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## Black Infant Deaths Point to Flaw in U.S. Health Care System

By Vanessa Lopez-Littleton  
UCF Forum columnist  
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In a recent interview on *The Daily Show*, TV host Jon Stewart asked Fox political commentator Bill O'Reilly: "Does white privilege exist?" O'Reilly denied the existence of white privilege but conceded that as a collective, blacks carry more of a burden than whites.

What exactly is the burden?

Some argue the burden is carried within different institutions such as education, employment, housing, or the criminal-justice system. While others assert that the burden — if it does exist — is an individual responsibility and not really a public-health concern.

But when it comes to health disparities the burden is obvious, as a myriad of social and individual risk factors combine to form the disadvantage for blacks. Blacks in the United States have a [greater risk](#) of illness, injury, disease and death than other racial and ethnic groups.

Often cited as a key indicator of the health of a nation, [infant mortality](#) is a reflection of maternal health, socioeconomic conditions, health care services, and public-health practices. The Organization for Economic Co-operation and Development notes that despite spending substantially more on health care than any other country, the [United States' infant-mortality rate](#) is on par with developing countries such as Poland and Lithuania. More socioeconomically comparable countries such as Japan, Norway, and Sweden have infant-mortality rates less than half the rate of the United States.

According to the [National Centers of Health Statistics](#), the disproportionately high rate of black infant deaths contributes substantially to the poor ranking of the United States.

Black infants born in the United States are more than [twice as likely to die](#) before reaching the age of 1 than infants in other racial and ethnic groups. While the overall rate has fallen dramatically over the past five decades, there is a pervasive and persistent difference between the rates of blacks and whites. According to the [NCHS](#), in 2010 the infant-mortality rate for blacks (11.46 percent) was nearly the same as whites (5.18 percent) in the 1980s, a near 30-year lag.

These disparate outcomes persist at all income and education levels and without regard to insurance status. As an illustration, the center says [black women with a college degree](#) have worse pregnancy outcomes comparable to white women with an eighth-grade education.

Why is this a public health problem and not an individual problem?

Preterm birth is the single-largest contributor to infant mortality, and black women experience preterm births at a rate nearly three times the rate of white women. Yet, the Institute of Medicine reports black women are only slightly more likely to receive medication to delay the onset of early labor.

Studies have found that black women are less likely to receive ultrasounds and amniocenteses but are more likely to undergo riskier procedures such as cesarean sections. These issues point to disturbing questions about access to care, quality of care, and the lack of accountability in the healthcare system.

Black health disparities inflate the overall morbidity and mortality rates, costs taxpayers billions of dollars each year, and contribute to inefficiencies in the healthcare system. The [IOM](#) contends health disparities are socially produced, systemic in their distribution across the population, unfair, and preventable. As a consequence, health disparities are a matter of social justice.

The [U.S. Census Bureau](#) predicts that by 2043 the United States will be a majority minority nation with minorities comprising 57 percent of the population and blacks 14.7 percent. Addressing the fundamental causes of poor health outcomes of racial and ethnic minorities will become a greater public-health issue.

How do we begin to lift the burden?

Because we are a nation that values diversity, we must understand why disparities remain entrenched throughout many of our systems. Lest we forget, we are a nation not so far removed from slavery and yet to overcome the insult of the oppression or address the aftermath. Although the institutions of slavery and the Jim Crow era have ended, residual effects remain embedded within many of our social systems and institutions.

As a nation, we have failed to allow the wounds of our history to heal properly. But as with any wound, after the insult has been removed, a proliferation period is needed to rebuild what was broken and a maturation period is required to allow remodeling to take place. Although some of the burden resides on the individual, advocacy for social justice is also a necessary part of reducing health disparities.

As a society, we must come to realize that good health outcomes are not just privileges for certain segments of the population but are privileges to which every U.S. citizen should be entitled.

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