

Figure 3
 Within Year Correlations of Infant Mortality with Homicide and Suicide for the 50 States and D.C.
 Predicting Concurrent Homicide and Suicide Rates from Concurrent Infant Mortality Rates

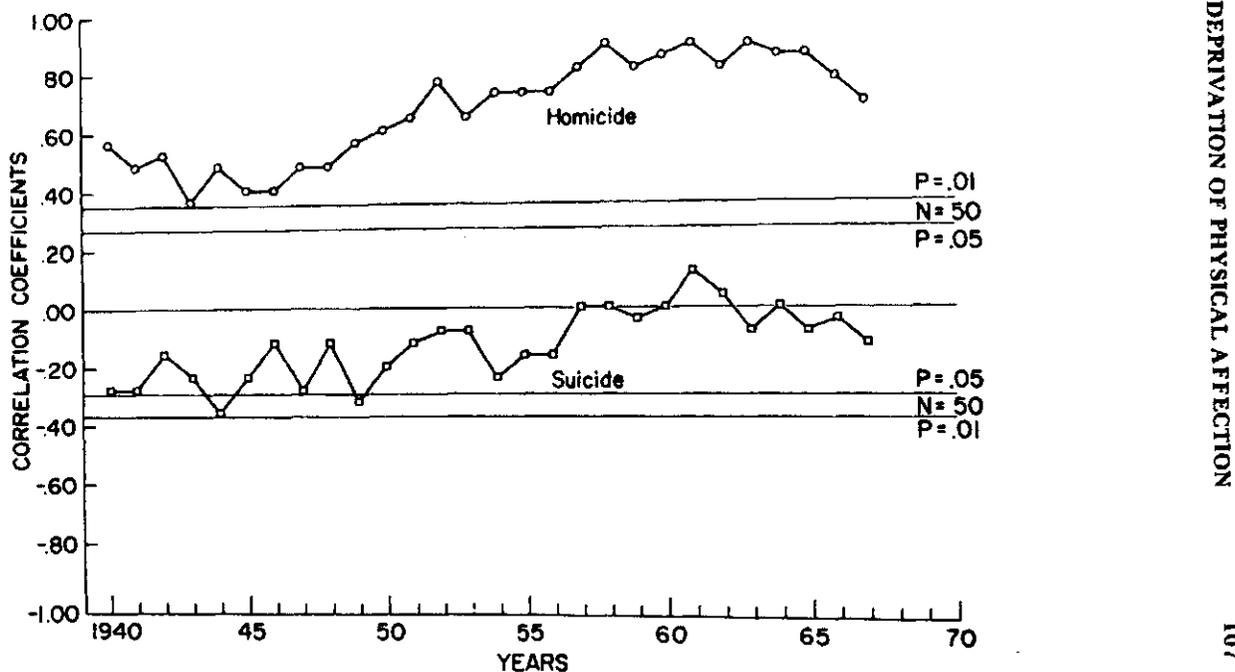


FIGURE 1. Within year correlations of infant mortality with homicide and suicide for the 50 states and D.C. predicting concurrent homicide and suicide rates from concurrent infant mortality rates.

From: Prescott, James W. (1979). Deprivation of Human Affection As A Primary Process In The Development of Physical Violence. In: Child Abuse and Violence (David Gil, Ed.). AMS Press New York. Submitted in testimony before the U.S. House of Representatives on May 10, 1983 (supra).

in the magnitude of these relationships from the the 1940s to the 1960s. Stated differently, from 15-25 percent of the homicides can be predicted from the infant mortality rates of the 1940s, whereas as much as 25-75% of the homicides can be predicted from the infant mortality rates of the late fifties and sixties. This is to say that more and more homicidal factors are involved in our infant mortality rates of the late 1950s and 1960s than in the 1940s. This kind of data analysis is, unfortunately, not available for the years 1970-1995 since the NICHD abandoned its agency responsibility to conduct such studies (Prescott, 1979b, 1983b, 1993).

p. 164, Spring 1996, Pre- and Perinatal Psychology Journal

Figure 4 presents the same kind of analysis for child mortality rates (children 1-4 years of age) and homicide rates. These data parallel the findings for infant mortality rates only the magnitude of correlations between child mortality rates and homicide rates are even greater than with infant mortality rates. As before, suicide rates are uncorrelated with child mortality rates. These data strongly support the conclusion that there is a greater prevalence of homicidal factors in our infant and child mortality rates than previously suspected which suggests that many infant and child deaths attributed to non-homicidal factors, e.g. accidental deaths, may be in error. In short, there is a high degree of underreporting of infant and child homicides because of mis-classification of these deaths due to other causes, e.g. accidents (Prescott, 1979).

The recent report of ABCAN (April 1994) estimated that there are some 2,000 homicides of children each year in this country and presented that data as startling "new findings" when a more grim picture of infant and child homicides in this country was painted some sixteen years ago (Prescott, 1979b, 1983b). Equally grim is that these earlier statistical data on the increase of infant/child homicides; the experimental animal data which documented that the failure of "mother love" results in

developmental brain dysfunction/damage; and the cross-cultural data that links failure of "mother love" and sexual repression to later violence (reported below) have been purposively ignored by the National Institutes of Health, the Department of Health and Human Services which includes ABCAN; the National Academy of Sciences; and the U.S. Congress for the past sixteen years and which continues to be ignored today (Prescott, 1983b, 1994; NIH, 1994; ABCAN, 1995; NRC, 1995ab).

The refusal of the NIH to acknowledge the existence or any results of NICHD supported research on child abuse and neglect and the developmental origins of violence during the 1960s and 1970s in its 1994 report (NIH, 1994) is particularly onerous given the review of that research history for the "NIH Panel On Violence Research" by Prescott (1993) and its direct implications for establishing violence prevention programs. The deliberate refusal by NIH officials to include that scientific history of the NICHD and the several significant scientific breakthroughs on the developmental origins of violence in its final report must represent one of the most fraudulent scientific reports ever published by the NIH. And this nation is now paying the high cost of that history of denial and repression of scientific knowledge which has contributed to the escalation of the failure of

p. 165, Spring 1996, Pre- and Perinatal Psychology Journal

Figure 4
Within Year Correlations Relating Child Mortality to Homicide and Suicide for the 50 States and D.C.

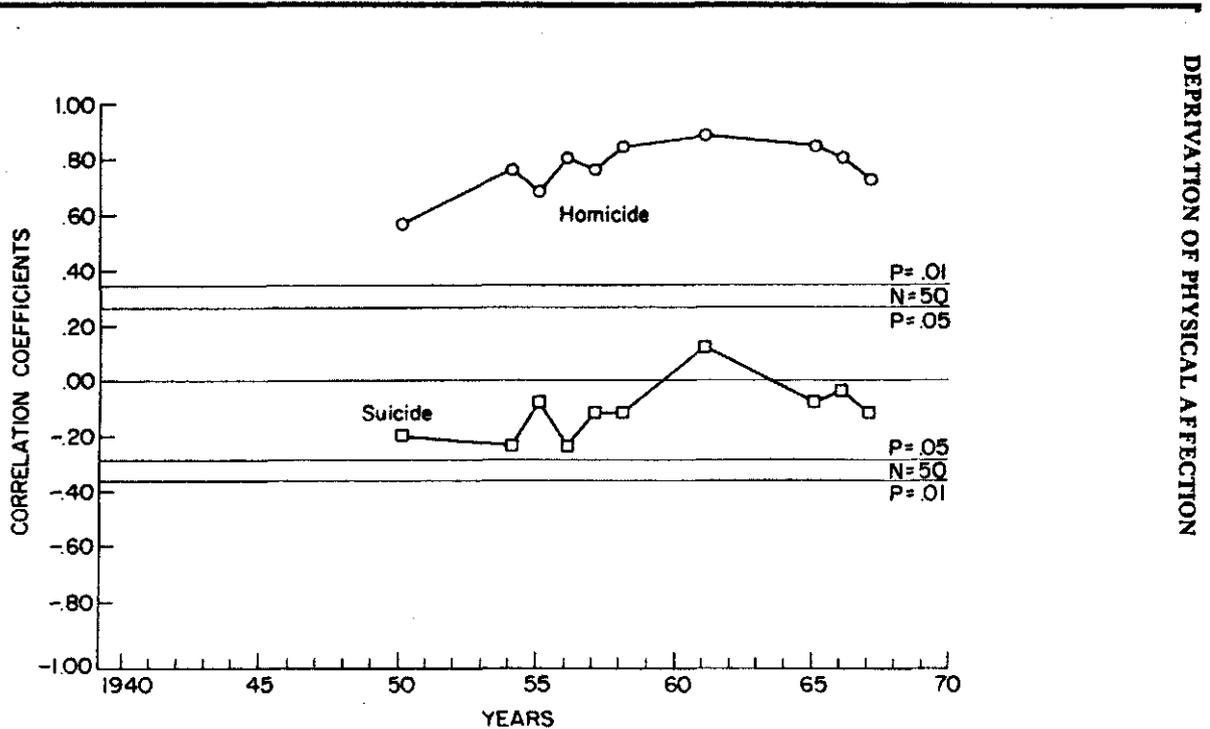


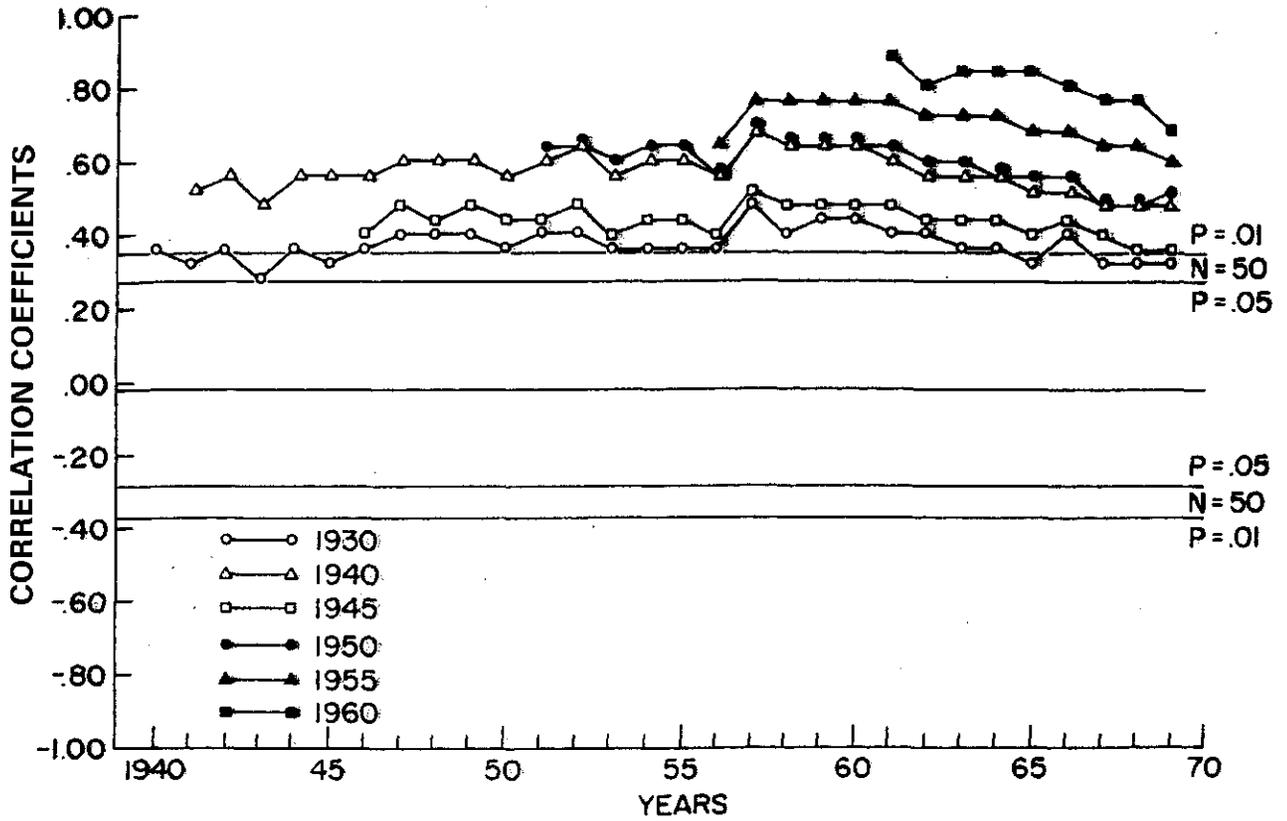
FIGURE 2. Within year correlations relating child mortality to homicide and suicide for the 50 states and D.C.

From: Prescott, James W. (1979). Deprivation of Human Affection As A Primary Process In The Development of Physical Violence. In: Child Abuse and Violence (David Gil, Ed.). AMS Press New York. Submitted in testimony before the U.S. House of Representatives on May 10, 1983 (supra).

maternal-infant/child bonding in this country with the violence and alcohol/drug abuse and addiction which follows like the night and day.

The above statistical data portrays a continuing disintegration of our culture and its lack of capacity and concern to care for the children of this nation. This lack of caring at all levels of our society is rooted in the failure to recognize the supreme importance of that first affectional bond between mother and infant/child which has continuing ramifications throughout the

LAGGED CORRELATIONS OF INFANT MORTALITY WITH HOMICIDE FOR THE 50 STATES AND D.C. PREDICTING FUTURE HOMICIDE RATES FROM EARLIER INFANT MORTALITY RATES

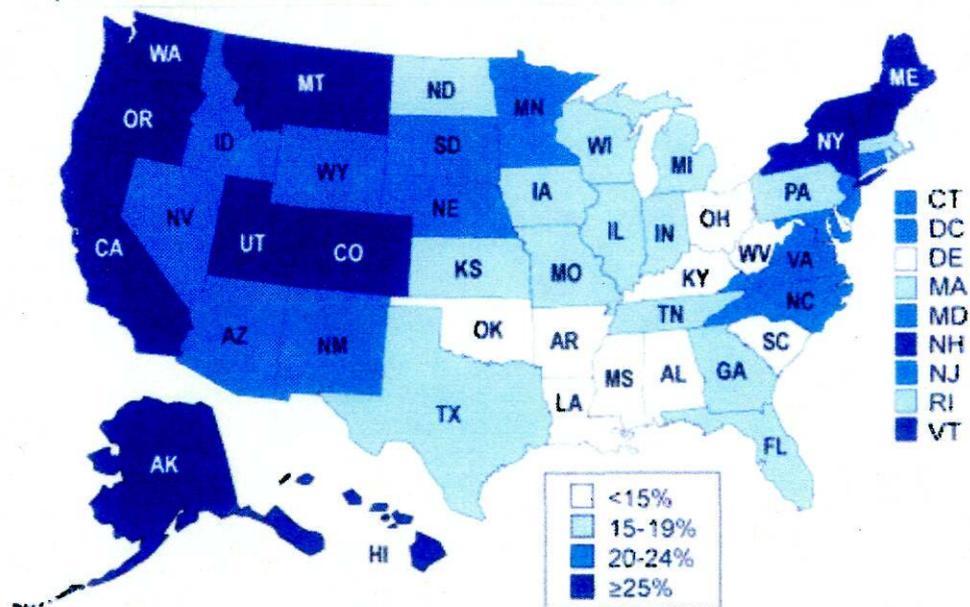


Prescott, J.W. Testimony on Child Abuse and Neglect Research at the National Institute of Child Health and Human Development, National Institutes of Health. U.S. House of Representatives Appropriations Subcommittee on Labor-Health and Human Services 98th Congress (May 10, 1983). Wm. Natcher, Chair



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Map 3: Percent of Children Breastfed at 12 Months of Age by State among Children Born in 2004



Source: National Immunization Survey, Centers for Disease Control and Prevention, Department of Health and Human Services

**PERCENT CHILDREN BREASTFED AT 12 MONTHS BY STATE (2004)
AND STATE INFANT MORTALTY RATE (2004) N = 51**

<u>< 15 %</u>	<u>15-19 %</u>	<u>20-24 %</u>	<u>>25 %</u>
N = 10	N = 15	N = 14	N = 12

X = 8.50

X = 5.69

100% (10/10) States With Less Than 15% of Children Breastfeeding At 12 Months Have Highest Infant Mortality Rates

92% (11/12) States With Greater Than 25% of Children Breastfeeding At 12 Months Have Lowest Infant Mortality Rates

81% (21/26) States With Highest Breastfeeding At 12 Months Have Lowest Infant Mortality Rates (5.69/1,000 live births).

80% (20/25) States With Lowest Breastfeeding At 12 Months Have Highest Infant Mortality Rates (8.50/1,000 live births).

CDC (2008). *Breastfeeding Practices—Results from the National Immunization Survey*. Center for Disease Control. http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm

Minino, A.M , et al (2007) *Deaths: Final Data for 2004*. CDC. National Vital Statistics Report. V55(19). Table 32.. Hyattsville, MD <http://www.cdc.gov/nchs> August 21.

Prescott, J.W. (2008). Table 13: Breastfeeding At 12 Months of Age By State and Infant Mortality Rate. October 18.

Table 12. PERCENT CHILDREN BREASTFED AT 12 MONTHS BY STATE (2004)
AND STATE INFANT MORTALTY RATE (2004) N = 51

<u>< 15 %</u>		<u>15-19 %</u>		<u>20-24 %</u>		<u>>25 %</u>	
N = 10		N = 15		N = 14		N = 12	
	IMR		IMR		IMR		IMR
DE	8.88	FL	7.33	AZ	6.55	AK	6.36
AL	8.82	GA	8.65	CT	5.75	HI	6.95
AR	8.47	IA	5.36	DC	11.42	CA	5.25
KY	6.94	IL	7.53	ID	6.14	CO	6.11
LA	9.95	IN	7.78	MD	8.09	ME	5.01
MS	9.32	KS	7.04	ME	5.01	MT	6.42
OH	7.74	MI	8.09	MN	4.85	NH	4.93
OK	7.95	MA	4.80	NC	8.35	NY	6.08
SC	8.98	MO	7.95	NE	6.34	OR	5.59
WV	7.98	ND	6.48	NJ	5.62	UT	5.26
		PA	7.40	NM	6.11	WA	5.62
		RI	6.40	NV	6.00	VT	4.68
		TN	9.05	SD	7.11		
		TX	6.37	VA	7.48		
		WI	6.43				
\bar{X} =	8.50						5.69

Median Infant Mortality Rate = 6.48

100% (10/10) States With Less Than 15% of Children Breastfeeding At 12 Months Have Highest Infant Mortality Rates

92% (11/12) States With Greater Than 25% of Children Breastfeeding At 12 Months Have Lowest Infant Mortality Rates

81% (21/26) States With Highest Breastfeeding At 12 Months Have Lowest Infant Mortality Rates (5.69/1,000 live births).

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Prescott, J.W. (2008). Table 13: Breastfeeding At 12 Months of Age By State and Infant Mortality Rate. October 18.

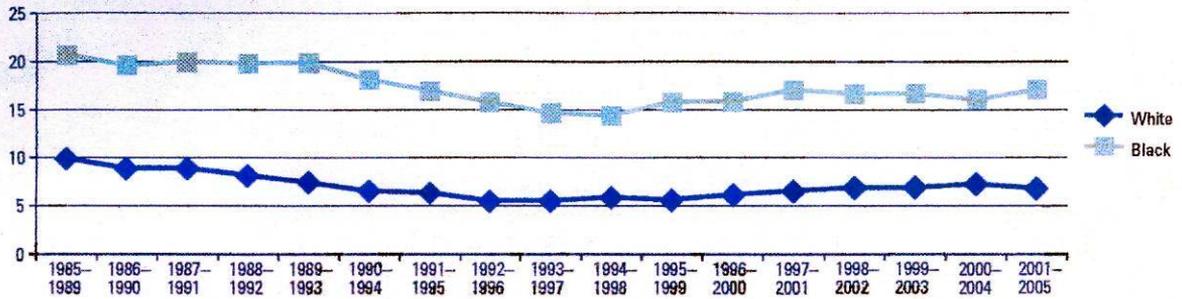
INFANT MORTALITY BACKGROUND

DHHS Annual Progress Report (2008). *The Birth of Change: Healthy Mothers, Healthy Infants*. Delaware Healthy Mother and Infant Consortium. Reducing Infant Mortality In Delaware. Division of Public Health. February. Dover, DE

In Delaware, there is a significantly higher Infant Mortality Rate among black infants— as much as two to nearly three times that of white infants.

Five-year Average Black and White Infant Mortality Rates for Delaware, 1985 to 2005

Source: Delaware Department of Health and Social Services, Division of Public Health, Health Statistics Center, 2007.

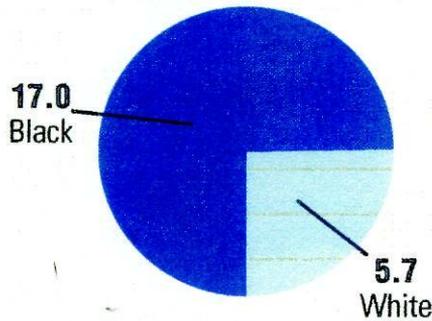


The Infant Mortality Rate for blacks is consistently higher than for whites in all three counties and in Wilmington.

Source: Delaware Department of Health and Social Services, Division of Public Health, Health Statistics Center, 2007.

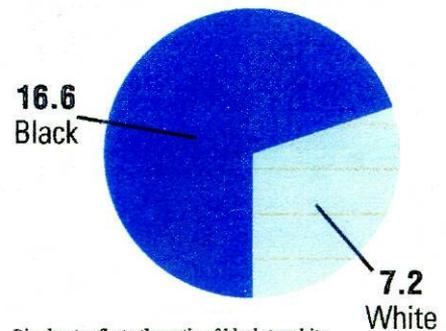
Infant Mortality Rates by Race, 2001 to 2005

CITY OF WILMINGTON—12.4 DEATHS PER 1,000 LIVE BIRTHS



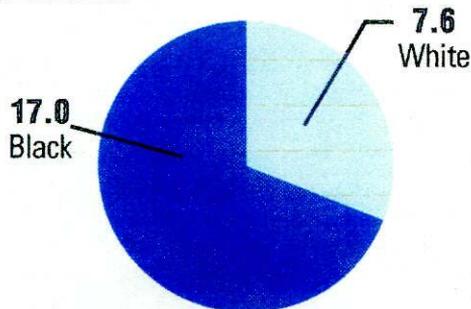
Pie chart reflects the ratio of black to white

REMAINDER OF NEW CASTLE COUNTY—8.7 DEATHS PER 1,000 LIVE BIRTHS



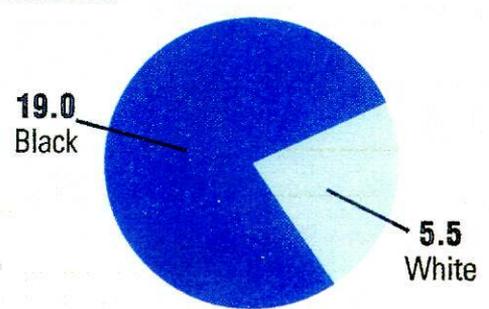
Pie chart reflects the ratio of black to white

KENT COUNTY—10.0 DEATHS PER 1,000 LIVE BIRTHS



Pie chart reflects the ratio of black to white

SUSSEX COUNTY—8.2 DEATHS PER 1,000 LIVE BIRTHS



Pie chart reflects the ratio of black to white

The NICHD denied Dr. Prescott's further research on infant mortality, homicide and the pursuit of research on the neurobiology of socialization.

<http://www.violence.de/history/coverup.html#19790615>

Memo: Dec. 29, 1977

Memo Scientist Administrator Prescott to Director NICHD, Kretchmer. Summary of situation and request to fund the research project of Dr. A. Riesen on Somatosensory Deprivation.

[View Document](#)

Memo: Jan. 30, 1978

Reply by Kretchmer. Rejects idea to initiate a high priority program on the developmental neurobiology of socialization.

[View Document](#)

Memo: May 22, 1979

NICHD internal memo to Health Scientist Administrator Dr. James W. Prescott prohibits him from any activity to further research on child abuse.

"Please note the attached memorandum to DRG. Child abuse falls within the NIMH's stated referral guidelines and appears nowhere within NICHD's guideline or mission; therefore, assignment to NICHD is inappropriate."

"I have requested that DRG make no further assignments to HD in child abuse. Further, you are instructed not to program grant applications or contract proposals in this area." -- signed Betty H. Pickett, Ph.D., Acting Director, CRMC (NICHD)

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Memo: June 15, 1979 – Analysis Denied

Prescott updated statistics on infant/child mortality rates for an extended epidemiological study. He then requested permission to use computer time at DCRT for \$500 to do additional analysis. But Betty H. Pickett of the NICHD denied it. Today (1999) the data is still not analyzed and continuation of studies requested was denied. These denials and rejections occurred despite the NICHD responsibility for epidemiological studies on infant mortality. See 1998 NICHD studies on infant homicide and mortality.

[View Prescott's Request--View Pickett's Denial--NICHD Ref. Guidelines of 1978 \(Below\)](#)

[What could be gained by such an analysis?](#)

[Publications by Prescott on the topic](#)

[1998 NICHD studies on the topic](#)

TABLE 1. SUICIDE CULTURES AS A FUNCTION OF WEANING AGE, INFANT PAIN AND ADOLESCENT SEXUALITY

WEANING AGE 2.5 YEARS OR LONGER

SUICIDE CULTURES

HIGH SUICIDE		LOW SUICIDE	
	Infant Pain		Youth Sex
Balinese	Yes	Ainu	YES
Jivaro	Yes	Andamanese	YES
Kwakiutl	Yes	Aranda	Irrelev
Nuer	Yes	Arapesh	Irrelev
Nyakyusa	Yes	Cheyenne	NO
Ojibwa	Yes	Chukchee	YES
		Cuna	NO
		Kurtachi	YES
		Lakher	YES
		Lepcha	YES
		Lesu	YES
		Manus	NO
		Murngin	Irrelev
		Navaho	YES
		Siriono	YES
		Tallensi	YES
		Thonga	YES
		Venda	YES
		Wogeo	YES
		Woleaians	YES
6		20	(17)

77% (20/ 26) cultures where weaning age is 2.5 years or greater are low suicidal cultures.
 82% (14/17) cultures with weaning age > 2.5 yrs and support youth sex have low suicides.
 Irrelevant since marriage occurs shortly after puberty, thus greater sexual affectional pleasure.
 Premarital Sex TC 392; WA > 2 Yrs TC 330; Infant Pain TC 324

Source: R. B. Textor (1967). *A Cross-Cultural Summary*. HRAF Press, New Haven.
 N.B. Textor Code 473 is not a pure measure of suicide but is mixed with homicidal behaviors.

James W. Prescott, Ph.D. (2005): Prevention Or Therapy And The Politics of Trust: Inspiring a New Human Agenda. *Psychotherapy and Politics International* 3(3):194-211.
<http://www.violence.de/prescott/politics-trust.pdf>

TABLE 1. TWO CULTURAL BRAINS

LIMBIC-SUBCORTICAL EMOTIONAL BRAIN

PAIN

PLEASURE

**N
E
O
C
O
R
T
I
C
A
L**

Theistic Religions
Patrilineal

Gender Inequality
Sexual Puritanism
Addictive Synthetic Drugs
Authoritarian Control
Pain Is A Moral Good
Depression-Violence-War
NeuroDissociative Brain
Science of Pain-Depression
BioMedical Health Model
Legislative Gender Inequality
Politics of Betrayal

**P
L
E
A
S
U
R
E**

Earth Religions
Matrilineal

Gender Equality
Sexual Liberty
Natural Botanical Drugs
Egalitarian Freedom
Pleasure Is A Moral Good
Joy-Happiness-Peace
NeuroIntegrative Brain
Science of Pleasure-Happiness
BioBehavioral Health Model
Legislative Gender Equality
Politics of Trust

James W. Prescott, Ph.D. Presented at: Society for the Scientific Study of Sex: "Sex and the Brain" Midcontinent & Eastern Regions June 13-16, 2002 Big Rapids, MI and Society For Cross Cultural Research 32nd Annual Meeting Feb 19-23, 2003 Charleston, SC. From: Prescott, 2005., <http://www.violence.de/archive.shtml>

DVD: THE ORIGINS OF LOVE & VIOLENCE: SENSORY DEPRIVATION AND THE DEVELOPING BRAIN. 2008
<http://tfuture.org/violence>