Infant mortality

US improvement halted

Washington

A SUDDEN halt in the improvement of US infant mortality statistics after two decades of dramatic progress is turning into a political issue for the Reagan administration as critics charge that cuts in social programmes are to blame.

From 1965 to 1981, infant deaths declined from 24.7 per 1,000 live births to 11.9. But in 1982 and 1983, the rate of improvement began to level off, to 10.9 per 1,000 in 1983, the latest year for which complete statistics are available. Preliminary data suggest that there was virtually no improvement in 1984. And public health researchers say that the death rate has actually increased in about 10 states in the past few years.

After first suggesting that the slow-down was merely a statistical fluctuation, Dr Edward Brandt, just before leaving his position as Assistant Secretary for Health last December, acknowledged in a letter to state health officials that the problem was "worrisome". The administration has refused to comment directly on accusations that cuts in medical and food assistance programmes to the poor are to blame.

A study released last month by the Institute of Medicine (IOM) of the National Academy of Sciences lends credence to the critics' charges. It found a substantial link between inadequate prenatal health care and low birth-weight, the single greatest

drop that began in 1965 coincided with the start of the "War on Poverty" programmes, such as federally-funded neighbourhood health centres. And according to Dr Julius Richards, who was assistant secretary of health during the Carter administration, 725,000 people have lost services at community health centres as a result of Reagan administration budget cuts. A study in Boston found that the infant mortality rate in areas of the city served by five such centres that suffered budget cuts increased by 46 per cent in 1982 over the previous years.

The group pointed to another clue for the slowdown: while mortality rates for infants less than one month old continue to fall, the rate for infants between one month and one year old may actually be increasing. Neonatal intensive care units are allowing more low-birth-weight infants to make it through the first 30 days, but more of these high-risk infants still die within the first year of life.

The experience of other countries suggests, however, that the United States can still make considerable progress — but it will take something other than advanced medical technology and intensive care units. The United States has one of the higher infant mortality rates among the industrialized nations; much of the difference, according to the IOM study, can be explained by the difference in incidence of low birth-weights. And, perhaps, more to the point, the rate of decline in infant mortality rates in the United States (until the recent slow-down) was in line with the rate of decline in other countries with substantially lower rates, according to Dr Sam Shapiro of Johns Hopkins University, which suggests that rapid progress remains a reasonable goal.

The Public Health Service is for the time being limiting its response to assisting the states in planning studies of infant deaths and identifying possible corrective steps. With the incorporation of federal service programmes into block grants to the states under the Reagan administration, it is up to the states to take those steps.

Stephen Budiansky

European synchrotron source

More horse-trading on sites

MONEY, finally, will probably decide where and when the long-awaited European Synchrotron Radiation Source (ESRS) is built. Denmark's representatives, at the latest meeting of the "Levaux committee", established by the European Science Foundation to select the ESRS site, offered 30 per cent of the capital cost if the source went to Risø, Denmark's national nuclear laboratory. Italy's delegation offered 50 per cent if it went to Trieste, a lost corner of Italy that the government dearly wishes to develop. But the French and West Germans together proposed Grenoble, near the French Alps, and offered 68 per cent (39 per cent from France and 29 per cent from West Germany). The British could have had the casting vote (preferring Grenoble), but could offer no money. And Austria and Switzerland also professed a cashless interest in the Franco-German proposal.

Meanwhile, however, the third most important figure in the French government, socialist Louis Mermaz, president of the French national assembly, has lost his seat in Grenoble as the president of the regional assembly. It was widely supposed that it was to protect Mermaz that, at the last moment, France switched its allegiance from Strasbourg (near the German border) to Grenoble. So will the French choice now revert to Strasbourg (which Germany always preferred)? "No. I don't think so. It's decided", said a French research ministry spokesman on Monday.

According to the French ministry, the Levaux committee heard site reports on Risø, Trieste and Grenoble which showed

them indistinguishable on all technical counts, including vibrations and geology — whereas the handful of Grenoble sites had been in question as being close to an autoroute and the Alps. "The most dangerous vibrations come from the life of the machine itself", the French ministry claims. Thus the only distinguishing factor was money, and here France and Germany are ahead.

Nevertheless, even the Grenoble proposal comes 32 per cent short of the capital required, and France and Germany will be seeking new (paying) partners. But they will make entry as easy as possible. Thus in June, France and Germany will set up a steering committee ("provisional administrative council") to which all nations are invited "even if they can't say the exact amount they will pay". Nations that admit they cannot pay will be invited as non-voting observers.

During this year, the council will nominate a director-general, set up a scientific council and seek the cash to begin construction. If the money is found, construction will begin in the summer of 1986. Could ESRS go ahead as a purely Franco-German project (as the high-flux neutron facility, the Institut Laue-Langevin, began)? Robert Comès, whom the ministry has nominated as preliminary representatives of the Centre National de la Recherche Scientifique on ESRS, says the facility "should be European", and as French political thinking is at present strongly in favour of European initiatives and research, a Franco-German breakaway seems unlikely.

Robert Walgate

risk factor in infant deaths. And the number of women visiting a physician in the first three months of pregnancy decreased in 1982 after increasing steadily during the 1970s. (The decrease was greater among black women than white women. The infant mortality rate for blacks remains twice that for whites in the United States, as it was in 1965. Black women are also about twice as likely as white women to give birth to low-weight babies.)

Those who draw a connection between the infant mortality trends and social programmes point out that the dramatic