

KIDS WHO CAN'T SAY NO

Children poisoned in the womb by their crack-smoking mothers are the saddest reason we must win the war against drugs

BY ROBERT C. YEAGER

MOST OF THE BABIES at Highland General Hospital in Oakland, Calif., are asleep at this hour. But little Robert, brought in by his mother, has been awake for days. He cries inconsolably, and his tiny limbs jerk and jitter constantly. Periodically, his hands fly back to the sides of his head and his large, dark eyes freeze wide in startled terror.

"Come here you sweet little thing." Nurse-midwife Claire Westdahl picks up the three-month-old and smiles at him. But the baby turns his face away, unable to cope with the interaction. His problem: his mother was a crack addict.

Rhonda Jackson's baby, James, has the same problem. When James was in the womb, Rhonda smoked large quantities of the pure, crystallized form of cocaine. Inside her, baby James fought for survival. His own tiny blood vessels tightened

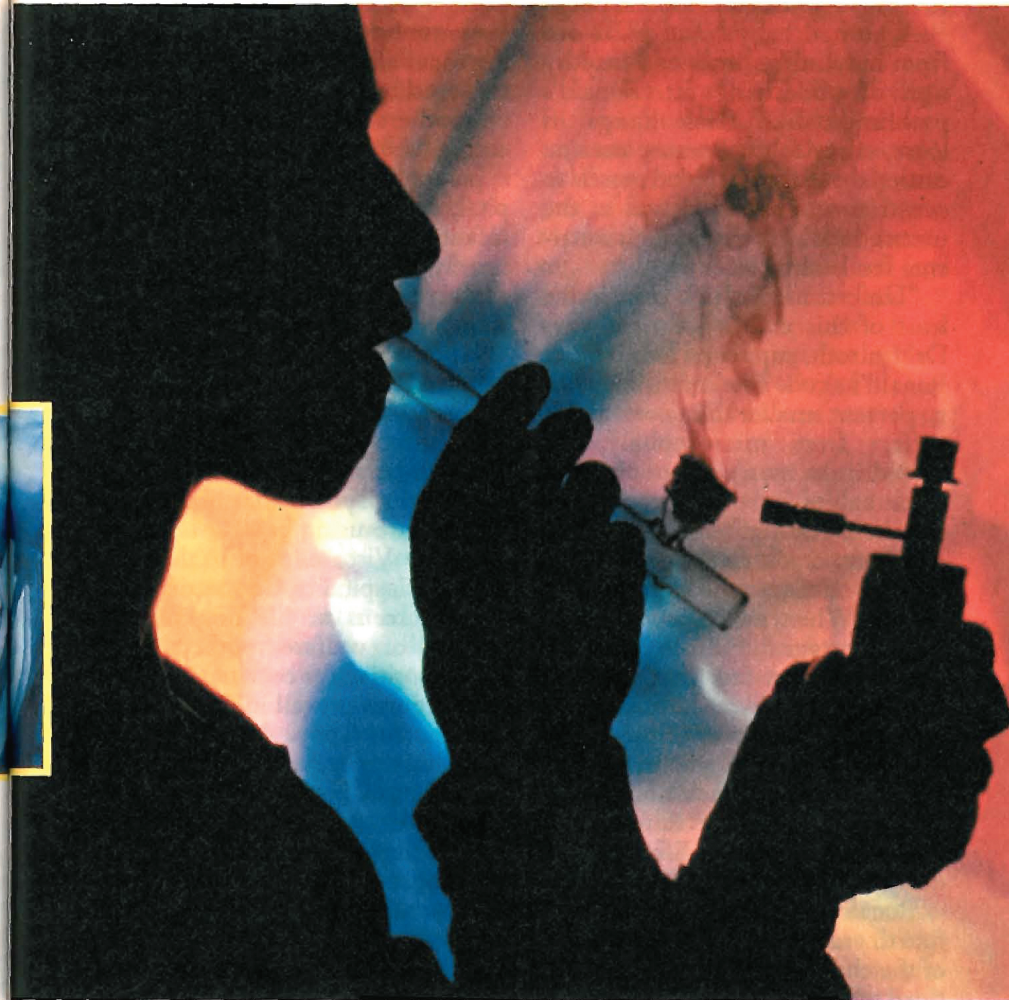
Names of mothers and their children have been changed.



like his mother's. His heartbeat soared, and his lungs pumped like hyperactive bellows. To complicate matters, crack byproducts quickly contaminated the amniotic fluid. The result: for much of his nine months in the womb, James lived in a drug-polluted environment.

At birth, the infant plunged into a nightmarish withdrawal from drugs used by his mother.

Thousands of infants like James and Robert are crowding our nation's hospitals. While more drug-treatment programs for pregnant



women would help, in the end the mothers are the ones who have to halt the misery. Unfortunately, all too often they're too stoned to know or care.

Charlene Parks was high on crack cocaine and bleeding from

her vagina when she showed up at Highland General's emergency room to give birth to Ronald. Now, four days later, neonatologist Rick Fulroth gently runs a finger over the flesh on Ronald's left arm. The skin feels cracked and dry, like the

cover of an old leather-bound book.

A normal baby's skin puffs out from his chubby limbs as a healthy sign of underlying fat. Ronald's parchment-like flesh hangs in loose, saggy folds. Because cocaine caused the placental blood vessels to constrict while Ronald was in the uterus, he didn't get enough nutrients for healthy skin.

"Unfortunately, sick skin is the least of this child's worries," says Dr. Fulroth, cupping a hand under Ronald's skull. The infant's head is 20 percent smaller than normal. He suffers from microcephaly, observed in as many as one-third of crack babies.

Like a vise tightening on a garden hose, crack can choke off the flow of nutrients through the placenta. "When an embryo faces a food shortage," Fulroth explains, "brain cells get fed first, then organs and bones and, finally, fat cells. It's nature's way of protecting the infant's future intellect." But, Fulroth believes, crack can turn all that upside down. "Ronnie will probably go through life mentally delayed," he says quietly.

Ronald was Charlene Parks's fourth crack baby. "Ninety percent of the children I see are second and third drug-exposed babies," says Dr. Judy Howard, professor of clinical pediatrics at the U.C.L.A. School of Medicine.

How many children like Ronald, James and Robert are born each year? "The exact number is unknown," reports the federal government's

General Accounting Office (GAO), "because hospitals are not identifying them all." Nine of ten hospitals surveyed by the GAO relied mostly on mothers' own statements in deciding whether newborns had been exposed. At one large Detroit hospital, self-reporting indicated 600 infants were born drug-exposed, mostly to crack, in 1989. When actual tests were used, however, the number shot to nearly 3000 births. "Nationwide, tens and perhaps hundreds of thousands of drug-exposed infants are born each year," concluded the GAO.

"Numbers like this are hard to believe, until you realize how many women are using crack," says Dr. Richard Viscarello of Yale-New Haven Hospital in Connecticut. In urine screens at his hospital, 50 percent of welfare mothers-to-be tested positive for cocaine. Comparable figures prevail in other cities.

Tears for Tony. At Northwestern University's clinic for drug mothers in Chicago, social worker Bernice Coleman sits at a conference table with three nurses, a hematologist and a secretary. "I love all my babies," Coleman says in a soft voice. She opens a photo album and stares at rows of tiny faces. "But Tony was special." Her eyes fall on an engaging little baby boy with a beautiful, caramel-colored complexion, fine features and curly black hair.

At birth, Tony weighed just two pounds. His size wasn't unusual. Crack babies are far more likely to

be born prematurely, and even among babies who reach term, low birth weight is common. But Tony also suffered from an incurable liver disease.

One by one, each staff member recalls how she tried to help. The hematologist had tested Tony's blood for AIDS—common in crack babies because of their mothers' multiple sex partners. The nurses had given him shots and charted his battle to gain weight.

Coleman looks up from her album. There are tears in her eyes. "He was only three months old, but he fought so hard, and we fought so hard for him." Suddenly, no one is talking. Around the table, all six health professionals are weeping.

The effects of crack on the fetus are still poorly understood, and no one can be certain the child of an occasional user will not suffer harm.

"We've never seen anything like crack in terms of its potential for damage to the unborn," says Dr. Ira Chasnoff, founder and president of Chicago's National Association for Perinatal Addiction Research and Education (NAPARE). "Using crack even once is like playing Russian roulette."

Sadly, crack is also striking down innocent children who weren't even exposed in the womb.

In New Haven, Conn., an 18-month-old child was discovered crying on the floor of her pitch-dark apartment, with rats crawling over her. While her mother

smoked crack on the floor above, the child had lain abandoned all night in the dark and cold.

In San Francisco, Dr. Donna Ferriero huddles in a ring of doctors and nurses around 14-month-old Katy, who is dressed only in a pair of fluffy socks and pink, high-top sneakers. Pushed by the ventilator, her tiny chest heaves in and out. Otherwise, her body is lifeless.

A neurologist stoops over Katy and carefully peels up her eyelid. Katy's dark eyes roll toward the top of her head. "This is a very deep coma," he says.

A week ago, Katy was happily exploring her world, crawling around her mother's living room. When Katy found what looked like a piece of hard candy in her babysitter's purse, she put it in her mouth. By the time her mother returned home, the child was already convulsing. She has since suffered cardiac arrest and a series of life-threatening seizures.

This is the latest phenomenon Dr. Ferriero has been witnessing: children injured from ingesting crack, sometimes from smoke, sometimes in their mothers' breast milk.

Ferriero gently lifts Katy's leg, then flexes it at the knee. There's no response. "Katy will almost certainly be a vegetable for the rest of her life," the doctor says.

When her day is finally over, Ferriero rushes home to her kids, Sarah, ten, and Matthew, five. She hugs them and then hurries into the bathroom. She turns on the water

faucet and hopes they won't hear their mother, the doctor, cry.

Damaged Generation. At Hale House in New York City, a foster home for children exposed to drugs in the womb, one otherwise normal-looking little girl throws a limb-flailing tantrum before each meal. Another youngster, a 2½-year-old boy, suddenly goes to a corner, turns his back on the other children and screams for minutes on end.

"Incredible mood swings are common among these children," says Hale House president Lorraine Hale. "You watch the transition, and you can't explain what happened."

"Babies exposed to drugs in the womb are at high risk for learning and behavior disorders," U.C.L.A.'s Howard declares. In the clinic, she has compared hundreds of drug-exposed children with normal ones from similar neighborhoods and poverty levels. The drug-exposed children almost invariably score lower in standardized developmental tests.

"Crack children are scary," adds Thelma Farley, director of the Beacon Day School in Oakland, Calif., and a child-development expert. "So many drug-exposed children seem to lack moral reasoning—they just don't get it when they've done something wrong."

Many experts see huge costs ahead for the taxpayer. In Florida, officials estimate an annual cost of over \$40,000 per child to get crack babies ready for school. In Los Angeles County, total 1988 medical

costs for drug-exposed babies came to \$81 million.

The national price tag? According to an internal memo by Senate Finance Committee Chairman Lloyd Bentsen (D., Texas), the cost to all levels of government to prepare drug babies to enter kindergarten will soon reach \$15 billion a year.

Dr. Hallam Hurt of Philadelphia's Albert Einstein Medical Center often talks to civic groups about cocaine. She shows them a photograph of a dog, caught in a flash flood after a sudden downpour. Lifting her pups by the scruff of the neck to the top of the doghouse, she is unaware they have already drowned. No urge is more powerful and basic than the maternal instinct, Hurt believes. Nothing can erase it—not hunger, not pleasure, not even fear of death. Nothing, that is, except crack cocaine.

In one study Hurt found that 71 percent of crack mothers-to-be had poor or no prenatal care, versus 26 percent of nonusers in the same low-income neighborhoods. Since prenatal care is readily available at no charge in Philadelphia, "poverty wasn't the cause," Hurt notes.

In another study, crack mothers were found to visit their hospitalized newborns far less frequently than mothers who did not use drugs. "When they do come, they are less likely to hold or become involved with their babies," says Dr. Barry Phillips, director of the intensive-care nursery at Children's Hospital in Oakland.

"Normally," adds NAPARE's Janet Chandler, "a mother and her newborn go through a 'babymoon.' The mother gazes into the baby's eyes for long periods, usually holding the child and rocking." In most crack mothers, this psychological bonding never occurs.

A Mother's Denial. Bernice Coleman often sees mothers after delivery, only to find that they are back on crack. It is then that she levels her famous icy stare at them. "If not for yourself, what about the baby?" A few show remorse. But most of the time the rebuke falls on deaf ears, and the crack mothers react the way Rhonda Jackson did when she lost her daughter Aleesh to Sudden Infant Death Syndrome.

"Rhonda, I want to help you," a hospital social worker told the 28-year-old mother. "We think Aleesh's death might be related to your crack use."

"I don't know what crack is," Rhonda replied defiantly. She sucked from a carton of milk she was drinking.

"Rhonda," the caseworker said more firmly, "Aleesh was your second crack baby. I want you in treatment."

Rhonda's eyes clouded with rage. "I don't have to listen to you!"

she snapped. Then, screaming obscenities, she hurled the milk carton at the social worker and stalked out of the room.

SOME STATE and local authorities have prosecuted crack mothers. In Michigan, a judge sentenced one to life in prison for letting a drug dealer have sex with her daughter to settle a debt. In Florida, another was convicted of illegally delivering drugs through her umbilical cord. Her children were taken away at birth, and she drew a year of house arrest, plus a requirement that she enter a drug-treatment facility.

But a solely punitive approach isn't the answer, say most experts. "I would advocate punishment in an instant if I thought it would help," says former drug czar William Bennett. "But it might cause more pregnant addicts to avoid treatment, and you might end up with even more crack babies."

There is only one sure way to save these littlest victims. Crack must be made impossible to buy at any price. "For the sake of these children," says Hallam Hurt, "each of us must do all we can to stop the use of crack cocaine by pregnant women. Drug use is not fair to our babies and is devastating to our country."

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I WORK on a committee that reviews loan applications. We requested that an applicant get a reliable co-signer. In one case, the co-signer filled out financial and employment information, and where the form asked the person's position, he wrote: "Well off."

—Contributed by Hermina M. Lyons