

## **Healthier beginnings**

### **What the world can learn from Pittsburgh**

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By Bill Frist

When world leaders chart a course toward a more prosperous future at next week's G-20 summit, Pittsburgh can inspire in more ways than one.

The city built on steel has renewed its shine as a center for research and technology and become a model for economic comeback. When this recession recedes, Pittsburgh is poised to jump far ahead of cities where "rust belt" still rings true.

But progress is not measured solely in economic terms. Presidents and prime ministers should note a different kind of progress that Pittsburgh pursued and achieved in the years it was still building its first boom. This kind of progress has yet to reach many parts of the planet, but, in the interests of all, must.

Sustainable recovery and long-term economic growth depend on improving the well-being of the world's most vulnerable people and ensuring they, too, participate in recovery. To that end, improving the health of children and mothers is fundamental.

In 1920, Pittsburgh had the worst recorded infant mortality rate of any large U.S. city. Some of the oldest residents of Pittsburgh today started life with the same odds of reaching their first birthday as newborns in Somalia do now. One in nine babies died.

Several other cities also had dismal records, but Pittsburgh's last-place ranking prompted the federal government to make a case study of the city. After World War I, the United States had recognized that resilience and continued growth depended on healthy babies who would grow into strong, productive adults.

In "Infant Mortality in Pittsburgh," the Children's Bureau of the U.S. Department of Labor recorded diarrhea and pneumonia as the most-common infections killing babies in Pittsburgh. Remarkably, despite decades of medical advances and low-cost, easy-to-administer treatments, this still holds true in the developing world.

The study also noted that nearly half of Pittsburgh's infant deaths occurred in the first month of life from prenatal or birth-related causes. Today, this remains

by far the most dangerous month of life in poor countries. Nearly 4 million newborns die every year, half on the day they're born.

In analyzing Pittsburgh nearly 90 years ago, the Children's Bureau wrote that most newborn deaths had already been "clearly demonstrated" to be "largely preventable." Yet, the kind of basic health services and practices that Pittsburgh subsequently embraced are still lacking in many countries today.

In the 1920s, the Children's Bureau laid out a clear prescription to reduce infant deaths: prenatal care, skilled care at and shortly after birth, and instruction for mothers on proper care of their new babies.

In Pittsburgh, the Urban League, settlement houses and the Public Health Nursing Association took up the cause with gusto. Backed by supportive federal policy and insurance coverage, these groups spread practices like training new moms on hygiene and feeding, home visits and skilled attendance in birth.

The outcome? By the mid-1930s Pittsburgh had cut its infant mortality rate in half.

The same low-tech, largely low-cost solutions could save millions of lives today if like-minded political leaders step up to the plate. A growing number of poor countries are realizing their future development depends on a strong foundation of health and nutrition for children. But resources are scant and the needs many for the world's poorest, those hit hardest by the global recession.

The World Bank has estimated that annually up to 400,000 children who otherwise would have survived may die because of the downturn. Bank President Robert Zoellick is now pressing the point that developing nations' growth is essential to building the more balanced global economy needed to stave off another devastating shock like the world experienced in the past year.

Mr. Zoellick is urging leaders meeting in Pittsburgh to enact the \$20 billion food security initiative they announced at the G-8 meeting in L'Aquila, Italy, in July. That's critical, and alone could save many lives, as a third of all child deaths before age 5 have malnutrition as an underlying cause.

G-20 leaders also have a key opportunity to promote policies offering a healthy start to the world's most vulnerable children. In L'Aquila, the eight leading industrialized nations took an important step in this direction. That summit's official declaration recognized the importance of improving maternal, child and

newborn health and how (90 years after Pittsburgh was told so) effective measures to prevent child deaths are proven and available now.

But world leaders passed on committing resources or introducing a mechanism to spur concrete action to help poor countries. Now it's time they tell developing countries: If you produce a viable plan to reduce child deaths, we will not allow you to fail for lack of resources.

Nine years ago, world leaders made solemn commitments to save children and mothers by endorsing the Millennium Development Goals. G-20 leaders should reaffirm those commitments. The world would gain millions of healthy citizens to boost global demand and productivity for generations to come.

Let's hope Pittsburgh's historic drive to cut child deaths can inspire more of the same at a time the world needs this city's brand of economic resilience.

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**Former U.S. Senate Majority Leader Bill Frist**, a physician, is the chairman of Save the Children's Survive to 5 campaign.

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