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Mothers and Children are Dying: We Need Health Care for All!

By W. T. Whitney

May 9, 2017

The Maine legislature is considering a proposal for single-payer health care. Representative Heidi Brooks and Senator Geoffrey Gratwick introduced LD 1274 in April. The legislature's Committee on Insurance and Financial Services on May 4 heard citizens' comments on the bill.

The title of the proposed bill is "An Act to Promote Universal Health Care, Including Dental, Vision and Hearing Care." Maine AllCare, the Maine affiliate of Physicians for a National Health Program, had agitated for the bill's introduction. In conjunction with the Maine State Nurses Association and the Southern Maine Workers' Center, the group staged a rally near the State House prior to the hearing.

The present writer, who formerly worked as a pediatrician, joined others in testifying before the Committee. The gist of his remarks follows, along with written testimony requested by the Committee:

Thank you for the opportunity to testify. I worked as a pediatrician for many years in Norway, Maine and have two points to make in regard to LD 1274.

One, it's time to put first things first. Huge numbers of children and mothers giving birth are dying. The maternal mortality rate has doubled in recent years. And the infant mortality rate, the number of first – year deaths for every set of one thousand births, is very high.

How high? In 2015, for every 1000 births in the United States, six babies died during their first year. There were 3,978,497 babies born that year, or 3978 sets of 1000 each. With each set yielding six deaths, there were thus 23,878 infant deaths in all.

Infant mortality rates elsewhere in the world are much lower than six, in some countries less than three. If somehow the United States had achieved an infant mortality rate of four in 2015, infant deaths would have been 14,912 in all. Being saddled with a rate of six, however, we added another 8966 infant deaths to that fantasy total. These are babies that, born in many other countries, wouldn't have died.

Amnesty International, having recently looked at excess maternal deaths in the United States, proclaimed that human rights were being violated. That organization condemned diminished access to prenatal care.

The deaths of infants and mothers resulted in part from reduced access to health care, which harks back to poverty. They need not have occurred. That's clear as regards babies, because at least 50 other nations have lower infant mortality rates than the U. S. rate.

I believe that mass deaths of mothers and infants take precedence over questions like who is going to pay or what do insurance companies and hospitals want. Not even the death toll on September 11, 2001 comes close to the numbers we are dealing with.

Here's my second point: somebody has to be responsible. I think back to when I cared for children with bacterial meningitis. Without antibiotics that disease killed half the afflicted children and left most survivors mentally handicapped. My job had demands, but really it was easy, because when children were seen early, they did fine.

I think about John. He was a young child with mental retardation when I first saw him. I reviewed his old records. As a baby, he'd been sick at home for a week. At the hospital they found he had meningitis. His seizures continued for another week there. Who, I ask, is responsible for children like John whose care was delayed or non-existent?

I was responsible when a child was sick. But who takes prime responsibility when children or mothers don't get care, or care is delayed? Hospitals, doctors, the drug companies, the insurance companies can't. You have responsibility, I think, as representatives of all the people.

Sadly, but perhaps understandably, we talk mostly about health care for individuals and not much about health care for people as a whole. I think that ought to change; we need to talk about the public's health. That's where legislatures and governments come in. In my view you are the ones who must deal with the great problem of people being excluded from care – and dying.

You have the tool in your hands, a plan for health care for everybody, single-payer health care. It costs too much, you may say. But no one asked about money when, after September 11, the United States launched seemingly endless war in response to that earlier calamity. Besides, single – payer health care will cost less than our present system does, because profiteering will be restrained. Thank you.

Written testimony:

Poor children and poor mothers are dying. Take responsibility

— Tom Whitney, former pediatrician, South Paris, Maine

Childhood Death and Poverty: A Study of All Childhood Deaths in Maine, 1976 to 1980

William S. Nersesian, Michael R. Petit, *Pediatrics*, January 1985

Summary: “All child deaths occurring from 1976 to 1980 in Maine were studied. All children who were participating in social welfare at the time of death were categorized as children from “low-income” families. This group of children had an overall death rate 3.1 times greater than children who were not on a social welfare program at the time of death. Children from low-income families were at higher risk for disease-related deaths (3.5:1), accidental deaths (2.6:1), and homicide deaths (5.0:1) ... These data suggest that excess mortality is occurring among infants and children from low-income families in spite of Medicaid and other poverty programs.”

(Infant Deaths Tied to Poverty, Study Confirms, New York Times, December 15, 1995)

Excerpts: “A study released today by Federal health officials found that infant mortality rates were 60 percent higher for women living below the poverty line than for those above it. The Centers for Disease Control and Prevention said a survey of 21,583 mothers found mortality during the first year was 8.3 per 1,000 infants for women with incomes above the poverty level and 13.5 for those living in poverty ... The infant mortality gap linked to poverty was even more pronounced when researchers looked at the number of children who died after they were 4 weeks old but before their first birthdays. The children of women with low incomes were twice as likely to die during that period ...”

(When Women's Lives Don't Matter, W. T. Whitney Jr., Counterpunch, September, 2016)

Excerpts: “... [i]n Texas the maternal mortality ratio (MMR) had moved from 17.7 deaths in 2000 to 35.8 deaths in 2014. (The MMR refers to the number of women per 100,000 live births who die during their pregnancy or within 42 days afterwards and who die from causes related to childbirth.) ... The Centers for Disease Control (CDC) documented a rise in the MMR from 7.2 in 1987, to 14.5 in 2000, and to 17.8 in 2011. ... The United States in 2015 ranked 61st in the world in maternal health generally, according to The Save the Children organization ... In 2010, Amnesty International issued a report that strongly condemned U. S. governmental policies regarding maternal health. The title was “Deadly Delivery, the Maternal Health Care Crisis in the USA. ... it insisted that, “Discrimination is costing lives... [W]omen face barriers to care,

especially women of color, those living in poverty.” ... Women are dying because they are black, or because they are poor, or both. After all, white women giving birth in the United States are much more likely to die than their counterparts in dozens of other countries..” ... According to Amnesty International, ‘Health insurance companies’ primary responsibility is to shareholders and decisions about health care coverage and services may be influenced by financial concerns rather than driven by an assessment of the benefit to the public and to the individual.”

What’s the message?

- 1/ Poverty is one cause of excess and preventable deaths of women and children.
- 2/ That’s the case in part, according to studies, because of reduced access to care.
- 3/ Early and easy access to care for all women and children will save lives.
- 4/ All industrialized nations except the United States offer equal access to care; their death rates are low.
- 5/ Restricted access for US babies is a cause of high death rates. (56 other countries were lower in 2010)
- 6/ For health and for prevention of illness and death, health care must be available to all.
- 7/ Universally available health care is good preventative medicine.

General considerations

- 1/ Preventative medicine in the US needs a boost in order to match curative medicine.
- 2/ Discussion on health care these days centers on money: who pays, who gets.
- 3/ Discussion on health care outcome– who is sick or well, who lives or dies – is weak.
- 4/ It would be moral, just, humane, and democratic to guarantee readily accessible health care for all.
- 5/ Maine and the entire United States need a plan for health care for all.
- 6/ Maine needs **LD 1274**