When Cities Fail, Babies Die
Monica J. Casper

Former hotel and houses opposite Roosevelt Park, Detroit, 2011 (cc) Jason Mrachina/Flickr.

_Detroit, Michigan is often identified as the worst city in the United States, with excessive poverty, racism, and social disorder. The city also faces high infant and maternal mortality rates. Monica Casper explores interconnections among these issues._

**Motor City**

_Detroit, Michigan, has been in the news in recent years as a city in horrific decline, a post-apocalyptic hub of industrial collapse, white flight, acute poverty, and municipal malfeasance. Once the nation’s economic engine with automobile manufacturing at its thriving base, bankrupt Detroit is now the American Dream gone tragically awry. Little wonder the state’s largest city is a favored subject of ruin porn, a hybrid art form that photographically documents urban decay and the_

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disintegration of built environments. Eerily beautiful images of abandoned buildings have come to symbolize Detroit in our national imaginary. This Midwestern city is a twenty-first century dystopia, the poster child for conservative and liberal imagined futures alike.

In 2013, Forbes named Detroit prominently among a handful of “failing cities” for which the US is increasingly becoming globally known. That same year, on 60 Minutes, Bob Simon remarked, “[Detroit] looks like it has lost a war. It could be Dresden after the Allied bombing.” In a subsequent interview, he likened the city to Mogadishu, Somalia, “the worst place I’ve ever been.” The stark continue: a 2014 article describes Detroit’s excessively high infant mortality rate as “worse than Mexico’s.” Another notes rates higher than China and Thailand, while a 2010 article describes Detroit’s infant mortality rate as “higher than Panama, Romania, and Botswana.” A 2014 article on high maternal death rates in Detroit offers similar comparisons, referencing mortality rates higher than Libya, Uruguay, and Vietnam. It seems that Detroit’s dismal reality can only be fully grasped by invoking the specter of privation and decrepitude in the Global South.

Figure 1. Infant-mortality rate press conference in Baltimore, 2013

Indeed, the city has become, according to some commentators, “a third-world country within US borders,” with dangerous and deadly consequences for its remaining inhabitants, especially the most vulnerable. In 2010, Detroit’s infant mortality rate was 13.5 deaths per 1,000 live births, double the national average (Bouffard 2014). The infant death rate among African Americans, who make up 84% of Detroit’s population, was even higher at 14.2. In 2012, according to Deprez and

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4 See, for example: [www.huffingtonpost.com/2013/12/30/detroit-ruins_n_4519731.html](http://www.huffingtonpost.com/2013/12/30/detroit-ruins_n_4519731.html).
Christoff (2014), that rate had climbed to 15 deaths per 1,000 live births. Black families in Detroit disproportionately carry the burden of high infant mortality rates, as they do nationwide. Indeed, Detroit has been named “the deadliest city” for children of all ages, with prematurity and violence as the leading causes of death. African-American women in Detroit die from pregnancy-related causes at three times the national average.

**Mortality matters**

Infant mortality references the death of a child younger than one year and has long been viewed as a bellwether of national health and status. In the US, a reduction in infant mortality rates since the turn of the 19th century is considered one of the nation’s greatest public health success stories. In the early days of the 20th century, 100 babies died for every 1,000 live births (Meckel 1990). In some cities, the infant mortality rate was as high as 30%. Efforts to improve infant and maternal survival included formation of the Children’s Bureau in 1912 and the Sheppard-Towner Maternity and Infancy Act of 1921, which led to the creation of maternal and child healthcare centers across the US, especially in rural areas (Wilson 2007). From 1915 through 1997, partly as a result of these social welfare efforts, as well as improved standards of living, the infant mortality rate in the US declined by 90%.

However, progress has been uneven and significant racial disparities persist. In the US today, the overall infant mortality rate is 5.87 deaths per 1,000 live births. Yet, among African Americans, the rate is 11.3 deaths. Among Native Americans, the rate is 7.6 deaths. In some US cities, like Detroit, the infant mortality rate is more than twice the national average. In State of the World’s Mothers 2015, which documents “an urban disadvantage” in infant death, Detroit, Cleveland, and Baltimore fare especially poorly. The report also notes, “among capital cities in high-income countries, Washington, DC, has the highest infant death risk [6.6 deaths per 1,000 live births] and great inequality”—triple the rates of Tokyo and Stockholm.

Detroit, in the wake of colossal fiscal meltdown and infrastructural collapse, is a massive social Petri dish for understanding urban health disparities. Focusing on infant and maternal mortality in this formerly booming city can tell us a great deal about racism, persistent racial inequalities, and the production of structural vulnerability across certain populations (McClain 2014). As Deprez and Christoff (2014) write, “While infant mortality fell for decades across the US, progress bypassed Detroit, which in 2012 saw a greater proportion of babies die before their first birthdays than any American city…Pregnancy-related deaths helped put Michigan’s maternal mortality rate in the bottom fifth among states.” Detroit, it seems, is where babies—and their mothers—come to die.

**Neoliberal responses**

Despite the obvious structural roots of Detroit’s infant mortality crisis, the city’s response is emblematic of broader trends. That is, clinical and policy responses to premature and preventable infant death across the US tend to focus attention on mothers rather than on structures. As I have

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18 See; for example: [www.cdc.gov/mmwr/preview/mmwrhtml/mm4838a2.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4838a2.htm).
19 See: [www.cdc.gov/mmwr/preview/mmwrhtml/mm4838a2.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4838a2.htm).
20 See: [https://cb100.acf.hhs.gov/Cb_ebrochure](https://cb100.acf.hhs.gov/Cb_ebrochure).
21 See: [www.cdc.gov/mmwr/preview/mmwrhtml/mm4838a2.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4838a2.htm).
23 See: [www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/SOWM_2015.PDF](http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/SOWM_2015.PDF).
argued elsewhere, “pregnant women are the terrain in and through which battles against infant mortality are waged. Though infant mortality is routinely framed as an epidemic, interventions to reduce infant mortality rates are not generally population-based, nor are they global or even national. They do not tackle the structural inequalities, such as racism and poverty, which produce vulnerabilities. Rather, localized biomedical and public health interventions target individual women through disciplinary practices of preconception care” (Casper, in press). Such neoliberal interventions lodge responsibility for healthier outcomes primarily with pregnant women and new mothers, thereby sustaining structural poverty and racism.

*Make Your Date*, 24 Detroit’s rather absurdist campaign to reduce infant mortality, is touted by supporters as “an unprecedented cooperation”25 among various stakeholders. It is also a prime example of Michel Foucault’s governmentality, loosely defined as state control of populations (Foucault 2007). According to the program’s website, “[T]he City has your back. Whether you need help with tests, finding a doctor, making an appointment, or getting insurance coverage, Make Your Date was created for you.” The stated goal is to ensure full-term pregnancies through prenatal care, including cervical exams to screen for short cervixes, which can lead to preterm birth.26 Women who “commit to a protocol”27 through Make Your Date can track their babies’ growth, participate in education classes for preterm birth prevention, and network with other pregnant women. In return, and in hopes of birthing a baby who will survive beyond its first year, the women “sign up to report key data for citywide statistical tracking” of premature births.

Let us now consider what does not appear on the Make Your Date website. There is, for example, no mention of racism,28 poverty,29 the housing crisis,30 or food scarcity and maldistribution31—problems that are far worse in Detroit32 than in other US cities. With the lone exception of the site’s “Facts”33 page, there is also no mention of race, despite vast disparities leading to Detroit’s precariously high infant and maternal mortality rates. According to Deprez and Christoff (2014), “[b]lack babies in neighborhoods with the lowest poverty level are more likely to die than white infants in neighborhoods with the highest poverty, according to a state report last year. In 2010, non-whites made up 21% of Michigan’s population but 43% of infant deaths.” Visiting the Make Your Date website, one might be forgiven for assuming infant deaths to be a matter solely of limited access to healthcare. There is also no mention of the profound devastation of Detroit. Make Your Date could be anywhere, USA.

The underneath

How do we make sense of the fact that efforts to address a wrenching social problem like infant death ignore the very causes of the problem? Let us return to the image of ruin porn and its relation to biopolitics—or, more accurately, necropolitics. Mbembe (2003) found Foucault’s biopolitics lacking and instead theorized necropolitics, understood as the subjection of populations to conditions conferring the status of the living dead. The necropolitics of infant mortality in Detroit and the proliferation of ruin porn have much in common, in that both speak eloquently, if dismally,
to our contemporary moment. Through their emphasis on surfaces, symbols, and individual experience, both work to conceal obdurate structural problems. Abandoned buildings in Detroit are considered by some to be “just part of the landscape.” High infant mortality rates have been partially obscured by a cultural fascination with Detroit’s material demise, including the visual abundance of haunting structures. Media coverage of Detroit’s fall has also profoundly ignored its impact on human lives, specifically at-risk women34 and children.35

Figure 2. William Livingston House (aka “Old Slumpy”), Brush Park, Detroit, 2007

In fanning the flames of our collective fascination with gorgeous decay, we have failed to record the human remains left behind. Their “missing bodies” are yet to be excavated (Casper and Moore 2009). Detroit’s ruination, then, illustrates more than the avoidable destruction of a once-grand city with a prosperous, if unequal, past. It also bears forensic witness to the foreclosure of a better future, one in which all babies not only survive but thrive. In an era of both Black Lives Matter and rampant neoliberalism, we cannot afford to ignore the signs.

Bibliography


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