help skills like eating, dressing and were also helping the younger children around. All these self help activities brought down the workload of the caregivers *Where there was dead calm, delightful chaos reigned*. The response of the caregivers increased as the children became more responsive, active and independent, realis[ing] that their workload was decreased...this short intervention [3 months] boosted the development of these children who had been functioning at about 60% of their expected developmental, to nearly 90%"

" I looked around upstairs- rows upon rows of cots but no mobiles, some toys in a glass cabinet. It strikes me as a bleak environment for the babies- there are no games going on, no books, jigsaws, and so on. In developmental terms that's pretty bleak" wrote M. Summerson in her 2002 Manchester University PhD dissertation

My concern over Mother Teresa's inmates arose during several years as a volunteer in Trivandrum, Chennai, Delhi and Calcutta.-India. Most volunteers were either happy to adapt like Linda : *"whatever love you give, however small, they wouldn't have had it if you hadn't come...each volunteer...after you will give a little more. And as the Gospel says, I received much more than I gave; I was volunteering for me, not them...because something inside me needed to be helped. I was giving something in me that needed healing...the need I had for love- Linda [Vardey 136-7]*

So as Leonard points out, under these conditions "anyone can come here and feel really good about themselves just by spooning food into someone's mouth" [210]

Such that *-Many volunteers after a month's stay in NH assert that they have never known a happier time [G-Baado 71]*

A few others were upset but unable or unwilling to work for change like the one quoted by Hutnyk [105]: *I visited a home run by MC. I was dismayed- I did not think I could work there like all the other tourists I met, who seem to tick it off on a list of cultural musts for the visit to India. Can I repeat the gossip I later heard -unsterile syringes, loneliness, cruelty etc? [*

Or they cut short their stay. In Warner [2003] many letters of concerned volunteers have been reproduced. Conditions despite many other dedicated volunteers working for positive changes remained below UN Human Rights Standards and many signed petitions asking for improvements. However when in October 2000 I showed the sister in charge of the volunteers an article detailing the significance of touch in the health development of babies. I was hoping to encourage her to train and include more volunteers with the upstairs babies where despite the presence of up to 160 babies aged from newborn up, only a maximum of 3 only volunteers were ever permitted. [and these volunteers like the workers remain untrained] This sister read the article, describing research which indicated that touch is responsible for adequate cortisol development without which the baby is prone to develop heart disease and diabetes later on in life. Her comment on the implication for SB was 'No comment' so the situation remained the same -with not enough staff to look after and comfort the babies.

Research has been available from the 1950s indicating that if orphanage babies are not touched they would not thrive - even dying despite receiving sufficient milk and being kept clean The babies in the 1940s Catholic orphanage in Melbourne may have suffered this fate. Like the MCs in Cal they chose to hide the deaths of the babies from the authorities.

Touch starvation was a major cause of depression and suicide and children under three could not develop

properly without touch, says NZ based massage therapist Eva Scherer. [West Australian 13/7/02]
So when Mother said, "Give me that [unwanted] child I will look after it" did she?

For till 2002 December in their Cal SB no nutritionist or play therapist has ever been appointed on an on-going basis. There were in 2001 five social workers working on the Indian adoption cases- though for the three I met this was a part-time position of 2 hourly weekly commitment. When in May 2000 I was concerned about the state of the babies especially the physical health and survival of a very tiny girl in my volunteering care I asked one of the female social workers [whom I become friendly with] in a sister's [Sr Audrey] presence if she could visit briefly their environment, but she was vehemently forbidden. A Salt Lake [Cal suburb] pediatrician [who had been a friend of Mother] that I asked to visit was also forbidden to enter. Paradoxically when I visited this social worker in her full time school position she had taken up sharing her office with the students who were able to participate in 'play therapy' on a queuing basis during their breaks. She like the doctors believes that play therapy is a means of improving society.

Montagu reminds us that "love is the principal developer of the potentialities of being human and the child that is unloved does not develop properly" [15] I have not seen the sisters seek the best available for their inmates. For instance Princy's cleft palate remained untreated, as did Kevin, Lalitha, and Leila's malnutrition cum marasmus [Madras 1998]; Anu's eyes, Prince's orthopedic problem, baby X's spinal problem [Delhi 1999] remained untreated In fact Anu was transferred to Cal from Delhi in 2001 and his eyes still were yet to be treated. Anu came to MCs as a newborn and was 6 by the time I saw him in Cal But I was no alone in feeling worried as all the publications below show either via photos or through text the concerns that the writer has for her mission- sometimes very clearly.

As an example consider Mother Teresa's words reproduced in de Bertodando p63-64:

"the task of the Church in such places [Surrey or Sussex] is much more difficult than what we face in Calcutta, Yemen or anywhere else, where all the people need is dressing for their wounds, a bowl of rice and a "cuddle", with someone telling them they are loved and wanted. In Surrey and in Sussex the problems of your people are deep down, at the bottom of their hearts. They have to come to know you and trust you, to see you as a person with Christ's compassion and love, before their problems will emerge and you can help them. This takes a lot of time! Time for you to be people of prayer and time to give of yourself to each one of your people."

I search for light to be shed on understanding these words for surely every person whether in Yemen or not would like to be considered the same as those in Surrey or Sussex.

However when I studied the literature I discovered that the conditions have been noted and woven into their texts waiting for readers to consider – perhaps for the Church officials to intervene and ensure better conditions to prevail.

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Even Brother Andrew head of Mother Teresa's Brothers for over 20 years wrote:

“then there's India- so many awful things happening I feel MC {Missionaries of Charity} should stand for 'Mob of Crooks' or 'Mob of Cutthroats' [Soloman 180,194]

Readers who feel that the claims made by the author are unsubstantiated are welcome to contact and references, photos will be provided.