Second Opinions

Welfare stifles ambition

The article by Molly Ivins (Perspective, February AAP News, “Welfare reform will push children into poverty”) is long on emotion and short on reason. The current welfare system is driving the nation toward a bankruptcy which would send tens of millions of children into poverty for decades. To combat hunger resulting from an overhaul in the welfare system, the government should empower churches, mosques and synagogues to step in to feed the body and the soul. Contrary to what the American Civil Liberties Union states, supporting all religions establishes none. Is the welfare system good for children? Thirty years ago, about 20 percent of children were born into a single-parent family. Today, thanks to a welfare system that sets up single teen-age parents on their own and discourages marriage, that number now ranges between 40 percent and 80 percent. Single-parent families are the leading cause of children living in poverty today.

June O’Neill and Anne Hill found that 5-year-old children who had spent at least two months of each year on Aid to Families with Dependent Children (AFDC) had cognitive abilities 20 percent below those not receiving AFDC when family income and other variables were held constant (Fall 1994 Journal of Human Resources.)

Mary Corcoran and Roger Gordon found that, in general, the more welfare income a family received while a boy was growing up, the less that boy earned as an adult. An increase of $1,000 per year in welfare payments decreased a boy’s future earnings by as much as 10 percent (Fall 1992 Journal of Human Resources.)

The current welfare system is bad for the nation, bad for the single parent, and worst of all, bad for children. Welfare should, at least, do no harm.

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Protecting heads

I applaud the Health Briefs article, “Tobogganing injuries,” in the January AAP News. However, it would be nice if the Academy would take a stand on children skiing and wearing protective headgear. As you may well know, the Scandinavian countries, particularly Norway, require under-age children to wear helmets or protective gear when they ski in legitimate commercial-type ski facilities. I have, through my society, and as a State of Minnesota Medical Association delegate, tried to introduce resolutions mandating the use of helmets by children, not only while skiing but also when riding off-road vehicles, snowmobiles and bicycles.

Our medical association is finally coming around and is starting to take a stand, but our legislature is slow to act on these resolutions. As you may well know, any attempt at mandating child helmet use while riding bicycles or off-road vehicles or skiing is usually fought by the motorcycle lobby – which also was successful in rescinding Minnesota’s helmet-use law a number of years ago.

This is very unfortunate, because in my practice, the last child vehicle fatality I had was a young girl who hit a vehicle while riding a bicycle. She died as a result of a serious head injury.

In our Northern outdoor resort-type area, we also suffered great losses when snowmobiles caused three pediatric deaths in our practice during the last two months.

As a ski patrolter, I also can state that children take unnecessary risks, ski out of bounds and are gravitating toward snow boards rather than skis. As a result, the snow-boader philosophy is one that encourages risk taking and defiance of authority and social norms.

Hopefully, the Academy will take a strong stand on this. Perhaps you would be able to prevail on my colleagues in the Twin Cities, who seem to be willing to sit on their hands and do nothing, to promote the use of protective gear by children.

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Asthma agreement

I can’t agree more with Dr. Barry Josephson’s letter about asthma management and referral (Second Opinions, “Tough to avoid allergens,” November 1995 AAP News). Managing a very large number of pediatric asthma patients, I rarely have any ER visits, let alone hospitalizations. The irony is we still have a good number of children present to ER with acute asthma and end up hospitalized. The majority of the pediatric asthma patients I see are referred by other specialists such as ENTs, speech therapists, school nurses, and most of all, “neighbors” who are/were our patients. Even in a managed care setting, Kaiser Permanente