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*“Saving the Children: Mission Possible”*

For many Americans, the “right to life” brings to mind the debate over abortion. The same phrase provokes other listeners to ponder the death penalty. But the right to life is equally at stake in a much broader range of contexts.

Consider the global struggle to save the lives of young children. During the 1980s, the death rate for infants and children under five years of age fell by 20% worldwide. The payoff: twelve million children were given the gift of life.

But in the 1990s the rate of improvement dropped by half, to only a 10% reduction in infant and young child mortality. By 2007, the world is still silent witness to the deaths – mostly avoidable - of 28,000 babies and toddlers every day.

Unlike many intractable problems of human rights, this one can feasibly be addressed and largely overcome with a modicum of effort.

That is the hopeful lesson of a report released this week by the group, Save the Children. It explains that 94% of all child deaths in the world occur in 60 developing countries. From 1990 to 2005, about one third of those countries made no progress or fell back, and one third made modest progress, while another third succeeded in cutting their child death rates by 20% or more.

Fortunately, two of the ten most improved countries are also the world’s most populous nations. China nearly halved its death rate for children under age five between 1990 and 2005, dropping the rate from 49 per 1,000 -- or one in 20 young children -- to only 27 per 1,000. Although India lags far behind China, it too made impressive strides, cutting its mortality rate in the same period from 123 per thousand young children down to 74 per thousand.

Five of the other top ten most improved savers of children are also among the world’s most populous nations: Indonesia, Brazil, Mexico, Bangladesh and Egypt. Egypt, the single most improved country in the world, slashed its young child mortality rate by two thirds, from 104 down to only 33 per thousand.

Further good news is that the strategies used by the top performers are accessible and affordable even in poor nations. Family planning was a key factor. In the five countries making the greatest progress, women’s use of contraceptives rose and birth rates declined. As a result, mothers were less prone to physical debilitation from constant childbirth, and families could focus more of their resources to care for each child.

While religious views on family planning vary – the Vatican, for example, opposes artificial contraception -- other low-cost techniques were important as well. Malawi distributed mosquito nets to protect sleeping children from malaria. Nepal trained 50,000 mostly illiterate mothers to give children vitamins and vaccinations. Egypt launched public health campaigns to teach the importance of hand-washing.

Poverty aggravates child mortality rates everywhere. Yet poverty need not be a death sentence for entire populations of children. This is proved by the remarkable progress in one of the world's poorest nations, Bangladesh, which between 1990 and 2005 brought down its child death rate from 149 to 73 per thousand.

The good news, then, is that millions of children can be saved through common sense, economical efforts.

But there is also bad news. In ten countries – eight in Africa and two in Asia -- there were alarming increases in young child mortality rates, due in part to the ravages of AIDS and wars. AIDS took a staggering toll of young children in Zimbabwe, Swaziland, and even in relatively prosperous Botswana, where the death rate doubled from 50 per thousand in 1990 to 120 per thousand in 2005.

War took its toll in Rwanda, where the pre-genocide child death rate of 173 in 1990 swelled to 203 per thousand in 2005.

Tragically and tellingly for American foreign policy, however, the worst increase in child mortality in the world took place in Iraq. The combined effect of punishing economic sanctions in the 1990's, and the war launched against Iraq in 2003, more than doubled the death rate for Iraqi babies and young children from 50 per thousand in 1990 to 125 per thousand in 2005.

In counting the casualties and costs of the ill-fated American invasion of Iraq, then, it is not enough to count civilians killed by violence. Children who die from the combination of malnutrition and the degradation of water, sewage and medical infrastructure, must be added to the total carnage.

The lessons for American foreign policy are clear. We can intervene, for good or ill, either to protect or to endanger the right to life of young children overseas.

On the one hand, for a relatively small cost, we can provide mosquito netting, vitamins and training to poor mothers. On the other hand, for a relatively high cost, we can plunge a country and its children into a death spiral. The next time America contemplates a military adventure, we should make sure to count all the costs before, not after, deciding whether to go to war.

**Doug Cassel's commentaries are generally broadcast Wednesdays during the noon hour of the Worldview program on Chicago Public Radio, 91.5 FM, and rebroadcast at 9 PM in the evening. Views expressed are personal views of the author and not necessarily those of Notre Dame Law School, the Center for Civil and Human Rights or Chicago Public Radio.**