

BIOBEHVIORAL SYSTEMS

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DHHS Secretary Kathleen Sebelius
U.S. Department of Health and Human Services
200 Independence Ave
Washington, DC 20201

Dear Secretary Sebelius,

I have read *The Surgeon General's Call to Action to Support Breastfeeding 2011*, U.S. Public Health Service, DHHS and I am concerned about certain glaring omissions in this Call to Action.

First, on p.3 under **Psychosocial Effects** there is no mention of the high linkage between breastfeeding and infant mortality rates where:

90% (9/10) States With Less Than 15% of Children Breastfeeding At 12 Months Have Highest Infant Mortality Rates

83% (10/12) States With Greater Than 25% of Children Breastfeeding At 12 Months Have Lowest Infant Mortality Rates

http://www.violence.de/prescott/letters/IM_BF_Homicide_Stats_Update_2010.html

These data have been submitted to you and the Center for Disease Control before which emphasize the importance of breastfeeding for the prevention of infant mortality. (Letter of 14 April 2010 and Figure 1, attached but not acknowledged.

http://www.violence.de/prescott/letters/DHHS_Sebelius_4_14_2010.html

Infant Mortality and Child Mortality are highly correlated with Homicide, previously submitted, attached and published (Prescott, 1979,1996).

<http://www.violence.de/prescott/pppj/article.html>

http://www.violence.de/prescott/letters/IM_BF_Homicide_Stats.pdf

<http://www.violence.de/archive.shtml#infantmortality-homicide-suicide-breastfeeding>

Herman-Giddens, et.al (1999) found that the WHO International Classification of Diseases ICD-9 cause of death coding underascertained child abuse homicides by 61.6%. Numerous additional studies could be cited here and this study has yet to be replicated on the 49 States.

Cross-cultural studies of tribal cultures evaluated the role of breastfeeding bonding and I discovered that 77% (20/26) of cultures whose weaning age was 2.5 years or longer were absent or low in suicide. The exceptions could be accounted for whether pain was inflicted upon the infant by cultural rituals. Again, the 77% prediction of suicide was raised to 82% by whether youth sexuality was permitted or punished. See attachment.

Table 2. <http://www.violence.de/prescott/appp/ald.pdf>

This weaning age study was expanded to incorporate the 186 additional cultures on weaning age by Barry and Paxon (1971). By combining the Textor and Barry and Paxon samples, a total of 65 cultures were obtained that had information on weaning age and suicide. These data are summarized in **Table 3** which found that **86% (31/36) of cultures that had low or absent suicide rates had a weaning age of 30 months or greater. 66% (19/29) of cultures with high suicide rates had weaning age of 24 months or less.**

These data support the conclusion that weaning age of 2.5 years or greater is a necessary but insufficient condition to prevent suicide, a major mental health problem of modern cultures. It should be noted that about 10% of tribal cultures breastfed for 12 months or less compared to 93.2% of American mothers who breastfed for 12 months or less (NHANES 111 data)- National Health and Nutrition Survey Examination 1988-1994.

It is unconscionable and detrimental to the public and personal health of all infants and their mothers to withhold the above information from them on the PSYCHOSOCIAL benefits of breastfeeding which often is life-saving in the immediate short-term and in the long-term for the prevention of suicide/homicide. It takes a certain kind of brain to support suicide and homicide—the Neurodissociative Brain, see attachment.

Breastfeeding bonding involves more than the nutritional issues of breastmilk which also influence the primary role of the essential amino acids of Tryptophan, Phenylalanine and Tyrosine in breastmilk, which form the brain neurotransmitter substances of Serotonin and Dopamine that are known to mediate depression, suicide, homicidal/violent behaviors and their opposite behaviors of joy and happiness that are mediated by affectional bonding processes.

The Merck Manual 17th Edition reports a doubling in the nutritional requirements of the essential amino acids of Tryptophan and Phenylalanine/Tyrosine for infants with no corresponding corrections of these nutritional requirements in infant formula milk. **Infant formula milk is malnutrition for normal brain-behavioral development and condemns generations of children to a lifetime of emotionally disturbed behaviors.**

These processes are explained in my letters to Dr. Zerhouni, NIH Director of 11 February 2005; DHHS Secretary Michael O. Leavitt of 2 February 2006; and to Dr. Alexander. Director, NICHD of 28 October 2005. These nutritional deficiencies of infant formula milk are not mentioned in your 2011 Report on Breastfeeding. See <http://www.violence.de/politics.shtml>, Politics Section.

Dr. Alexander, Director, NICHD, in a letter of response of 17 March 2005 to my letter to Dr. Zerhouni, stated:

Your observations on the maternal-infant bonding engendered by prolonged breastfeeding are known and appreciated by the scientific community. We have not ignored your collective data on this topic, nor has the biomedical establishments refused to conduct cross-validation studies on contemporary human cultures, and

I communicated your scientific interests to Dr. Christine Bachrach, Chief of our Demography and Behavioral Sciences Branch. She thinks that the data set of the National Longitudinal Survey of Youth may contain enough relevant data to test your hypothesis that prolonged breastfeeding reduces the likelihood of depression and violent behavior later in life. You may wish to contact her at 301-496-1174 to discuss this possibility in greater detail. Letter enclosed.

The “cross-validation studies on contemporary human cultures” have yet to be conducted that would confirm the findings found on tribal cultures. These studies are desperately needed today.

The 2010 AAP Policy Statement: Child Fatality Review. Pediatrics 2010; 126; 592-596
<http://pediatrics.aappublications.org/cgi/reprint/126/3/592.pdf> states:

The preventable death of a child is an unparalleled tragedy for a family. Similarly, a nation’s ability to reduce child mortality rates is a measure of that society’s overall well being, and failure to address preventable causes of child mortality is a national tragedy. Each year in the United States, more than 17 000 infants and children die from injury, which remains the leading cause of child mortality in the United States.¹ Add to this the number of preventable noninjury deaths, including many deaths related to prematurity, and it becomes clear that a majority of American child deaths are preventable. —Introduction

This author has initiated a dialogue on this AAP Policy Statement that can be found In Pediatrics Online. <http://pediatrics.aappublications.org/cgi/eletters/126/3/592>

On p, 56, Action 19 calls for the development of a national monitoring tracking system of breastfeeding. I strongly urge you to seek Congressional Legislation that would require the reporting of WEANING AGE of each child by STATE and published in the National Vital Statistics Reports, like infant mortality data are reported. This reporting would provide accurate information on breastfeeding by STATE and provide invaluable information for studies on effects of duration of breastfeeding.

There is a desperate need for the quantitative study of brain development in children and young adults who have never been breastfed compared to those who have been breastfed for one

year; and for “two years of age or beyond” as recommended by WHO/UNICEF in their 1990 Innocenti Declaration, utilizing MRI, fMRI and other advanced measuring technologies
http://www.violence.de/prescott/letters/WHO_Innocenti_Declaration.pdf

Breastfeeding Mothers are rarely violent toward their nursing infants and children, which is an effective intervention against infant mortality and later suicide and homicide that is not cited in *The Surgeon General's Call to Action to Support Breastfeeding 2011*.

I do not understand why the data reported herein are not reflected in *The Surgeon General's Call to Action to Support Breastfeeding 2011*.

I trust this information will be helpful to you in correcting the omissions in *The Surgeon General's Call to Action to Support Breastfeeding 2011*, which would give rightful recognition to the powerful psychosocial benefits of breastfeeding bonding for “two years of age or beyond”.

Sincerely,

James W. Prescott, Ph.D.
Director

Cc: Regina M. Benjamin, M.D., M.B.A.
Vice Admiral, U.S. Public Health Service
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200 Independence Avenue
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Attachments

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FIGURES AND TALBELS

- Fig. 1. /Tbl 1. Percent Children Breastfed at 12 Months By State (2004)-CDC
 Figure 2. & 3. Within Correlations of Infant/Child Mortality With Homicide and Suicide-50 States
 Figure 4. Lagged Correlations of Infant Mortality with Homicide—50 State
 Table 2. Suicide Cultures As A function of Weaning Age, Infant Pain and Your Sexuality
 Table 3. Weaning Age In High and Low Suicide Cultures