Table S4: 2009 IMRs and infant vaccine doses per "very high" developed nations (n = 35)[a] as categorized by the Human Development Index (HDI)[b]

Nations	2009 IMRs	Doses	Nations	2009 IMRs	Doses
Singapore	2.31	17	Luxembourg	4.56	22
Sweden	2.75	12	Netherlands	4.73	24
Japan	2.79	12	Australia	4.75	24
Iceland	3.23	12	Portugal	4.78	21
France	3.33	19	United Kingdom	4.85	19
Finland	3.47	13	New Zealand	4.92	17
Norway	3.58	12	Canada	5.04	24
Malta	3.75	15	Ireland	5.05	23
Czech Rep	3.79	19	Greece	5.16	23
Germany	3.99	18	Italy	5.51	18
Switzerland	4.18	18	United States	6.22	26
Spain	4.21	20	Kuwait	8.97	19
Israel	4.22	18	Cyprus	9.70	21
Slovenia	4.25	15	Brunei	12.27	19
South Korea	4.26	15	Barbados	12.29	18
Denmark	4.34	12	Qatar	12.66	23
Austria	4.42	23	United Arab Em	12.70	20
Belgium	4.44	19			

Goldman and Miller performed a linear regression analysis on "very high" developed nations. A small but statistically significant positive correlation of r = 0.34 (p = .045) was found that corroborated the trend reported in the original Miller-Goldman study.

[a]Andorra and Liechtenstein were excluded from the analysis as per biostatistical conventions for having fewer than five infant deaths, resulting in IMR instability. Hong Kong was excluded because it is not an independent nation.

[b]According to Wolf et al., the human development index has inherent limitations and use of this index could yield unreliable findings due to known misclassification of nations' development status.

Sources for raw data: 2009 IMR and total infant vaccine doses for each nation were derived from the same resources utilized in the original Miller-Goldman study. Nations categorized as "very high" developed were acquired from the *Human Development Report 2009*, the same resource utilized by the Bailey team for their analyses of infant mortality rates and human development.