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Edward J. Sondik, Ph.D.
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Centers for Disease Control and Prevention
3311 Toledo Road
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Att: Robert Weinzimer
Acting Executive Secretary
Special Assistant for Outreach
Board of Scientific Counselors
NCHS/CDC
Rweinzimer@cdc.gov

Dear Dr. Sondik,

The State of Delaware has several public health crises that affects the health and lives of infants, children, elderly and the environment, and is in need of your assistance. As you are aware, Delaware has one of the worst records of infant mortality rate in the U.S., ranking the sixth worst state of the Union in 2004 and ranking 35th in Health Care State Rankings 2006 among the 50 States, a measure based upon a composite score of twenty-one different health variables.

Toxic environments play a significant role in these health disasters, yet public health officials are apparently immune to these causes, namely the primary toxic load of the Indian River and Edgewater coal-fired power plants despite citizen efforts to inform them of the urgency of these health crises in Delaware.

Attached is an eight page letter of 29 August 2007 from Steve Callanen, Chairman, Energy Subcommittee, Southern Delaware Group, Sierra Club to a Ms Meg Maley, Chair, Delaware Cancer Consortium Environment Committee, Department of Public Health that reviews the magnitude and variety of the health problems created by the coal-burning power plants, which calls for immediate correction.

Special concerns surround the agreement of Secretary John Hughes, Delaware Department of Natural Resources and Environmental Control (DNREC) and NRG Energy "to reduce emissions and shut down two of the oldest turbines by 2012", which is too little and too late to prevent further health injury and loss of life. See enclosed report "DNREC, NRG reach agreement on emissions, *Cape Gazette* 8.26.07. See my reply to this news report, enclosed. Also, of some concern is the reported "cancer clusters" where Lt. Governor John Carney's calls for further epidemiological studies and better information.
<http://www.capegazette.com/storiescurrent/200708/dnrecnrg082407.html>

Despite these and other studies of health injury, these data have been ignored by Dr. Rivera, Director, Division of Public Health, Delaware Health and Social Services, where no mention of toxic

environments or the data that support toxic environments being linked to clusters of higher infant mortality rates have been mentioned in *The Fetal and Infant Mortality Review (FIMR) In Delaware (2005a)* nor in *Reducing Infant Mortality In Delaware*"(2005b), a glaring omission of the scientific data cited above and the study by Woodruff, Grillo and Schoendorf (1997) that alerted the scientific-political community to this linkage.

Additionally, Dr. Rivera did not recognize the importance of breastfeeding for the prevention of neonatal and infant mortality, as no mention of breastfeeding was mentioned in *The Fetal and Infant Mortality Review (FIMR) in Delaware (2005a)* and one sentence on breastfeeding in *Reducing Infant Mortality in Delaware (2005b)* Dr. Rivera refused to provide information on how many of the 107 infants had been actively breastfeeding at time of death. (Edmond, et al, 2006). <http://www.violence.de/politics.shtml>. --Infant Mortality in Delaware.

A recent 2007 summary of the health hazards of toxic environments has been published, entitled "The Faroos Statement: Human Health Effects of Developmental Exposure to Chemicals in our Environment" by leading national and international health authorities in *Basic & Clinical Pharmacology & Toxicology* (Grandjean, Philippe, et al., 2007). They state:

The periods of embryonic, foetal and infant development are remarkably susceptible to environmental hazards. Toxic exposures to chemical pollutants during these windows of increased susceptibility can cause disease and disability in infants, children and across the entire span of human life. Among the effects of toxic exposures recognized in the past have been spontaneous abortion, congenital malformations, lowered birthweight and other adverse effects. These outcomes may be readily apparent. However, even subtle changes caused by chemical exposures during early development may lead to important functional deficits and increased risks of disease later in life. The timing of exposure during early life has therefore become a crucial factor to be considered in toxicological assessments.

The infant mortality report from the *Centers for Disease Control and Prevention* have identified the leading causes of infant mortality (Mathews and MacDorman, 2007):

The leading cause of infant death in the United States in 2004 was Congenital malformations, deformations and chromosomal abnormalities (congenital malformations), accounting for 20 percent of all infant deaths. Disorders relating to short gestation and low birthweight, not elsewhere classified (low birthweight) was second, accounting for 17 percent of all infant deaths, followed by Sudden Infant death syndrome (SIDS) accounting for 8 percent of infant deaths. The fourth and fifth leading causes--Newborn affected by maternal complication of pregnancy (maternal complications), and Accidents (unintentional injuries), accounted for 6 and 4 percent, respectively, of all infant deaths in 2004. Together the five leading causes accounted for 55 percent of all infant deaths in the United States in 2003(p.9).

The effects of toxic exposure are similar in both reports: spontaneous abortion, congenital malformations, lowered birthweight and complications of pregnancy. It is not possible to separate genetic from environmental factors for there is always and everywhere an interaction. Genotype is not expressed in a vacuum. Toxic environments induce genetic-chromosomal abnormalities and the environment has a major control over genetic expression and, thus, the quality of the environment is crucial to understanding the vast health damages inflicted upon organisms by the environment, particularly the embryo, fetus and very young and elderly.

This background information is provided to support the following requests, which supports Lt. Governor John Carney's request for additional epidemiological studies.

A page from history is taken from the cholera epidemic of 1854 in London and the identification of its cause by John Snow, the father of epidemiology, who plotted on a map the location of every case of cholera that was reported. The density of cases led to a single well located on Broad Street. Removing the pump handle of the Broad Street Well ended the epidemic of cholera. Perhaps, the Indian River Power plant can be considered analogous to the Broad Street Well, as the number of fetal/perinatal and infant mortalities are plotted on a map of Delaware.

It would be important for the NCHS to conduct an internal pilot research study of fetal/perinatal, infant mortality, child mortality, cancer deaths, etc that would plot these deaths and health casualties on a map of Delaware. Patterns would soon emerge and public health officials and citizens could see "at a glance" the health profile of the state and loci of deaths. These could be called "Snow Maps", in honor of John Snow of London, and should be generated for each State.

Such a map would identify clusters of death and the significant role that coal-fired power plants have on these death clusters and other sources of environmental toxicity.

It is urgent that the NCHS establish a record of weaning age of each child with published data similar to fetal, infant and child mortality. Pediatricians should be required to record the weaning age of every child, as part of the immunological record. We should not be dependent upon the pharmaceutical firms to provide this information, as duration of breastfeeding should rank as one of the most important developmental variables to predict future health and behaviors. State information would permit state comparisons with other health measures not currently possible.

The recent report in *The Washington Post*, (8.31.07) "HHS Toned Down Breast-Feeding Ads" illustrates the powerful forces against breastfeeding, as the infant formula companies do not want their economic empire compromised. One cannot make money on breastfeeding. Infant formula companies cannot tolerate any ads that would identify health injury due to lack of breastfeeding, attached. This article reported that Duane Alexander, Director, National Institute of Child Health and Human Development and other officials supported the elimination of some of the ads, claiming them to be "wild claims".

Breastfeeding involves more than just breastmilk, as it promotes and sustains mother-infant/child bonding that is a prerequisite for emotional-social bonding later in life and the development of peaceful and harmonious cultures.

It is for these reasons that my studies on 26 tribal cultures who breastfed their infants/children for 2.5 years or longer found that 77% (20/26) were rated low or absent in suicide and that the exceptions could be accounted for by whether pain was inflicted upon the infant, as part of the socialization process. A larger study involving 65 cultures found that 86% (31/36) cultures with a weaning age of 2.5 years or greater were rated low or absent in suicide; and that 34%(10/29) with a weaning age of 24 months or less were rated as high suicide cultures. A significant statistical difference exists in suicide between cultures that breastfeed for 2.0 years or less and cultures that breastfeed for 2.5 years or greater. Clearly, these data support a formative period of brain development at 2.5 years or thereabout to account for these results.

Another conclusion is that it takes 2.5 years or greater to optimize brain-behavioral development and health benefits to mother and child that was recognized by WHO/UNICEF in their policy statement, the *Innocenti Declaration* (1990).

Yet, these emotional-social -behavioral data and others like it are nowhere mentioned in the biomedical reports on benefits of breastfeeding bonding. These data are reported by Prescott (1996, 1997, 2001ab, 2005,2006, 2007).

The Faroes (2007) statement concludes:

The accumulated research evidence suggests that prevention efforts against toxic exposures to environmental chemicals should focus on protecting the embryo, foetus and small child as highly vulnerable populations. Given the ubiquitous exposure to many environmental chemicals, there needs to be renewed efforts to prevent harm.

Perhaps, Dr. Sondik, you may wish to share this communication with your Board of Scientific Counselors, as the establishment of "Snow Maps" is easily accomplished by the NCHS that would reveal the sources of environmental toxicity. The annual reporting of weaning age, like the reporting of infant mortality, would be a great service to advancing health and health research in this country.

Al Gore has reminded us of the danger that is imminent:

Our home--Earth--is in danger. What is at risk of being destroyed is not the planet itself, but the conditions that have made it hospitable for human beings...This is not a political issue. This is a moral issue, one that affects the survival of human civilization. (*New York Times* 7.1.07, emphasis added).

Sincerely,

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Following graph from John Austin, Citizens for Clean Power John Austin <austin4102000@yahoo.com>

