

# Shutdown

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counselor Kellyanne Conway said Trump might sign a short-term spending bill and kick the dispute over wall funding into the new year, when Democrats will take leadership of the House of Representatives.

Trump tweeted that “one way or the other, we will win on the Wall!”

White House spokeswoman Sarah Huckabee Sanders said Tuesday that Trump asked his Cabinet secretaries to look for other sources of funding to help protect the border.

“We’ve laid out clearly what our parameters are with members of Congress,” Sanders said. “We want to know what they can pass. We want to know what they think they can actually get done. We’ve laid out what we’d like to see.

## Corrections & Clarifications



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“In the meantime, we’re looking at other areas where we can draw money from to make sure that the president can actually protect our border and protect American citizens.”

A week ago, Trump boasted during a meeting with Democratic leaders that he would be “proud” to shut down the government over border security and that he’d be willing to take the blame for any fallout.

On Capitol Hill, McConnell expressed confidence Tuesday that a shutdown would be avoided even though Democrats rejected a GOP proposal to end the impasse.

In an eleventh-hour attempt at compromise, McConnell proposed approving a spending bill that would include \$1.6 billion for border fencing along with an additional \$1 billion for immigration. Democrats described the additional funding as a “slush fund” and rejected the offer.

Pelosi said the GOP proposal would have allowed Trump to continue “his very wrong immigration policies.”

“That won’t happen,” she said.

Schumer said the GOP offer would not have been able to pass either the House or the Senate.

On the Senate floor Wednesday, McConnell accused Democrats of rejecting the offer out of “knee-jerk, partisan opposition” to Trump.

“It seems like political spite for the president may be winning out over sensible policy,” he said.

Nine federal departments wait for Congress to approve their budgets. They are Agriculture, Commerce, Justice, Homeland Security, Interior, State, Transportation, Treasury and Housing and Urban Development, as well as several smaller agencies.

Both of the government shutdowns during Trump’s presidency were ended by short-term funding bills.

In January, parts of the government shut down for three days after an impasse over federal funding. The shutdown ended when the Senate passed a short-term spending measure.

Less than three weeks later, the government shut down for a second time after Congress failed to pass a spending bill to keep the agencies running. That shutdown ended after only six hours when lawmakers passed a six-week spending bill.

*Contributing: John Fritze, Nicole Gaudiano and David Jackson*



**A U.S. soldier, left, sits on an armored vehicle behind a sand barrier in Manbij, northern Syria, in April.**

HUSSEIN MALLA/AP

# Syria

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move was a “major blunder” and against the Pentagon’s advice. New Jersey Sen. Bob Menendez, top Democrat on the Foreign Relations panel, called it a “dangerous decision” that would destabilize the region, endanger Kurdish allies and embolden America’s enemies.

“We’re leaving the Kurds at risk, we’re creating a vacuum, and we’re doing it in a way that puts Israel at risk” because of Iran’s presence in Syria, Menendez said.

In Russia, a foreign ministry spokesperson said Trump’s decision could help create “a real prospect for a political solution” in Syria, according to TASS, the Russian state-owned news agency.

Trump’s announcement should not surprise anybody because he has promised it, said a senior administration official who was not authorized to speak publicly. The official would not say why Trump apparently didn’t inform high-ranking officials of his decision. The Pentagon is developing the timeline for the removal of troops.

The U.S. will continue to pressure Assad and his Iranian allies, the official said, but referred questions to the Pentagon about whether U.S. warplanes would continue to attack ISIS targets.

In statements later Wednesday, White House and Pentagon spokeswomen equivocated on the “defeat” of

ISIS that Trump referred to.

White House press secretary Sarah Huckabee Sanders said the U.S. has “defeated the territorial caliphate.”

“These victories over ISIS in Syria do not signal the end of the Global Coalition or its campaign,” Sanders said in a statement. “We have started returning United States troops home as we transition to the next phase of this campaign.” She did not offer details on what the next phase was.

Dana White, the chief Pentagon spokeswoman, went even further, saying the fight against ISIS continues.

“The Coalition has liberated the ISIS-held territory, but the campaign against ISIS is not over,” White said in a statement.

Yet in his tweet earlier Wednesday, Trump declared victory.

“We have defeated ISIS in Syria, my only reason for being there during the Trump Presidency,” he wrote.

Despite Trump’s assertion, fighting by U.S.-led forces continues in Syria. On Saturday, warplanes struck ISIS targets 47 times, U.S. Central Command announced early Wednesday.

According to a report by the Center for Strategic and International Studies, ISIS is far from obliterated. The Washington-based think tank estimates 20,000 to 30,000 Islamic State militants may still be in Iraq and Syria.

As recently as last week, officials said U.S. troops may need a longer stay to ensure that the military’s accomplishments are “enduring.”

“I think it’s fair to say Americans will remain on the ground after the physical defeat of the caliphate,” said Brett McGurk, special presidential envoy for the global coalition.

Marine Gen. Joseph Dunford, chairman of the Joint Chiefs of Staff, declined earlier in December to put a timeline on withdrawal of U.S. troops.

In September, Mattis told reporters that declaring victory and leaving Syria would be a mistake.

“I think that getting rid of the caliphate doesn’t mean you then blindly say OK, we got rid of it, march out, and then wonder why the caliphate comes back and how many times have we seen – look at even Iraq where they’re still on the hunt for them. And they’re still trying to come back.”

*Contributing: Deirdre Shesgreen, Kim Hjelmgaard and the Associated Press*

# Dying in childbirth: Will bill help stop it?

## Advocates say it’s vital not to blame mothers

**Alison Young**  
USA TODAY

Landmark legislation headed to the president’s desk would provide millions of dollars to help states determine why women are dying from pregnancy and childbirth at troubling rates. But the bill passed last week by both houses of Congress does not specifically require states to examine whether flawed medical care played a role.

Studies have found that at least half of childbirth-related deaths could have been prevented if health care providers had followed best medical practices to ensure complications were diagnosed and treated quickly and effectively.

Yet a USA TODAY Network investigation in September revealed that state maternal death review committees across the country often avoid scrutinizing medical care that occurred in the days and hours before mothers’ deaths. Many state reports instead focused on mothers’ lifestyle choices or larger societal problems, such as women being obese, smoking or failing to seek prenatal care or use seat belts.

Bipartisan sponsors and supporters of the legislation said it’s an important first step, which would provide critical resources to ensure all mothers’ deaths are reviewed for all causes. Its language, they noted, would allow the Centers for Disease Control and Prevention to include scrutiny of medical care as a requirement for states to receive a grant.

“It’s impossible to read the text of HR 1318 and conclude that committees will do anything but study every single death and cause – societal, provider error or other – if they want to successfully compete for this funding,” said Angeline Riesterer, communication director for the bill’s sponsor, U.S. Rep. Jaime Herrera Beutler, R-Wash. The bill, she said, calls for review committees to use best practices.

Supporters of the legislation said it’s crucial that delays in diagnoses and fail-

ures to treat women for childbirth emergencies are studied by state review committees – alongside societal factors – to identify trends and take action to prevent deaths.

“The key thing here is to not blame the mother,” said Cindy Pearson, executive director of the National Women’s Health Network, a consumer advocacy organization.

As the number of childbirth-related deaths has risen – making the USA the most dangerous place in the developed world to give birth – Pearson said too much blame has been placed on mothers for being older, overweight or having underlying health issues.

“That does not in any way, shape or form explain the differences in rates in our community or racial disparities,” she said.

USA TODAY’s ongoing “Deadly Deliveries” investigation has focused on the role of hospital care in preventable deaths and injuries of mothers. Each year, about 50,000 U.S. women are severely harmed and about 700 die because of complications related to childbirth. African-American moms are three to four times more likely than white moms to die or suffer devastating childbirth injuries, studies found.

At hospitals across the country, USA TODAY exposed doctors and nurses failing to follow nationally promoted best practices that make childbirth safer. Little information is publicly available to women about childbirth complication rates at maternity hospitals in their communities, and many hospitals declined to answer questions about whether they follow safety practices.

The legislation would create a national program to confidentially collect and analyze standardized data on every mother’s death. Its stated goal is to identify ways to reduce the number of deaths and serious injuries. The legislation would provide \$12 billion in funding in fiscal year 2019 to bolster states with maternal mortality review committees and help create committees in more than a dozen states that lack them.

“The Preventing Maternal Deaths Act



**YoLanda Mention died after giving birth in 2015 despite warning signs she was at risk of stroke from dangerously high blood pressure. She waited for hours in the emergency room of the hospital where she delivered her baby without receiving treatment. Her case was one of several featured in USA TODAY’s investigation of maternal deaths.** FAMILY PHOTO

takes an important step forward in putting review teams in place in every state,” said Rep. Diana DeGette, D-Colo., one of the bill’s co-sponsors.

Members of Congress and health care advocates credited news coverage from USA TODAY, ProPublica, NPR and others in getting Congress to pass the legislation.

Rahul Gupta, chief medical and health officer for the March of Dimes, called the bill a “game changer.”

Language in the bill says that for a committee to participate in the program and receive federal funding, it must demonstrate to the CDC that its “methods and processes for data collection and review ... use best practices to reliably determine and include all pregnancy-associated deaths and pregnancy-related deaths, regardless of the outcome of the pregnancy.” The legislation would require that committees submit

standardized data to the CDC.

Riesterer said it is the legislation’s intent that reviews examine all causes, including issues with the medical care women were provided. She pointed to a model worksheet developed by the CDC for voluntary use by state review committees with fill-in text boxes for contributing factors involving health care providers and facilities.

In a statement, the CDC said that funded review committees “will collect standardized information from all available sources – including medical records and hospital records – for each pregnancy-related death in their jurisdiction. The funded committees would then review this information and provide recommendations for prevention.”

“This legislation is an important first step in what will inevitably be a much broader and ongoing effort,” said Sen. Shelley Moore Capito, R-W.Va., who co-sponsored related legislation in the Senate. “The aim of the bill is to help us, as a country, begin to address maternal mortality rates, to better understand the problem and to draw attention to it – while also ensuring that states still have the flexibility to respond to the specific and unique health needs in their various communities.”

Lisa Hollier, president of the American College of Obstetricians and Gynecologists, said uniformity in how mother’s deaths are reviewed and tracked is key to addressing maternal deaths nationally.

“It’s not untrue that (state committees) could do a better job of investigating and making recommendations for preventing maternal deaths, and that is why the passage of the Preventing Maternal Deaths Act was so critical,” Hollier said.

Some state-to-state differences, she said, can unearth important insights.

“The findings from (committees) will always be somewhat unique because they are based on local data and will reflect the issues of biggest concern for that state,” she said.

“Knowledge of local public health issues, such as opioid misuse, smoking, mental health issues, absolutely plays a role in designing programs for preventing maternal deaths and should not be minimized.”