



MY OH MY—WHAT A PIE!—There won't be any leftovers to contend with when you serve this Turkey Pot Pie. An all-time favorite is made easier with this recipe from the Betty Crocker Kitchens.

Something For Turkey

Gobblers Delight

Anytime is turkey time when you make this easy-to-prepare Turkey Pot Pie with Bisquick® baking mix. The family will gobble up every bit of this savory main dish. The tender pastry crust holds a mouth-

watering combination of ingredients, including lots of turkey and vegetables.

A meal in itself, nothing could be better in cooler weather than a hot and hearty Turkey Pot Pie.

Turkey Pot Pie

- 1 package (10 ounces) frozen peas and carrots
- ½ cup margarine or butter
- ½ cup Bisquick® baking mix
- ½ cup chopped onion
- ½ teaspoon pepper
- 1 cup milk
- 1 can (10 ¼ ounces) condensed cream of chicken soup
- 1 ¼ cups cut-up cooked turkey
- Pastry (below)

Rinse frozen peas and carrots under running cold water to separate; drain. Heat margarine in 3-quart saucepan over low heat until melted. Mix in baking mix, onion and pepper. Cook over low heat, stirring constantly, until mixture is smooth and bubbly; remove from heat. Stir in milk and soup. Heat to boiling, stirring constantly. Boil and stir 1 minute; remove from heat. Stir in turkey and vegetables.

Heat oven to 425°. Prepare pastry; divide into halves. Press half of the dough firmly with floured hands in pie plate, 9 x 1 ¼ inches, bringing dough onto rim of

plate. Flute if desired. Spoon turkey filling into pastry-lined pie plate. Roll remaining dough into 8-inch circle over floured cloth-covered board. Cut into 6 wedges; place wedges on filling. Cover edge with 3-inch strip of aluminum foil to prevent excessive browning. Bake on cookie sheet until crust is light brown, about 25 minutes. 6 servings.

Pastry: Mix 2 ½ cups of Bisquick® baking mix and ½ cup margarine or butter, softened, in small bowl. Add ¼ cup boiling water; stir vigorously until very soft dough forms.

Infant Mortality Major Problem In Nation's Capital

By Bonnie R. Keys
Denise weighed 3 pounds, 8 ounces when she was born. Because of her low birth weight, she developed respiratory distress syndrome and within a few days her right lung collapsed. Surgery was performed immediately.

Emanuel weighed 2 pounds, 10 ounces when he was born. He developed pulmonary hemorrhage — bleeding from the lung. He was given blood transfusions repeatedly.

Denise and Emanuel are alive today because of a combination of luck and the work of neonatologists at the Howard University Hospital intensive care nursery. According to Dr. Fariborz Rahbar, director of Newborn Nurseries, Washington, D.C., leads the nation in the incidence of infant mortality with 24 deaths per 1,000 live births — more than twice the national average.

Dr. Rahbar attributes the high rate of infant death to the high percentage of unwed women and teenagers living in the District of Columbia who are having babies. He also cites the high incidence of poor nutrition as well as venereal disease (Washington ranks number one in the country), and other infectious diseases such as tuberculosis and hepatitis as factors contributing to the death of infants.

Even though the nation's capital leads the nation with the highest incidence of infant mortality, the problem is a national one. According to statistics compiled by the Department of Health and Human Services' National Center for Health Statistics, in 1979 Baltimore had the highest incidence of infant deaths with 22.8 deaths per 1,000 and Detroit had 21.3 per 1,000. St. Louis and New Orleans tied for fourth place with 20.9 per 1,000. San Diego had the lowest at mortality rate 1,000.

The infant mortality rate in 1981 was 42.7 or 11.7 deaths per 1,000 live births.

The problems causing infant mortality are the same nationally as they are for Washington. A profile of the mother who has an infant who dies shows she is non-white, unmarried, and a teen-ager; she did not see a physician during the pregnancy or else she waited until the last trimester of the pregnancy; did not get proper nutrition; or was an alcohol or drug abuser. Such women usually give birth to premature babies which accounts for low birth weight — the primary cause of infant death.

The infant mortality rate for nonwhites is twice the rate for whites. Howard's Dr. Rahbar says "infant mortality is the best indicator of the health of a community." He describes the infant mortality problem as relating to the socioeconomic conditions of the mother.

Howard University Hospital offers the highest level of intensive care, which provides for round-the-clock nurses, respiratory therapists, modern x-ray and laboratory facilities. Dr. Rahbar and his associate, Dr. Antoine Fomufod, are neonatologists, physicians specializing in the care of infants. Dr. Bernard Abbott, a senior resident in the intensive care nursery who saved the lives of Denise and Emanuel, says the cost for caring for Emanuel alone has already reached a quarter of a million dollars.

The chances for survival of an infant weighing under 3 pounds at birth are slim.

Dr. Melvin Jenkins, chairman of the Howard University Hospital department of pediatrics and child health, says the best way to eliminate the infant mortality problem is by educating the public. "All of the emphasis on intensive care is not going to change the situation. Even in low birth weight infants, if the mother had prenatal care, the chance of her infant's surviving is greater than that of an infant in the same high risk group whose mother had no prenatal care."

Factors such as unemployment, poor housing and low motivation also contribute to the problem, Dr. Jenkins notes. He says efforts should be directed more toward establishing outreach facilities that can go to the patient.

Many persons suffering from poor nutrition do not know about supplementary food programs such as Women, Infant and Children (WIC), and many qualify for public assistance and do not know it. Many do not

know that smoking cigarettes and consuming alcoholic beverages contribute to a low birth weight baby, Dr. Jenkins adds.

Dr. Frederick Green, associate director of Children's Hospital, National Medical Center in Washington, says to reduce the number of low birth weight babies would require ending all of the problems associated with poverty.

Dr. Green recently delivered the keynote address at the conference held at the Howard

University Hospital focusing on the perinatal period — the first 28 days of life. He says four-fifths of the premature babies who die, die during this period.

Statistics show that in 1970, 12.4% of all births in Washington were to females under 18. In 1980, 9%. In both 1970 and 1980, 13.1% of the births were premature (under 5 pounds).

Even though in both 1970 and 1980 the rate of premature births remained the same, 13.1%, the

number of deaths was reduced. In 1970, 432 babies died in Washington compared to 228 infant deaths in 1980, which is a rate of reduction from 28.9 deaths per 1,000 live births to 24.6 deaths per 1,000 live births.

"Too many babies die in our cities," Dr. Green stresses. "We are saving more babies today than 10 years ago but will never be satisfied until we remove the gap between the infant mortality rates for blacks and whites."

A Sidedish To Savor

Grits 'N Green Onion Bake is a sidedish to savor—
—with chicken...
—with ham...
—with barbecued meats.

Serve it any time you would like a break from rice, potatoes or stuffing.

This rich combination of quick grits, Cheddar cheese, egg and green onion is livened up with

liquid red pepper sauce. Quick grits are the preferred choice, because they require only 2 ½-5 minutes of cooking before they are baked. A variation for the longer-cooking regular grits is also given. With either product, this is a great way to serve grits.

Note that it serves 4 — in keeping with the smaller sizes of today's families. Of course, the recipe can be doubled for company. When serving, an attractive garnish can be created from strips of green onion.

Can't you just taste it? The Cheddar cheese melted in and the green onion mixed in make Grits 'N Green Onion Bake truly a sidedish to savor.

Grits Green Onion Bake

- 2 cups water
- ½ cup Quaker or Aunt Jemima Enriched White Hominy Quick Grits®
- ½ teaspoon salt
- 1 cup (4 oz.) shredded sharp Cheddar cheese
- ½ cup green onion slices
- ¼ cup butter or margarine
- 1 egg, beaten
- 1/8 teaspoon liquid red pepper sauce

Heat oven to 350°F. Grease 1-qt. round casserole. In large saucepan, bring water to a boil. Stir in grits and salt. Return to a boil; reduce heat. Cook, uncovered, 2 ½ to 5 minutes, stirring occasionally. Stir in remaining ingredients; continue cooking over low heat until cheese is melted. Pour into prepared dish. Bake about 30 minutes. Garnish with strips of green onion, if desired. Makes 4 servings.

*Note: Substitute ½ cup Quaker or Aunt Jemima Enriched White Hominy grits for quick grits, if desired. Increase water to 2 ½ cups. Cook, if covered, 25 to 30 minutes, stirring occasionally. Proceed as recipe directs.



Grits 'N Green Onion Bake, begun from quick grits, is a sidedish to savor, no matter what your menu.

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