

# Infant mortality rate soars in U.S. under Reagan 'recovery'

by Linda C. Everett

The searing truth of this country's economic collapse was revealed recently, when newly published data showed that America's soaring infant mortality rate for 1985 placed it 19th in the world, with higher rates than such countries as Spain and Singapore. The infant mortality rate among black children alone plummeted the nation's rank to 28th on the worldwide scale, with higher rates than Cuba and Bulgaria, and equal to Costa Rica. The infant mortality rate for white babies alone placed the United States 14th worldwide, behind Hong Kong and Japan.

These startling figures are the result of a study published in late January by a Washington, D.C.-based lobbying group called the Children's Defense Fund (CDF). Their study, called *The Health of America's Children, Maternal and Child Health Data Book*, is part of their "Adolescent Pregnancy Prevention: Prenatal Care Campaign."

In presenting the report, CDF President Marian Wright Edelman called infant mortality a barometer of the health and conscience of the nation, and stated, "A nation that cannot, even worse, will not shield its defenseless babies from preventable death and sickness in the first year of life when it has the means at hand, forfeits its right to be called decent."

The 265-page report provides a good reflection of a nation slipping into industrial decline—especially when comparing infant health indicators among competitor nations. For instance, CDF reports, "America lost nearly two white babies and more than three black babies for every baby Japan lost." It appears that President Reagan's mythical recovery has done nothing to save the 40,000 babies who die every year in the United States before their first birthday. For the hundreds of thousands of low birthweight babies born to the 45-50 million people living below the poverty level and lacking basic nutrition in the United States, Reaganomics has meant either neonatal death or a life of physical and/or mental disability.

Infant mortality consists of neonatal mortality (death occurs within the first 28 days of life) and post-neonatal mortality (death occurs between the 29th day and the end of the first year of life). Using data from the National Center for Health Care Statistics for the year 1985—the latest figures available—the report showed that nationwide infant mortality as well as the percentage of infants born premature or at low birthweight all increased for the first time in 20 years.

Low birthweight and prematurity combined are the greatest cause of neonatal mortality, which not only failed to decline overall in 1985, for the first time since 1960, but actually increased about 3% nationwide for black infants—again, a first since 1964.

Low birthweight rates for black babies ranked the United States 25th internationally, behind Korea, Colombia, Chile, and Costa Rica. The CDF attributes these disastrous trends to the lack of adequate prenatal care, since babies born to mothers who receive no prenatal care are 40 times more likely to die during the prenatal period than those born to mothers who receive appropriate prenatal care. Half of all black and non-white infants in 1985 were born to mothers who did not receive adequate prenatal care. The survival rates of these very-low birthweight babies, weighing about 3.5 pounds or 1,500 grams, depends upon the specialized services of fully-equipped neonatal intensive care units—something not likely to have been available to the more than 600,000 uninsured infants and the half million Medicaid-insured children born in 1985.

The infant-killing trend actually heightened on the state level, where white infant mortality rose in 19 states while black infant mortality increased in 12. Other outstanding statistics for 1985:

- In Massachusetts: Presidential hopeful Gov. Michael S. Dukakis, boasting about his ability to balance the budget, stated recently, "I don't just talk about the problem of the cities, I've done something." Whatever Dukakis did, from 1984 to 1985 black infant mortality rates rose in Massachusetts by 46%; in Boston, they rose by 73%! The state's overall black neonatal mortality increased by 59%.
- In Delaware, white infant mortality rose by 38% and black infant mortality by 33%.
- The District of Columbia was the worst state on: 1) infant mortality overall; 2) neonatal mortality overall; 3) low birthweight overall; and 4) low birthweight among black infants. The city was second worst for 1) black infant mortality; 2) babies born to all women receiving early prenatal care; 3) babies born to all women receiving adequate prenatal care; 4) babies born to all women receiving late or no prenatal care; and 5) babies born to all women receiving adequate prenatal care.

- Only one of every two infants born in the District of Columbia and New Mexico were born to mothers who received adequate prenatal care. In New York, less than 40% of all black and non-white infants were born to mothers who received such care.

One serious problem with the report, is the fact that it never mentions the larger, more horrible hand AIDS is taking in infant deaths. This omission is all the more grievous because the authors analyze and present voluminous data regarding the country's ability to meet the Surgeon General's 1990 Infant Health Objectives. Those objectives, established in 1978, call for reducing infant mortality to no more than 9 deaths per 1,000 live births, with no county or racial or ethnic sub-group having an infant mortality rate in excess of 12 deaths per 1,000 live births, and similar criteria for neonatal and post-neonatal mortality rates, low birthweight rates, immunizations, maternal mortality, and prenatal care.

What has never been studied is the increased number of babies that die because of a decision based on "quality of life" or cost factors, made by the hospital, doctor, or family, not to treat a child who comes into the world with multiple physical handicaps. Like euthanasia and starvation decisions made for adult patients, rarely does the patient record state "consciously-induced death," but usually, "heart failure."

Overall, whether due to the closing of community hospitals, shortage of medical staff, or lack of an aggressive inoculation program, an increase in infant deaths are the predictable result of an overall economic policy. The general thrust of the CDF solution, besides being blinded on the AIDS epidemic, is to attempt survival in the status quo, with the addition of more appropriations to Medicaid or the Special Supplemental Food Program for Women, Infants, and Children (WIC). This has improved black infant mortality by 49% since its inception, by preventing low birthweight babies. (Only 40% of the women, infants, and children eligible for these services actually received them.)

The solution to this appalling genocide is to reestablish the United States as the industrial leader in the Western hemisphere—starting with the most advanced space program—to revitalize the country, its industry, and the perspective on our children's education. The earlier stages of that project, the Apollo Moonshot, provided much of the life-saving technology available for babies (and others) today. Unfortunately, CDF's solution is to attack the funding of the Strategic Defense Initiative for depriving the WIC program of funding. This is predictable, since CDF President Marion Wright Edelman is tightly connected socially and politically to liberal Ted Kennedy.

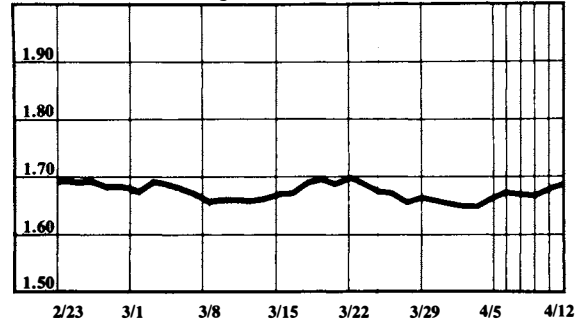
**Reference**

*The Health of America's Children: Maternal and Child Health Data Book*, by Dana Hughs, Kay Johnson, Sara Rosenbaum, Elizabeth Butler, and Janet Simons. Adolescent Pregnancy Prevention: Prenatal Care Campaign, Children's Defense Fund, 1988, 265 pages paperbound, \$12.95.

# Currency Rates

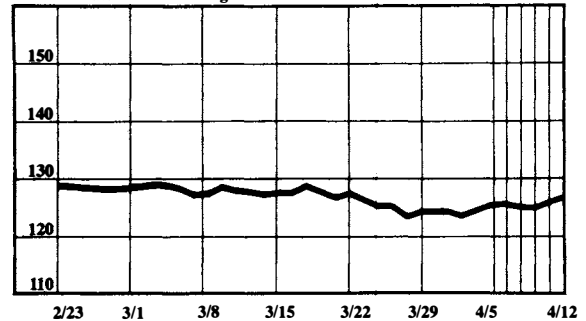
## The dollar in deutschemarks

New York late afternoon fixing



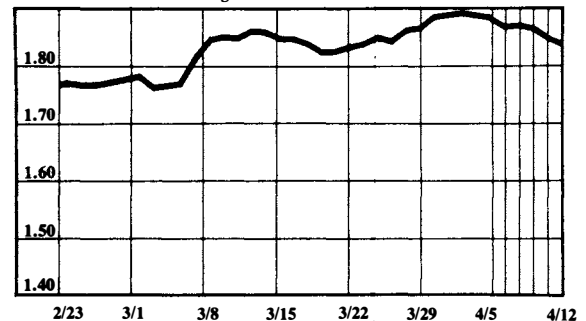
## The dollar in yen

New York late afternoon fixing



## The British pound in dollars

New York late afternoon fixing



## The dollar in Swiss francs

New York late afternoon fixing

