

## Delaware Division of Public Health

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**James W. Prescott, Ph.D.**

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19 March 2006

Jaime Rivera, MD, FAAP  
Director  
Division of Public Health  
Delaware Health and Social Services  
417 Federal Street  
Dover, DE 19901

Dear Dr. Rivera,

I was struck by the Delaware Infant Mortality Pilot Study Report that was summarized in the *Cape Gazette* (March 14, 2006): "Stubborn infant mortality rates puzzle experts". In that report 107 infant deaths occurred in the year 2003.

The lead paragraph in the *Cape Gazette* stated:

Significant numbers of educated women with access to good health care are suffering the loss of a child in infancy, complicating the state's efforts to reduce the infant mortality rates."

I was perplexed that no mention was made of the extent and duration of breastfeeding in the sample study. A check of the full pilot study on your website revealed no mentioning of breastfeeding.

There is considerable evidence that breastfeeding bonding is an indispensable requirement for the normal, healthy development of the child, which benefits the mother as well as the child. See enclosed essay: "Breastfeeding: Brain Nutrients In Brain Development For Human Love and Peace" that summarizes some of this data, which also can be seen with other articles at: <http://www.violence.de/archive.shtml>.

A more recent essay describes the benefits of breastfeeding bonding for 2.5 years or longer, where significant differences in suicide for the tribal cultures studied was demonstrated between cultures with weaning age of 2.5 years or greater and those with weaning age of 2.0 years or less. The brain nutrient tryptophan, precursor amino acid for the development of the brain neurotransmitter serotonin, was proposed to be a major factor to account for this effect, along with breastfeeding bonding between mother

and infant. It is well known that brain serotonin deficits, among other brain deficits, mediate depression, impulse dycontrol and suicide.

(James W. Prescott, Ph.D. (2005): Prevention Or Therapy And The Politics of Trust: Inspiring a New Human Agenda. This is a preprint of an article published in: *Psychotherapy and Politics International* (2005) 3(3): 194-211, Copyright 2005. John Wiley & Sons, Ltd. <http://www.interscience.wiley.com>. This essay can be seen at: <http://www.violence.de/archive.shtml>).

It would seem indispensable to quantify the weaning age of every child in the 107 infant deaths to determine the percentage on non-breastfed infants and percent duration of breastfeeding for the rest of the sample. Unfortunately, this data is rarely recorded, where the weaning age of every child should be a part of the immunological record. The health benefits of breastfeeding for mother and child have been enumerated in the American Academy of Pediatrics Policy Statement on "Breastfeeding and the Use of Human Milk" (2005) that can be seen at: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496>.

It would appear Dr. Rivera that an active program of breastfeeding bonding for all mothers in Delaware could reduce substantially the incidence of infant mortality in the State of Delaware. It should not be too much of a problem to determine the weaning age of the 107 infants that died in 2003.

I would welcome your response to this inquiry.

Sincerely,

James W. Prescott, Ph.D.

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23 March 2006

Jaime Rivera, MD, FAAP  
Director  
Division of Public Health  
Delaware Health and Social Services  
417 Federal Street  
Dover, DE 19901

Dear Dr. Rivera,

I meant to enclose the abstract of an article "Delayed Breastfeeding Initiation Increases Risk of Neonatal Mortality, *Pediatrics*, 2006, 117(3) (enclosed).

I believe that if the State of Delaware would initiate a statewide campaign of breastfeeding, neonatal and infant mortality rates would be significantly decreased. I would recommend that the weaning age of every child should be a part of the immunological record of the child.

Would be interested in knowing how many mothers who lost an infant during the first year of life was actively breastfeeding at the time of infant death.

Sincerely,

James W. Prescott, Ph.D.



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

DIVISION OF PUBLIC HEALTH

OFFICE OF THE DIRECTOR

April 6, 2006

James W. Prescott, Ph.D.  
1140-17 Savannah Road  
Lewes, DE 19958

Dear Dr. Prescott:

Thank you for your letters of March 19 and 23, 2006. As the Director of the Division of Public Health (DPH), I can assure you that addressing the issue of infant mortality is one of our divisions and this administration's top priorities. DPH has various programs which serve infants and their families. As I am sure you know, the division's Women, Infants and Children (WIC) program is leading the way with our statewide promotion of breastfeeding in Delaware.

WIC continues to promote breastfeeding with extensive social marketing campaigns. WIC also developed and maintains ten "breastfeeding rooms" throughout the state. The "breastfeeding rooms" house electric, hospital-grade breast pumps, glider/ottomans, refrigerators to store expressed breast milk and breastfeeding literature.

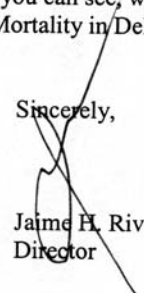
Our WIC program recently created and has received extremely positive feedback about its Breastfeeding Peer Counselor Program. These peer counselors receive intensive breastfeeding training and work directly with prenatal and breastfeeding WIC participants. Since the introduction of the Breastfeeding Peer Counselors, WIC has seen a 2 percent increase in number of mothers who chose to exclusively breastfeed their infants.

Additionally the WIC Program Breastfeeding Coordinators provide community education on breastfeeding at college nursing programs, public health clinics and the Delaware Adolescent Program (DAPI). In addition, two coordinators serve on the Breastfeeding Coalition of Delaware. The Delaware WIC Program's strong partnership with Bayhealth Medical Center has led to the development and implementation of hospital breastfeeding peer counselors. These individuals educate, support and encourage breastfeeding mothers after birthing their babies in the two Bayhealth Medical Centers.

The Infant Mortality Task Force report you referenced in your letter recognizes the importance of breastfeeding under recommendation #15. This recommendation specifically states "Promote breast-feeding, increase breast pump availability through insurance coverage and assure availability of low-cost pumps to low income women." Staff from the Division's WIC program and Family Health Services Section plays key roles in the Task Force.

Once again, thank you for your letters. As you can see, we in the Division of Public Health share your concerns on the topic of Infant Mortality in Delaware and we have programs in place to help keep our children healthy.

Sincerely,

  
Jaime H. Rivera, MD, FAAP  
Director

JHR: tgm

Pc: Dr. Paul Silverman  
Dr. Herman Ellis  
Jill Rogers

4/6/2006

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18 April 2006

Jaime Rivera, MD, FAAP  
Director  
Division of Public Health  
Delaware Health and Social Services  
417 Federal Street  
Dover, DE 19901

Dear Dr. Rivera,

Please find enclosed a copy of my letter to Governor Minner concerning my requests for information concerning the number and percentage of infants who died while being breastfed plus other requests.

Sincerely,

James W. Prescott, Ph.D.

**James W. Prescott, Ph.D.**

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18 April 2006

Governor Ruth Ann Minner  
Dover Office  
Tatnall Building  
William Penn Street, 2nd Fl.  
Dover, DE 19901

Dear Governor Minner,

You are to be commended for your report on infant mortality in Delaware. As you are aware Delaware has one of the highest infant mortality rates of the nation, ranking 40th with 107 infant deaths (Delaware Infant Mortality Pilot Study Report and America's Health Rankings 2005).

In the above report no mention was made of breastfeeding, as a preventive measure against infant mortality. In two letters to Dr. Rivera, Director Division of Public Health, I drew his attention to the lack of information on breastfeeding in this population of infants who had died during their first year of life, specifically how many infants were being breastfed at the time of their death (letters with attachments enclosed). The weaning age distribution by sex, race, age at death and socio-economic status of the mother should be a part of this report.

Studies were reported that emphasize the importance of breastfeeding bonding for the health and well being of mother and child and the importance of recording the weaning-age of every child, as part of the immunological record was emphasized. This information should be a part of the Health Information Technology Record, as emphasized by DHHS Secretary Leavitt.

I have yet to receive a reply from Dr. Rivera to my inquiries and request your assistance in providing this vital health information to mothers and health professionals.

Your assistance is appreciated.

Sincerely,

James W. Prescott, Ph.D.

Cc: Jamie Rivera, MD, FAAP



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21 April 2006

Jaime Rivera, MD, FAAP  
Director  
Division of Public Health  
Delaware Health and Social Services  
417 Federal Street  
Dover, DE 19901

Dear Dr. Rivera,

I have just received your reply to my letters of 19 and 23 March 2006, which crossed in the mail my letter of 18 April 2006 to Governor Minner concerning my request for vital statistics lacking in your Delaware Infant Mortality Report.

Although you have gone to some length to describe your various activities concerning infant mortality and breastfeeding, you have made no connection between the two in your Delaware Infant Mortality Report nor have you addressed any of the questions that I have raised in my letters to you of 19 and 23 March 2006.

I specifically requested information on the number and percentage of infants who were being actively breastfed at the time of their death by sex, race, age at death and socio-economic status of the mother.

In my letter to you 19 March 2006, I noted:

"The lead paragraph in the *Cape Gazette* stated:

Significant numbers of educated women with access to good health care are suffering the loss of a child in infancy, complicating the state's efforts to reduce the infant mortality rates."

What is the number and percentage of infant deaths in this sub-category of mothers, as it seems unlikely that educated women with good health care would significantly contribute to the infant mortality rate, thus "complicating the state's effort to reduce the infant mortality rates."

Your statement would require an explanation and the question of whether these mothers and the other mothers in your study, who lost an infant during the first year of life were breastfeeding their infants at the

time of their death, assumes special significance within this context. I provided you with the abstract of a study titled: "Delayed Breastfeeding Initiation Increases Risk of Neonatal Mortality", which you did not comment upon as being relevant to my inquiry.

Despite the many noble efforts of your Division of Public Health with respect to breastfeeding and infant mortality, these efforts must be considered a failure given the reality that, although, Delaware is the First State it is among the last States of the Union on infant mortality rate--ranking 40th among the 50 States. Delaware can do better.

I also made a plea that you require the weaning age of every child be recorded, as a part of the immunological record of the child, which would readily make available this vital information for numerous health studies.

I am copying this letter to Governor Minner to alert her to the urgency of this request and that you provide the information requested, which would be made available to health professionals and all mothers and potential mothers of Delaware.

Sincerely,

James W. Prescott, Ph.D.

cc: Governor Ruth Ann Minner

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21 April 2006

Governor Ruth Ann Minner  
Dover Office  
Tatnall Building  
William Penn Street, 2nd Fl.  
Dover, DE 19901

Dear Governor Minner,

My letter to you of 18 April 2006 crossed in the mail with Dr. Rivera's response to my letters of 19 and 23 March 2006.

Unfortunately, his letter did not respond to my requests and I am enclosing his letter of response with a restatement of my requests for statistical information that is vital to understanding the root causes of infant mortality.

The vital importance of breastfeeding bonding cannot be overemphasized for the health of the mother and infant and the future of human societies.

Your assistance in making this information available to health professionals and in the prenatal care of mothers in Delaware is appreciated

Sincerely,

James W. Prescott, Ph.D.

Cc: Jamie Rivera, MD, FAAP



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

DIVISION OF PUBLIC HEALTH

OFFICE OF THE DIRECTOR

May 3, 2006

James W. Prescott, Ph.D.  
1140-17 Savannah Road  
Lewes, DE 19958

Dear Dr. Prescott:

Thank you for your letter dated April 21, 2006, clarifying your request for information related to the 107 infant deaths in 2003. I appreciate your passion for promoting Breastfeeding to reduce Infant Mortality in our state. The division also recognizes this correlation and supports the promotion of breastfeeding. I hope that the information provided below satisfies your current request. As mentioned in my letter to you on April 6, 2006, the issue of reducing Infant Mortality in Delaware is one of the division's and Governor Ruth Ann Minner's top priorities.

Currently, DPH does not have data on the number and or percentages of infant who were actively breastfed at the time of their deaths. The division has data from a 2000 and 2001, Pregnancy Risk Assessment Monitoring System (PRAMS) questionnaire. However, the data references only the prevalence of breastfeeding in Delaware. I have included that information below.

**Percentage of Women Who Breastfed at Time of Survey in Delaware for PRAMS Project, 2000 and 2001**

Year	Race/Ethnicity*			
	White	Black	Other	Hispanic
2000	71.5	59.4	80.2	78.6
2001	73.6	58.0	91.7	74.8

\*Hispanic is calculated separately from race; therefore, participants may overlap between this category and race.

The good news is that in late April, DPH received confirmation from the Centers of Diseases Control and Prevention that Delaware is selected to participate in a new pilot Pregnancy Risk Assessment Monitoring System study with federal funding. Accordingly, the data you are requesting will begin to be collected in the new PRAMS project set to start in January 2007.

Thank you again for your request, essays and various cases studies. Please know that the division will be able to provide you more thorough information once the new PRAMS project has begun, and data collection commences. Your insight has been shared with key

members of my staff and has influenced how we will conduct future studies in this area. If you have future questions, please contact Dr. Herman Ellis, Medical Director. He can be reached at (302) 744-4701.

Sincerely,

  
Jaime H. Rivera, MD, FAAP  
Director

JHR: tgm

Pc: The Honorable Ruth Ann Minner  
The Honorable Vincent P. Meconi  
Dr. Paul Silverman  
Dr. Herman Ellis

**James W. Prescott, Ph.D.**

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9 May 2006

Jaime Rivera, MD, FAAP  
Director  
Division of Public Health  
Delaware Health and Social Services  
417 Federal Street  
Dover, DE 19901

Dear Dr. Rivera,

Thank you for your response of 3 May 06 that was in response to my letter of 21 April 06.

Unfortunately, the information you provided does not answer my question when you state: "Currently, DPH does not have data on the number and or percentages of infants who were actively breastfed at the time of their deaths."

Certainly this data is readily available, as you have the addresses of the pediatricians whose infants were in their care at the time of their death. A single page letter sent to these 107 pediatricians is a trivial administrative task, which would request the weaning age of the infant that died in their care and whether the infant was being breastfed at the time of death.

This information is too vital to wait until 2007 for this data to be collected in the new PRAMS project, which would not help us in understanding an important factor in the death of these 107 infants for the reasons previously communicated to you.

I am, again, requesting that you send letters of inquiry to the 107 pediatricians (a letter that can be duplicated) requesting the weaning age of the infant that died in their care and whether the infant was being breastfed at the time of death. This becomes particularly relevant when:

Significant numbers of educated women with access to good health care are suffering the loss of a child in infancy, complicating the state's efforts to reduce the infant mortality rates."

It would be important to know the number and percentage of infants not breastfed in this subcategory of "educated women with access to good health care" who lost an infant to premature death.

The answer to this question for this particular sub-group does not lessen the tragedy of the other mothers who lost an infant to premature death.

I have also cited the importance of incorporating the weaning age of every child as part of the immunological record. What would it take for the State of Delaware to implement this recommendation?

Your attention to this matter is appreciated.

Sincerely,

James W. Prescott, Ph.D.

cc: Governor Ruth Ann Minner

**James W. Prescott, Ph.D.**

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9 May 2006

Governor Ruth Ann Minner  
Dover Office  
Tatnall Building  
William Penn Street, 2nd Fl.  
Dover, DE 19901

Dear Governor Minner,

Please find enclosed a copy of my letter of 9 May 2006 that was in reply to Dr. Rivera's letter of 3 May 2006.

Unfortunately, Dr. Rivera stated: "Currently, the DPH does not have data on the number and or percentages of infants who were actively breastfed at the time of their deaths", thus not being able to answer the question that I raised.

The information that I requested, I believe, is crucial to understanding an important cause of infant mortality. Any assistance that your office can provide would be appreciated.

Sincerely,

James W. Prescott, Ph.D.

Cc: Jamie Rivera, MD, FAAP



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15 May 2006

Jaime Rivera, MD, FAAP  
Director  
Division of Public Health  
Delaware Health and Social Services  
417 Federal Street  
Dover, DE 19901

Dear Dr. Rivera,

Please find enclosed a copy of my letter to Governor Minner with enclosure. I trust that this information will be helpful to you as you plan your programs to reduce infant mortality/morbidity in the State of Delaware.

Sincerely,

James W. Prescott, Ph.D.

cc: Governor Ruth Ann Minner

**James W. Prescott, Ph.D.**

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15 May 2006

Governor Ruth Ann Minner  
Dover Office  
Tatnall Building  
William Penn Street, 2nd Fl.  
Dover, DE 19901

Dear Governor Minner,

This letter is a follow-up of my letter of 9 May 2006 that draws your attention to an essay by Jody Heymann, Director, McGill University Institute for Health and Social Policy titled: "We Can Afford to Give Parents a Break" (*The Washington Post*, 14 May 2006, enclosed).

[http://www.washingtonpost.com/wpdyn/content/article/2006/05/12/AR2006051201817\\_pf.html](http://www.washingtonpost.com/wpdyn/content/article/2006/05/12/AR2006051201817_pf.html).

In this essay, Dr. Heymann states:

Breast-feeding is crucial because it lowers infant morbidity and mortality three- to five-fold. But in America, there is no guarantee that mothers will be able to safeguard their infants in this way. While 76 countries ensure that mothers can take time from work to breast-feed their infants, America does not... and

If politicians of either mainstream persuasion in the United States really valued mothers and families on Mother's Day or any other day, they would commit to finally ensuring rights for American mothers and fathers that most parents around the world already enjoy. They would ensure that American mothers receive paid maternity leave, as mothers in 164 other nations do. They would ensure that moms have breast-feeding breaks and sick leave.

The evidence is overwhelming that breastfeeding bonding is the primary intervention for the prevention of infant mortality/morbidity and that the State of Delaware would significantly lower its infant mortality/morbidity rate with an aggressive program that supports breastfeeding bonding during the first

years of life, as recommended by the American Academy of Pediatrics, and during the first "two years of age and beyond", as recommended by WHO and UNICEF.

I trust this information will be helpful to you as you plan your programs of reducing the infant mortality/morbidity rate in the State of Delaware. I would welcome being informed of your plans in this regard and I am copying this letter to Dr. Rivera.

Sincerely,

James W. Prescott, Ph.D.

Cc: Jamie Rivera, MD, FAAP



**DELAWARE HEALTH  
AND SOCIAL SERVICES**

DIVISION OF PUBLIC HEALTH

OFFICE OF THE DIRECTOR

May 19, 2006

James W. Prescott, Ph.D.  
1140-17 Savannah Road  
Lewes, DE 19958

Dear Dr. Prescott:

The Division of Public Health (DPH) is in receipt of your most recent letter of May 9, 2006, which responds to my letter dated May 3, 2006. The Division respects your position regarding the role of breastfeeding in reducing infant mortality in our state. As I previously indicated, we recognize this correlation and support the promotion of breastfeeding.

In your letter of April 21, 2006, you stated that DPH failed to address your request for information on the number and percentage of infants who were being actively breastfed at the time of their deaths by sex, race, age at death and socio-economic status of mother. In my response, of May 3, 2006, I informed you that DPH does not currently compile the data you are requesting.

Your newest letter again indicates that the division has failed to comply with your request, to which I must respectfully disagree. You further suggest that the division contact 107 pediatricians who may have cared for the deceased infants quoted in the Delaware Infant Mortality Pilot Study Report for medical documentation. Regrettably, such an undertaking would not be considered a trivial administrative task, as you indicate, and is not feasible.

In response to your newest question about what it would take for the state to incorporate the weaning age of every child as part of the immunological record, I have concluded that this, too, is currently not feasible because of cost and programmatic changes.

As I indicated to you in a previous letter, DPH has been selected to participate in a new pilot Pregnancy Risk Assessment Monitoring System study with federal funding. Accordingly, the data you are requesting will begin to be collected in the new PRAMS project set to start in January 2007.

It is my hope that this response concludes our correspondence related to this issue. I am sorry, but I have no further information to provide. The Division continues to focus on reducing infant mortality in Delaware and we appreciate your efforts and focus on this important issue. As I indicated previously, if you have future questions, please contact Dr. Herman Ellis, Medical Director. He can be reached at (302) 744-4701.

Sincerely,

Jaime H. Rivera, MD, FAAP  
Director

JHR: tgm

Pc: The Honorable Ruth Ann Minner  
The Honorable Vincent P. Meconi  
Dr. Herman Ellis

**James W. Prescott, Ph.D.**

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6 June 2006

Jaime Rivera, MD, FAAP  
Director  
Division of Public Health  
Delaware Health and Social Services  
417 Federal Street  
Dover, DE 19901

Dear Dr. Rivera,

Your letter of response of 19 May 2006 that rejected my request for information on the number and percentage of the 107 infants, who were being actively breastfed at the time of their death in the year 2003 and other related information, is more than a disappointment.

Your refusal to acknowledge the importance of breastfeeding in reducing infant mortality nor to collect this data is inexcusable, your statement "As I previously indicated, we recognize the correlation and support the promotion of breastfeeding", notwithstanding. There is not a single mention of breastfeeding in your report "The Fetal And Infant Mortality Review (FIMR) In Delaware" (August 2005). The role of breastfeeding in maternal-infant health and infant mortality was not even on your radar screen until I brought it to your attention.

I have communicated to you extensive data on the role of breastfeeding bonding in the health of the mother-infant relationship, which you chose to ignore. No wonder that the title of the article in the *Cape Gazette* (March 14, 2006) on your report was entitled "Stubborn Infant mortality rates puzzle experts" nor that Delaware has one of the worst records of infant mortality in the United States (ranks 40th among the 50 States).

The *Cape Gazette* article further reports, "We are seeing a new population of women suffering loss that is unexpected. The incidence of loss for suburban-based women with good health care in their 30s is rising," said Bridget Poulle, executive director of Agenda for Delaware Women."

And

"Fewer Delaware teenagers are becoming mothers, yet babies continue to die before their first birthday. Even those with health insurance, a college education and great jobs unintentionally can become an infant mortality statistic", said Rivera".

How many of these infants were being breastfed at the time of their death, a particularly relevant question given the superior health status of this group of mothers.

My question that you query the 107 pediatricians whose infants died while in their care was met with: "Regrettably such an undertaking would not be considered a trivial administrative task, as you indicate, and is not feasible".

You also rejected my suggestion that the weaning age of every child be a part of the immunological record was not feasible: "In response to your newest question about what it would take for the state to incorporate the weaning age of every child as part of the immunological record, I have concluded that this, too, is currently not feasible because of cost and programmatic changes".

You concluded your letter with: "It is my hope that this response concludes our correspondence related to this issue. I am sorry, but I have no further information to provide."

I had hoped that my initial inquiry would have been more favorably received but I have no alternative but to seek a solution to this impasse with the office of Governor Ruth Ann Minner.

Sincerely,

James W. Prescott, Ph.D.

cc: Governor Ruth Ann Minner

**James W. Prescott, Ph.D.**

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6 June 2006

Governor Ruth Ann Minner  
Dover Office  
Tatnall Building  
William Penn Street, 2nd Fl.  
Dover, DE 19901

Dear Governor Minner,

Please find enclosed a copy of my letter of 6 June 2006 that was in reply to Dr. Rivera's letter of 19 May 2006. My letter of reply is self-explanatory.

Unfortunately, Dr. Rivera has rejected my request for information on the number and percentage of infants who were actively breastfeeding at the time of their death. He has rejected any further correspondence with me on this issue: "It is my hope that this response concludes our correspondence related to this issue. I am sorry, but I have no further information to provide."

Infant and child mortality must be among the highest priorities of any Governor of any State and thus the reason for the following requests given the abandonment of the issues that I have raised with Dr. Rivera.

I urge you to convene a bi-partisan Governor's Task Force on Infant/Child Mortality that will seek:

- 1) The number and percentage of infants who were actively being breastfed at the time of their death--107 in 2003.
2. Establish recording requirements of the weaning age of every child, as part of his/her immunological record.
3. Establish in Delaware, as the first state of the Union, a paid family leave act that would permit mothers to stay at home and breastfeed their child. The United States is one of only four out of 168 countries studied that does not have some form of paid family leave for new mothers (see enclosure).

In a recent email from MomsRising.org, (enclosed) it was noted: "Paid family leave has been shown to significantly reduce infant mortality". The economic inequalities were also noted that forced mothers not to be with their newborns: "...it is an agonizing situation to decide between being with a new baby and



surviving financially. This type of dilemma does not remotely fit into the often-used phrase of "family values".

4. Provide economic incentives that rewards mothers for breastfeeding, rather than the manufactures of infant formula milk, by the amount of money saved by not purchasing infant formula milk.

I regret that Dr. Rivera did not more favorably receive my efforts on behalf of the infants/children of Delaware.

Your attention to this request is appreciated, as new efforts must be made by the State of Delaware, if it is to reduce its shameful infant mortality rate.

Sincerely,

James W. Prescott, Ph.D.

Cc: Dr. Rivera