

## U.S. mortality: Economic 'boom' is killing the children

by Marcia Merry Baker, John Hoefle, and Linda Everett

While you still hear rave reports of the nine-year "boom" in the U.S. economy, just look at the condition of American youth in the 1990s, and you know the opposite is true. The very patterns of death and illness among children over the past 30 years, show that the "boom" talk is a cynical fraud. The graphics here give a summary picture of the poverty and mortality trends evident in the vital statistics of the nation.

The top three causes of death for young people ages 1 to 19 are unintentional injuries—the majority of which are the result of *preventable risks*—homicide, and suicide. Fully 14% of all deaths among children 1 to 19 are from homicides as of 1995. Among Afro-American youths, the *rate of increase* in homicides and suicides, adds up to an epidemic. The suicide rate for older black teenagers has almost tripled since 1980. This is a public health emergency. At current rates, 1 out of every 1,500 Afro-American male teenagers will die of homicide or suicide each year.

On the local level, there is dramatic evidence of these killer trends. A report released on May 4 in Boston, by the Boston Public Health Commission, gives a neighborhood-by-neighborhood breakdown of the high death rate, the high rate of hospitalization, and other readings on the crisis. A *Boston Globe* article, headlined "Death Rates Linked to Poverty, Health Care Access; Black, Hispanic Men Dying Young," displayed maps showing which neighborhoods had high death rates, for men ages 15 to 24, from 1990 to 1996, especially for Afro-American teenagers, and Asians. The Boston Public Health Commission has named "young men's health" as a special focus area for action. Boston's chief medical officer, Dr. John Rich, commented on the new report, "I think we're seeing both the effects of poverty and lack of access to health care."

### More children living in poverty

Begin with the national picture showing increasing numbers of children in poverty. **Figure 1** shows the poverty trends for three age groupings in the country—those under 18 years old, those in the middle bracket of 18 to 64 years, and those over 64, from 1959 to 1995. Poverty in each of the years is defined by a very limited dollar-value annual income for the household.

What stands out at first glance, is the rising trend of the percentage of children living in poverty—from under 15% twenty-five years ago, to more than 20% as of the mid-1990s. According to the latest figures, an estimated 25% of all children are living in poverty today: more than 20 million young people. The percentage in poverty has risen during the very same years as the so-called economic "boom."

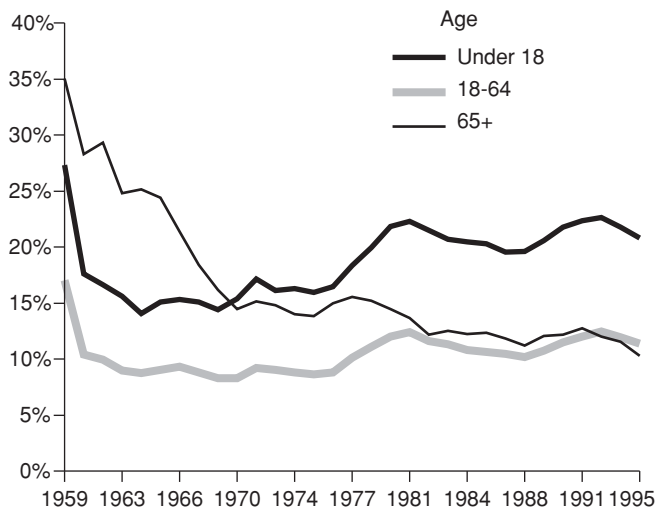
Note that as of the 1950s, the first decade when poverty categories were estimated, the elderly had the highest percentage of poverty in the nation. Then there was a decline, throughout the 1960s, of poverty for all age groups, followed by a levelling off in the 1970s. But, as of 1980, there begins a rise in impoverishment of young people—to the level of *twice* that of the other age groups; there also begins a rise in the rate of impoverishment of the elderly as of 1995. So much for the myth of "boom" times.

**Figure 2** shows more about children in poverty, in terms of the composition of the household, and the relatively higher rates of impoverishment for blacks or Hispanics, and for children in a one-parent family. Look at the extremes on the right-hand bar diagrams. In cases of an Hispanic household headed by a single female, more than 60% of the children are in poverty. In the case of a black female head of household, more than 50% of the children are in poverty; and the figure is more

FIGURE 1

### Poverty trends by age, 1959-95

(percentage of population)



Source: U.S. Bureau of the Census.

than 30% for similar white households.

The context for this snapshot view of child poverty is that entire sections of cities and states are deteriorating to the point of breakdown of physical and social conditions for life, as shown by the Boston example. Families do not have the physical means, nor the cultural hopefulness, to exist. Look at the increase in percentage of black children born to unmarried mothers. In 1970, this was 37.5%. But by 1980, more than half (56.1%) of all black children were born to unmarried mothers. As of 1996, this percentage rose to 70%, where it remains today. With the fact that a household needs several jobs to barely survive, the single female head of a household is put under impossible strains.

### Lack of health care

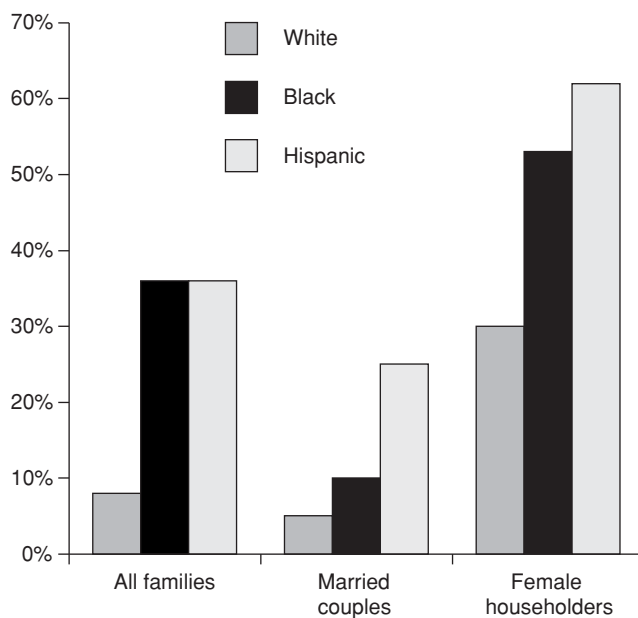
Along with impoverished circumstances, millions of children have no health-care coverage at all. **Figure 3** shows the situation across the country as of 1996, when 10.6 million children lacked health insurance of any kind. Today, the number is more than 11 million.

Look at the local and state patterns. The table gives the details for each state. In six states (darkest tone) in the south, more than 20% of the children living there had no health insurance coverage—a total of 2.566 million children. In the many states that have between 10 to 19% of children not covered by health insurance (lighter tone), some states such as California, stand out, where 1.631 million children have no health insurance.

As suggested by the map, the U.S.-Mexico border region,

FIGURE 2

### Percentage of children under 18 living in poverty by race/ethnicity and family



Source: Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1997* (as reported in *Health and the American Child, Part 1: A Focus on Mortality Among Children*, Public Health Policy Advisory Board, Inc., May 1999).

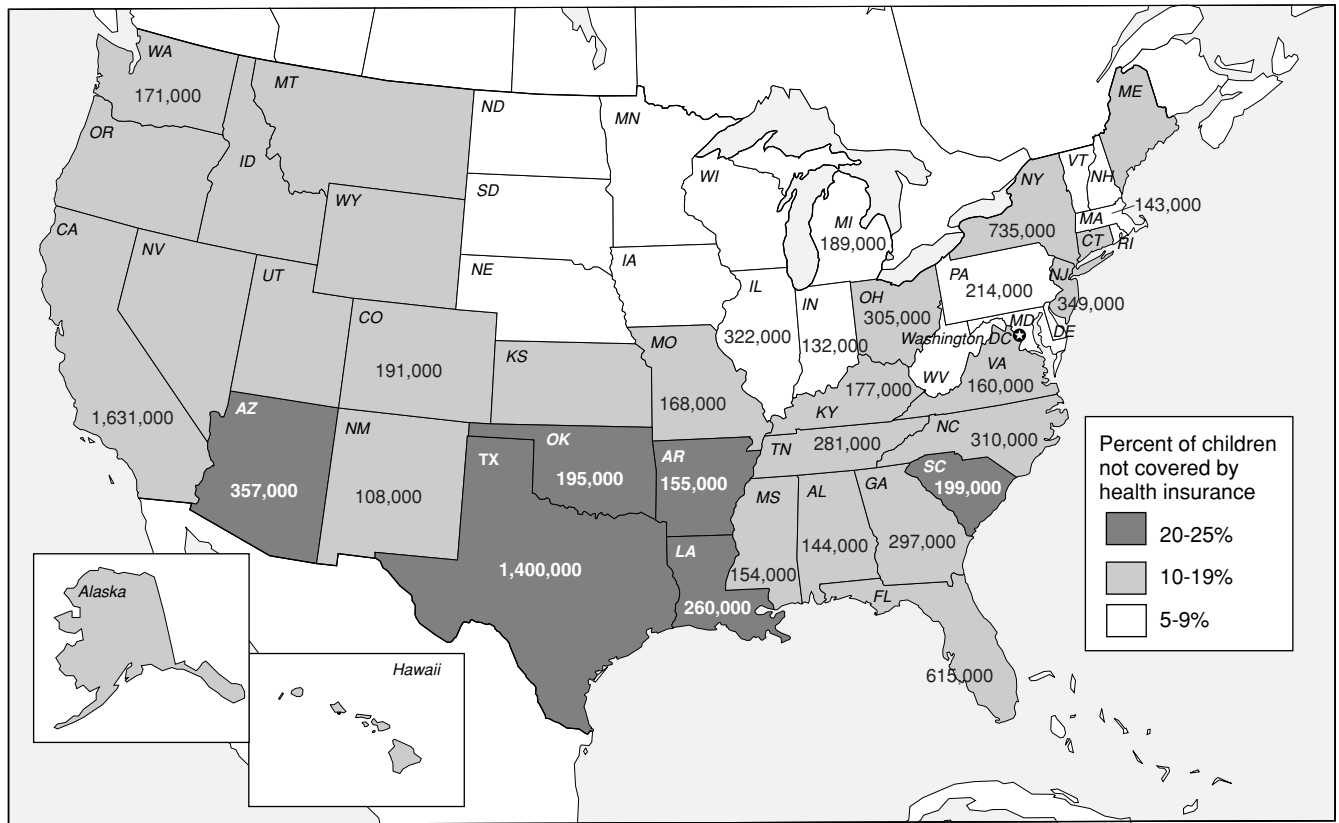
the “*maquiladora* gateway,” is among the worst in the country for lack of provision for children. Texas Gov. George W. Bush, who is aspiring to be President based on his “record,” is presiding over one of the states with the highest misery levels in the nation. Similarly, Vice President Al Gore, another Presidential aspirant, advocates “re-inventing government,” which replaces full-time jobs that have benefits, with contract labor with no benefits—the kinds of policies that led to the current crisis.

Even with full knowledge of the patterns shown on this map for 1996, Congress passed the so-called “Welfare Reform Act” (Personal Responsibility and Work Opportunity Reconciliation Act of 1996), which specified that immigrant families who arrived after Aug. 22, 1996 would receive no health care coverage for five years after their arrival. This has directly created harm to children, and a national public health threat. One out of every five children under age 18 living in the United States today, is an immigrant, or has immigrant parents.

The five major states with large Hispanic and other immigrant populations are California, Texas, Florida, New York, New Jersey, and Illinois. There are health threats specific to communities and nations-of-origin all around the country. For example, in Boston, the incidence of hepatitis B among

FIGURE 3

**10.6 million children in the United States not covered by health insurance, 1996**



Source: U.S. Bureau of the Census; Statistical Abstract of the United States: 1998.

young males of Asian or Pacific Islander descent today, is 218.8 per 100,000 people, or nearly 21 times higher than the rate among the general white male resident population in the area, of 10.5 (for the years 1991-97).

**Figure 4** shows the percentage of children lacking health insurance, according to their citizenship and immigrant status. The percentage of non-citizen children lacking health care, especially in black and Hispanic households, is very high.

On May 5, Sen. Dianne Feinstein (D-Calif.) raised the alarm at a Senate Judiciary Committee hearing, stating, “People are dying, and we are going to have a major public health contagion problem in California unless we get this cleared up.” She called on Attorney General Janet Reno to order the Immigration and Naturalization Service to take action. Feinstein reported on the crisis:

“People are essentially forgoing essential health care because they wrongly believe that their participation in government-run health programs will jeopardize their immigration status or the status of family members in the United States.

“Recently we’ve had a death in Orange County of an

infant who died after receiving an injection in the back room of a local gift shop. And all throughout my state, these illegal, non-medical treatment facilities are setting up to deal with the problem.

“In California alone, 1.7 million children go without health insurance — despite the existence of a Federal program that offers low-cost medical care. And in some areas of Los Angeles, only 30% of preschool youngsters have been immunized.

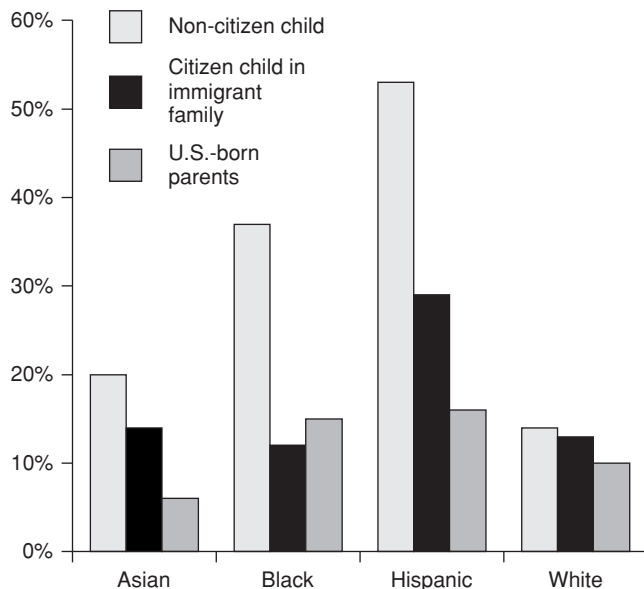
“I was just in Orange County, at a center: 37,000 youngsters have no immunization at all, because they’re afraid to register — that their immigration status will be jeopardized.”

**Vaccination crisis**

In 1995, the United States nationally had a vaccination rate of 75%, meaning that many states were lower than that, for example, Missouri (67%), Nevada (68%), Arkansas (69%), and Illinois (69%). And many localities, such as the Los Angeles immigrant communities, were down to 30% and under. Denver authorities are worried about the public health threat of measles and whooping cough (pertussis) from lack

FIGURE 4

**Percentage of children without health care insurance, by citizenship status, 1995**



Source: *Current Population Survey*, March 1996. Brown et. al. (1998) (as reported in *From Generation to Generation/The Health and Well-Being of Children in Immigrant Families*, National Research Council Institute of Medicine, May 1998).

of inoculations. So are many other other cities with large immigrant communities.

Apart from these obvious problems related to lack of medical care and spread of infectious illness, there are also other disease impacts from demoralization and poverty showing up in statistics about children. Over the last two decades, obesity has shot up. The rate of obesity rose from 5.5% among children aged 6 to 11 in 1971-74, up to 13.6% in 1988-94. Likewise, for children aged 12 to 17, the rate went from 6.2% in 1971, up to 11.5% in 1988-94. Medical personnel are now reporting a marked increase in rates of Type 2 diabetes (usually an adult condition) among young people.

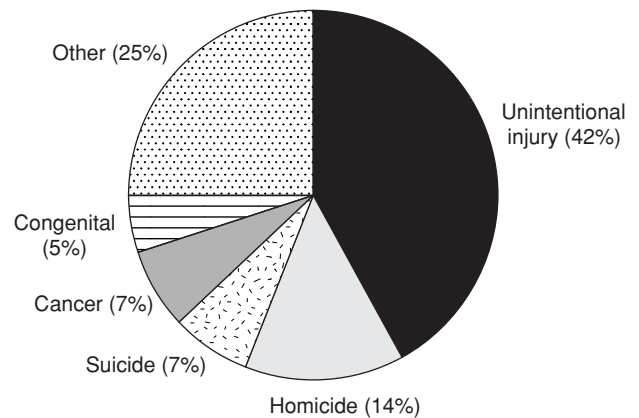
**Causes of death in children**

**Figure 5** shows the percentage breakdown of the causes of death in children, as of 1995, a pattern which has not improved since. The leading causes of death are: unintentional injury (42%), homicide (14%), suicide (7%), cancer (7%), and congenital anomalies (5%), with the remaining 25% accounted for by a variety of causes including pneumonia/influenza (1.2%), HIV (1.5%), and chronic obstructive pulmonary disease (1%).

In the course of this century, great strides were made to reduce the mortality rate for infants, children, and young people, mostly through a decrease in biological factors (vaccinations, antibiotics, pasteurization, improving hygiene, medi-

FIGURE 5

**Percent distribution of mortality in children (age 1-19) by cause, 1995**



Source: *CDC Wonder Mortality Statistics*, Centers for Disease Control, 1998 (as reported in *Health and the American Child, Part 1: A Focus on Mortality Among Children*, Public Health Policy Advisory Board, Inc., May 1999).

cal advances.). For example, for children ages 1 to 4 years, the death rate per 100,000 dropped by 98%—from 1,980 in 1900, down to 40 in 1990. The same is true for other age groups.

However, in recent decades, the rate of death from *non-biological* causes, namely, increased risk factors in the environment—such as riding in cars, drug abuse, violence, exposure to homicide and likelihood of suicide, and drug- and alcohol-related factors in the home—have *not decreased* at appreciable rates. In some age groupings, for example, 15 to 19 years of age, and for African-American males, these factors have *increased significantly*.

**Figure 6** shows the major causes of death due to injury, by age grouping in 1995, for the top three categories of mortality—unintentional injury, homicide, and suicide.

What stands out, is the rising rates of all three from ages 5 to 19. (For infants, injuries account for under 5% of all deaths, because 80% of the infant death rate comes from problem conditions arising in the perinatal period.) The bar diagram shows that in the 15- to 19-year group, unintentional injury is 36%, homicide 17%, and suicide 10%.

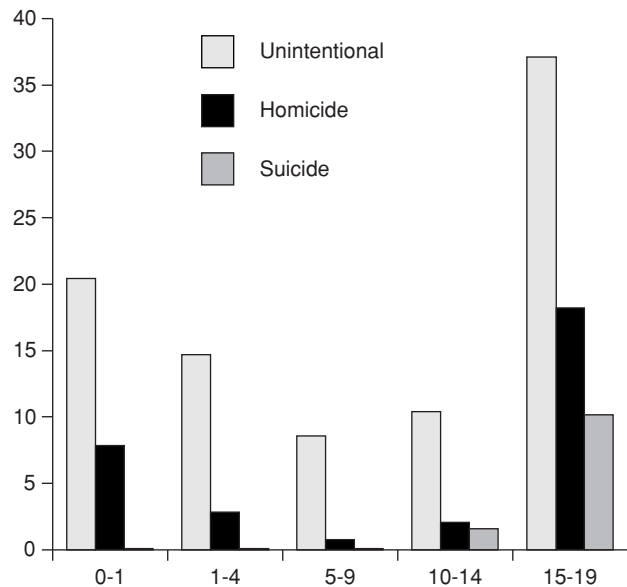
The majority of the injury deaths are caused by automobile crashes or firearms accidents. Vehicle crashes are the leading cause of injury deaths in children, and, in 1995, added up to almost 8,000 deaths, or about 60% of all deaths caused by unintentional injury to young people ages 1 to 19. Other factors are drowning, falls, and fires. If there were development of urban mass transit and interstate railroads, the death rate would drop dramatically among all age groups.

Moreover, the takedown of the nation’s passenger rail and mass transit systems accounts for a large number of non-fatal injuries, with deep impact on the families and the economy. In

FIGURE 6

**Major causes of death due to injury, by age, 1995**

(deaths per 100,000)



Source: CDC Wonder Mortality Statistics, Centers for Disease Control, 1998 (as reported in *Health and the American Child, Part 1: A Focus on Mortality Among Children*, Public Health Policy Advisory Board, Inc., May 1999).

1995, when there were 13,234 deaths caused by unintentional injury, there were also 5.8 million children hospitalized for unintentional injury of some type—which is 400 times the number of deaths.

**Black youth mortality emergency**

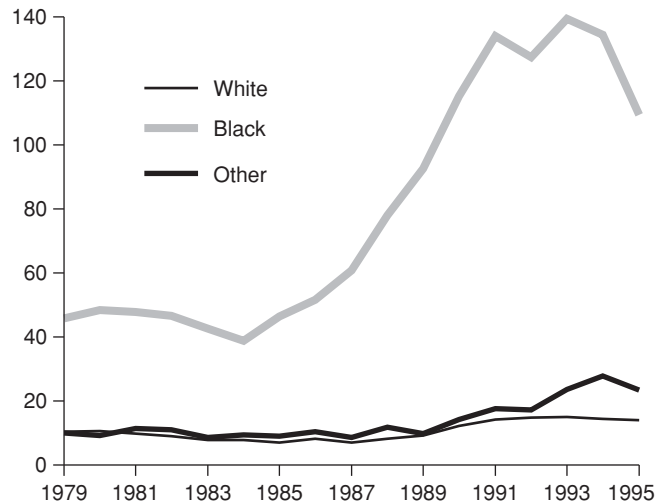
When the homicide and suicide rates are looked at, by sub-group of young people, over time, as shown in **Figures 7-9**, the national public health emergency is clear. Figure 7 shows that, while homicide rates were static until about 1985, after which the rate among black males soared. Likewise, Figure 8 shows the soaring increase in rate of suicide among black males, beginning around 1985, and a steady increase among white teenagers since 1979. Suicides of white male teenagers is the highest of any sub-group. Figure 9 shows the results of a survey in 1995, about the prevalence of firearms in schools, which has worsened since.

Speaking as medics, the Public Health Policy Advisory Board, stated in its special report released in May, “Because of the devastating nature of homicide and suicide, the epidemics among black males constitute a genuine health emergency demanding immediate and careful scientific inquiry, unrelenting commitment to understand causation, and aggressive preventive action” (see references).

FIGURE 7

**Trends in homicide rates in males, age 15-19, by race, 1979-95**

(deaths per 100,000)

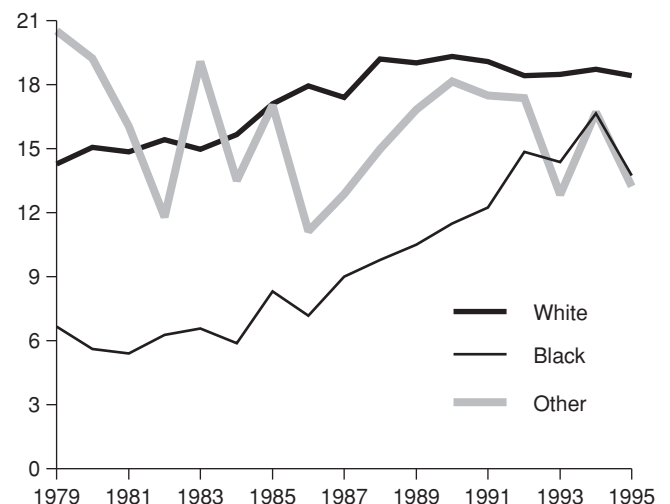


Source: CDC Wonder Mortality Statistics, Centers for Disease Control, 1998 (as reported in *Health and the American Child, Part 1: A Focus on Mortality Among Children*, Public Health Policy Advisory Board, Inc., May 1999).

FIGURE 8

**Trends in suicide rates in males, age 15-19, by race, 1979-95**

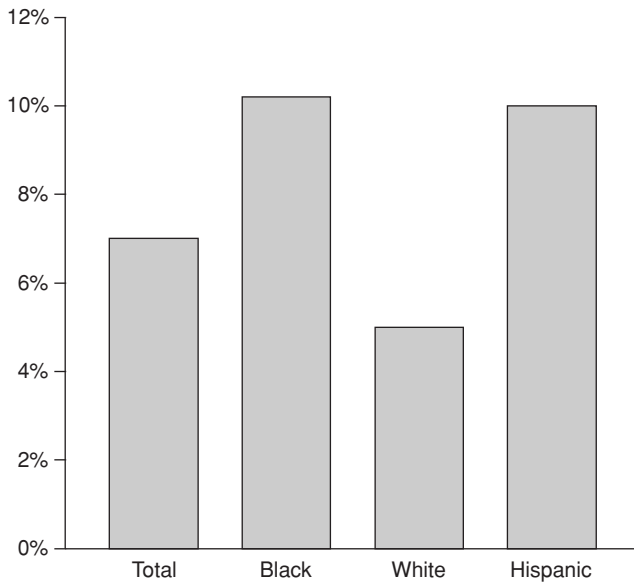
(deaths per 100,000)



Source: CDC Wonder Mortality Statistics, Centers for Disease Control, 1998 (as reported in *Health and the American Child, Part 1: A Focus on Mortality Among Children*, Public Health Policy Advisory Board, Inc., May 1999).

FIGURE 9

**Proportion of teens in grades 9-12 who report bringing a gun to school in the last 30 days, 1995**



Source: U.S. Dept. of Health and Human Resources, *Trends in the Well-Being of America's Children and Youth, 1997* (as reported in *Health and the American Child, Part 1: A Focus on Mortality Among Children*, Public Health Policy Advisory Board, Inc., May 1999).

In fact, as *EIR* has shown in the past several years of special reports documenting the collapse of the economy, the solution, in order to decrease the toll of death and misery among people of all ages, is to start taking emergency measures to restore the economic base of the nation, and provide grounds for hope and a future.

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**Commentary: Stanislav Menshikov**

**Yeltsin halts Russian economic upswing**

*Prof. Stanislav Menshikov, based at the Erasmus University in Rotterdam and also associated with the Central Mathematical Economics Institute of the Russian Academy of Sciences, wrote this analysis on May 13, the day after the dismissal of Yevgeni Primakov as Prime Minister of Russia. Originally directed to a Russian audience, the article has been translated by Rachel Douglas.*



Yeltsin's removal of Primakov was greeted in the business world abroad with some consternation. Experts here were particularly surprised by Yeltsin's explanation, that nothing had been done for the economy under Primakov and that total stagnation had set in. Experts are saying, "Your President is clearly not well briefed. He is cutting off an upswing that has just begun."

After Primakov's first months in office, when the business world abroad, taking our "reformers," at their word, had viewed him with some skepticism, recently opinions in the West had abruptly improved. The undeniable achievements of the government, now dismissed, were making an impact. Among them:

- Stabilization of the exchange rate of the ruble, which during April and early May rose against the dollar, instead of continuing to fall. This is important, insofar as our domestic prices largely depend on the ruble's exchange rate.
- As of this spring, the Primakov government had managed to stabilize inflation, which fell to the level of 3% in March and April.
- The government was able to improve tax collection, contrary to expectations, and sharply reduced the federal budget deficit. After Kiriyenko and Chubais, when our financial system virtually disintegrated, this is viewed as nothing short of miraculous.
- Contrary to panicky predictions that Yuri Maslyukov and Viktor Gerashchenko would crank up the printing press and unleash hyperinflation, the government and the Central