

18000 Dead American Babies
by David Kennedy DDS

65 years ago the US stood among the very best countries in the world to have a baby and expect it to survive a long and healthy life.¹ The US Public Health Service and the Center for disease Control implemented policies allegedly intended to support the health of the population yet of you look at the record they have failed miserably.

Professor Boyd Haley recently pointed out that today the United States is now ranked a miserable 46th worldwide in infant survival the first year of life². The trend continues well after one year but if our babies survived like those in Singapore for example with a death rate of 2.31 per 1000 live births vs. our present deplorable record of 6.26 and an annual number of newborns of 4130665 there would be 16,316 more US babies alive after one year. In the most recent report we spend more, have more doctors and yet trail many less developed countries including Guam and Cuba (See WikiTable)³.

1		Singapore 2.31	24		Belgium 4.44
2		Bermuda 2.46	25		Guernsey 4.47
3		Sweden 2.75	26		Luxembourg 4.56
4		Japan 2.79	27		Netherlands 4.73
5		Hong Kong 2.92	28		Jersey 4.73
6		Macau 3.22	29		Australia 4.75
7		Iceland 3.23	30		Portugal 4.78
8		France 3.33	31		Gibraltar 4.83
9		Finland 3.47	32		United Kingdom 4.85
10		Anguilla 3.52	33		New Zealand 4.92
11		Norway 3.58	34		Monaco 5.00
12		Malta 3.75	35		Wallis and Futuna 5.02
13		Andorra 3.76	36		Canada 5.04
14		Czech Republic 3.79	37		Ireland 5.05
15		Germany 3.99	38		Greece 5.16
16		Switzerland 4.18	39		San Marino 5.34
17		Spain 4.21	40		Taiwan 5.35
18		Israel 4.22	41		Isle of Man 5.37
19		Slovenia 4.25	42		Italy 5.51
20		Liechtenstein 4.25	43		European Union 5.72
21		South Korea 4.26	44		Cuba 5.82
22		Denmark 4.34	45		Guam
23		Austria 4.42	46		United States 6.26

This deplorable state of affairs has so many causes some people have difficulty in coming to grips with the fundamental problem but after considerable research and deliberation I

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and a number of learned experts in the field of toxicology have decided that it is the seriously flawed policies of the CDC and US PHS which exposed infants to excessive amounts of mercury and lead that are primarily to blame.

It's complicated.

A chemist I know, Professor Gerhard Schrauzer, once explained that low-level toxicological injury is almost never caused by just one thing but most likely a combination of several things. Schubert in order to determine the combined toxicity of lead and mercury designed a very simple experiment⁴. He gave rats a dose of lead that is normally lethal to just 1 out of 100 and simultaneously gave them a very low dose of mercury typically lethal to just one out of 500 and all the rats died. So the synergistic effects of lead and mercury together magnify the lethality enormously.

Today in the US babies one in six are already born with sufficient mercury in their cord blood to cause neurological impairment. That is a horrible statistic and is totally avoidable. In 1981 Snapp showed that the blood mercury level could be reduced 90% in just 7 months by carefully removing all mercury/silver amalgam tooth fillings from a person's teeth.⁵ In addition the policy of the CDC regarding vaccinations containing mercury was changed in 1990 to mandate injecting newborn babies with thimerosal (ethylmercury) in the form of hepatitis-B vaccine.

So now we have logically determined the source of the mercury exposures but where does the infant get the lead? This is where it gets even more complicated.

There is a manmade molecule called hydrofluosilicic acid that is derived from the manufacturer of phosphate fertilizer or from the mining operations that extract nuclear materials from high phosphate rock. It consists of a core of sand (silica) populated with 6 molecules of fluoride and a water molecule. This forms a unique electrical attraction to lead. In fact it is so unique there is a patent in the US office for this product to extract lead from brass.

In 1999 Roger Masters and Myron Coplan analyzed raw data collected by NHAINES children's lead study.⁶ For many years NHAINES has asked every physician who sees a young child to collect a little bit of blood for them to measure the blood lead levels. As a result there are computers full of numbers but up until that point no one had thought to see if there was a connection between blood lead and hydrofluosilicic acid. Dr. Masters and Mr. Coplan took the data from 280,000 children and compared the blood lead levels and other known factors for lead exposure and included whether or not the public drinking water was supplemented with hydrofluosilicic acid. To everyone's amazement except Mr. Coplan's the correlation was startling. Children who were exposed through their drinking water to hydrofluosilicic acid had twice the blood lead levels as those children who were not exposed.

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This caused the advocates for hydrofluosilicic acid supplementation at the CDC to react in a very negative fashion. First they accused Dr. Masters of flawed research and then they accused the team of bias. They explained away the findings by pointing out that the blood lead levels were particularly high if there were any other possible source of lead exposure such as older housing where presumably lead paint had been used. They speculated that since some of the blood samples had come from finger sticks that the nurses had probably forgotten to swab the poor children's fingers with alcohol to remove germs and lead particles before the stick and thus the high lead levels merely reflected the fact that children had been touching lead painted surfaces. Then they did no research of their own.

Dr. Masters and Mr. Coplan considered their criticism as a bit far fetched as neither of them had ever had a nurse forget to swab one of their fingers before sticking them but nevertheless they set out as any good scientist would to determine the validity of this criticism. In their second paper⁷ they selected only data from venous blood draws from 151, 255 children to eliminate any possibility the finding was spurious and due to an artifact introduced by bad nursing or sloppy sampling technique. The theory being that since they were looking for minute particles of lead and since a blood draw typically was 5 to 10 milliliters any lead from unclean skin would not have a significant impact on the results.

Their second study found exactly the same thing as the first demonstrating that hydrofluosilicic acid does indeed impact blood lead levels. In addition they looked at ethnic background and cofactors in lead exposure and found that if the child were black and had any other potential source of lead exposure they suffered a 6 fold or 600% increase in blood lead. If the child were Hispanic the increase was 400%. This research caused the advocates at the CDC to send a letter out claiming that the results were flawed. They did no research and this time they did not even explain what the flaw was except it was very clear they did not like the findings. They didn't like the findings because they make their living advocating that every community in the United States add hydrofluosilicic acid to the public drinking water and they saw the research as a threat to their jobs.

I see the findings of Masters and Coplan as an answer to the first issue we discussed in this article. When we have 18,000 dead babies that would be alive today if they were born in another time before we began to add hydrofluosilicic acid to the public drinking water or inject babies the day they are born with ethylmercury.

What I theorize is happening is that the baby already has too much mercury from Mom's mercury/silver amalgam tooth fillings and then along comes the policy of the Public Health Service designed to maximize income to the vaccine manufacturers where children are injected with even more mercury. Perhaps mom has to go back to work and earn

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money to support her growing family and cannot stay home and breast-feed her baby. That baby is going to be drinking formula. And if the mother is so poor that she has to go back to work to feed her family she is probably going to buy the least expensive formula, which is powdered formula that is reconstituted with water. If she is that poor, she is not going out to buy bottled water for dollars per gallon either. She is going to use the faucet and put in municipal tap water, which we are constantly, being assured is perfectly safe. So the baby now is swallowing its weight in hydrofluosilicic acid treated tap water every 4 to 6 days. This sucks lead into the baby's blood stream that otherwise would have passed on through without harm.

Now we see the results of Dr. Schubert's experiment on rats translated to US children and I think this quite likely that the lead/mercury synergistic toxicity is responsible or at a minimum partly responsible for the 18,000 deaths annually that should not have happened. What has been particularly disturbing about this problem to me is the manner in which those responsible have summarily dismissed all evidence that their actions are causing harm.

I normally don't expect most criminals to immediately confess to their crimes. That is not what criminals usually do. They point to some other explanation of how the crime may have occurred and claim they have an alibi. Just like the CDC claimed that dirty fingers were responsible, Dr. Masters was an antihydrofluosilicic acidionist and biased against their policy. But the evidence is in and the results are clear. What I don't understand is why everyone else hasn't become upset by the actions of the CDC. They are so obviously guilty of a crime against their country I would call this treason and the most severe forms of punishment. Instead they have been blessed with unlimited power to make determinations of what is good for us and given enormous financial resources to make it happen just like they want.

What we have is 18,000 dead babies and the pile is growing very year. They won't stop until you make them. Take their money away. Turn off the injections of mercury and hydrofluosilicic acid. Ban time-release mercury/silver amalgam tooth implants in any woman young enough to conceive a child. I say ban it in old guys too because we would like to enjoy our senior years as well. But if we do not protect the children we will lose our nation. But wait it gets worse.

What happens to the ones that didn't die in that first year along with the 18,000 others? Well they did not escape unscathed either. We now have an epidemic of children who either cannot or will not do well in school. They flunk not only basic reading and math skills but social skills as well. In the 1970's Professor Herbert Needleman identified minute amounts of lead exposure as a major factor in lowering IQ in children⁸. Exposure to lead may be one of the most significant causes of violent crime in young people, according to one of the nation's leading researchers on the subject.

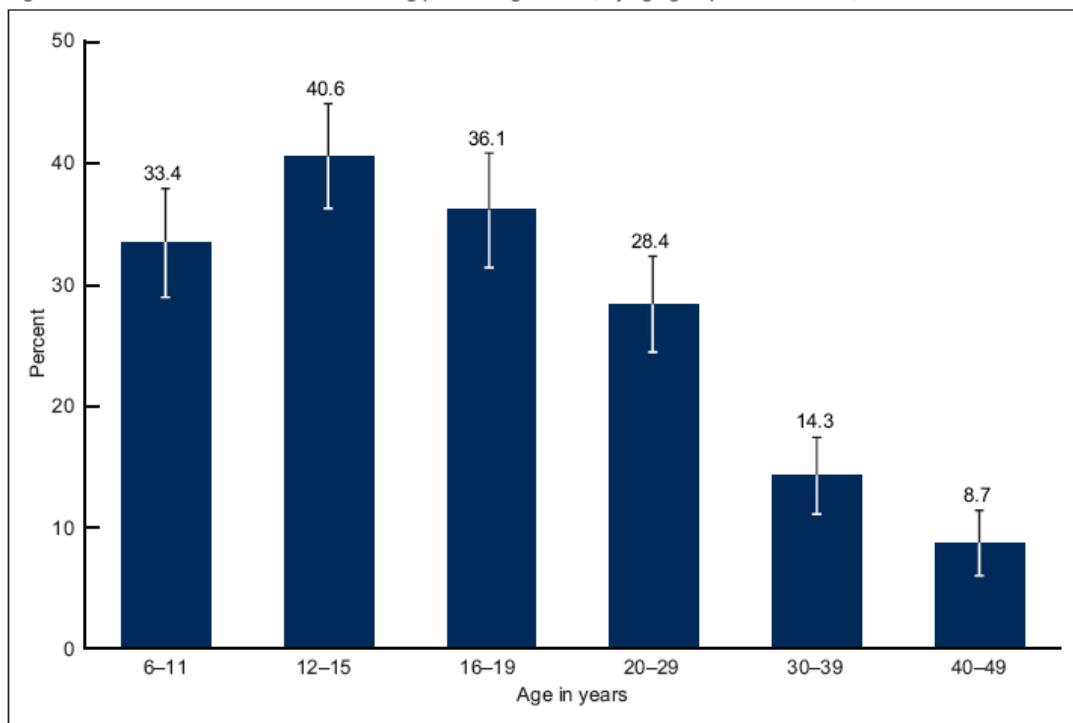
More recently he stated unequivocally that, "When environmental lead finds its way into the developing brain, it disturbs neural mechanisms responsible for regulation of impulse.

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That can lead to antisocial and criminal behavior," reported Herbert L. Needleman, M.D., professor of psychiatry and pediatrics at the University of Pittsburgh School of Medicine, at the 2005 American Association for the Advancement of Science (AAAS) Annual Meeting. "The government needs to do more to eliminate sources of lead in the environment."⁹

Instead the CDC and the US PHS has continued on their quest to add hydrofluosilicic acid, a lead chelating agent, to every drinking water supply in the United States¹⁰ Because so many communities had in the past successfully resisted their efforts they now concentrate on statewide mandates such was the case in California Arkansas and others in order to by pass those pesky voters. Because of this undemocratic well-financed intrusion the dental fluorosis rate has dramatically increased ever since water fluoridation began. (Figure 2)¹¹

Figure 2. Prevalence of dental fluorosis among persons aged 6–49, by age group: United States, 1999–2004



NOTES: Dental fluorosis is defined as having very mild, mild, moderate, or severe forms and is based on Dean's Fluorosis Index. Error bars represent 95% confidence intervals.

SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, 1999–2004.

But then so has crime and learning disorders. While it is certainly true that what I have just described with respect to crime and learning disorders is a correlation and not proof of causation it is exactly the same weak evidence so often touted as PROOF that fluoride is beneficial. Dentists claim fluoride is beneficial because tooth decay has declined since water fluoridation was introduced in the US. They have no explanation as to why tooth decay has declined at a greater rate in non-fluoridated countries over the same period nor why tooth decay declined in several former Soviet block countries when they ceased fluoridating their water supply. Using the same logic we might claim that water fluoridation is responsible for more TVs and taller buildings as both those have increased since water fluoridation began.

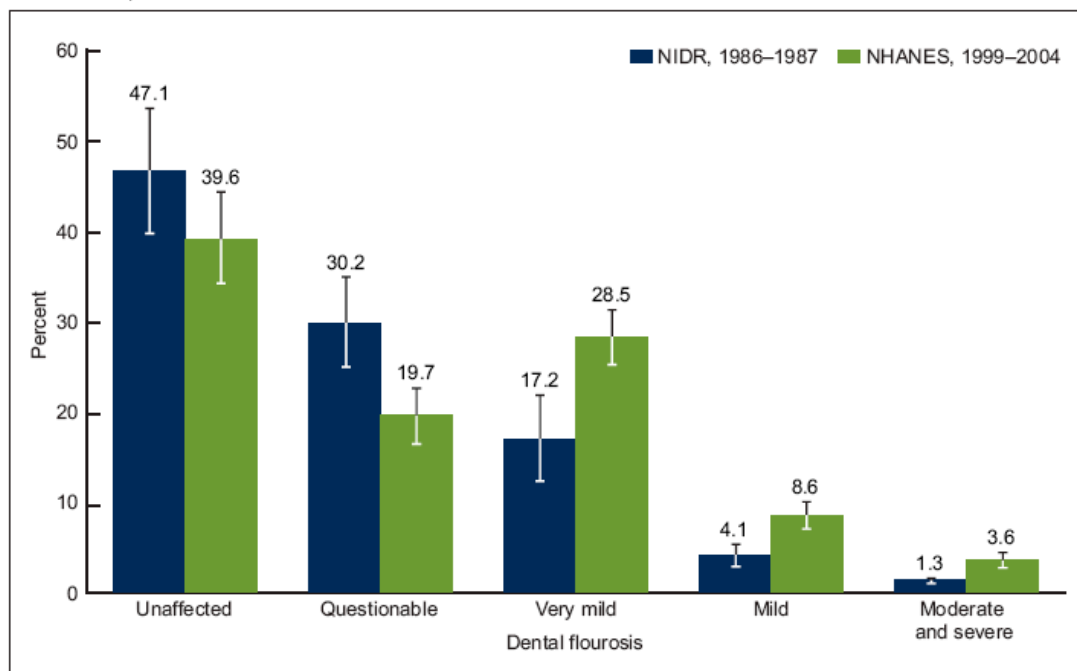
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What any reasonably responsible scientist or physician would demand before they began such an invasive procedure as supplementing everyone's diet with a well known poison is definitive evidence of benefit and no evidence of harm.

Dental fluorosis according to the California Department of Health (1986) and more recently the National Academy of Science National Research Council (NRC) 2006¹² is an adverse health effect and as you can see in Figure 2 the policy that has brought us greater exposure to fluoride has dramatically increased the number of children with spotted looking teeth. In their words, "In 1986–1987, 22.6% of adolescents aged 12–15 had dental fluorosis, whereas in 1999–2004, 40.7% of adolescents aged 12–15 had dental fluorosis (Figure 3). The estimates for severe alone were statistically unreliable."

"The prevalence of very mild fluorosis increased from 17.2% to 28.5% and mild fluorosis increased from 4.1% to 8.6%. The prevalence of moderate and severe fluorosis increased from 1.3% to 3.6%."

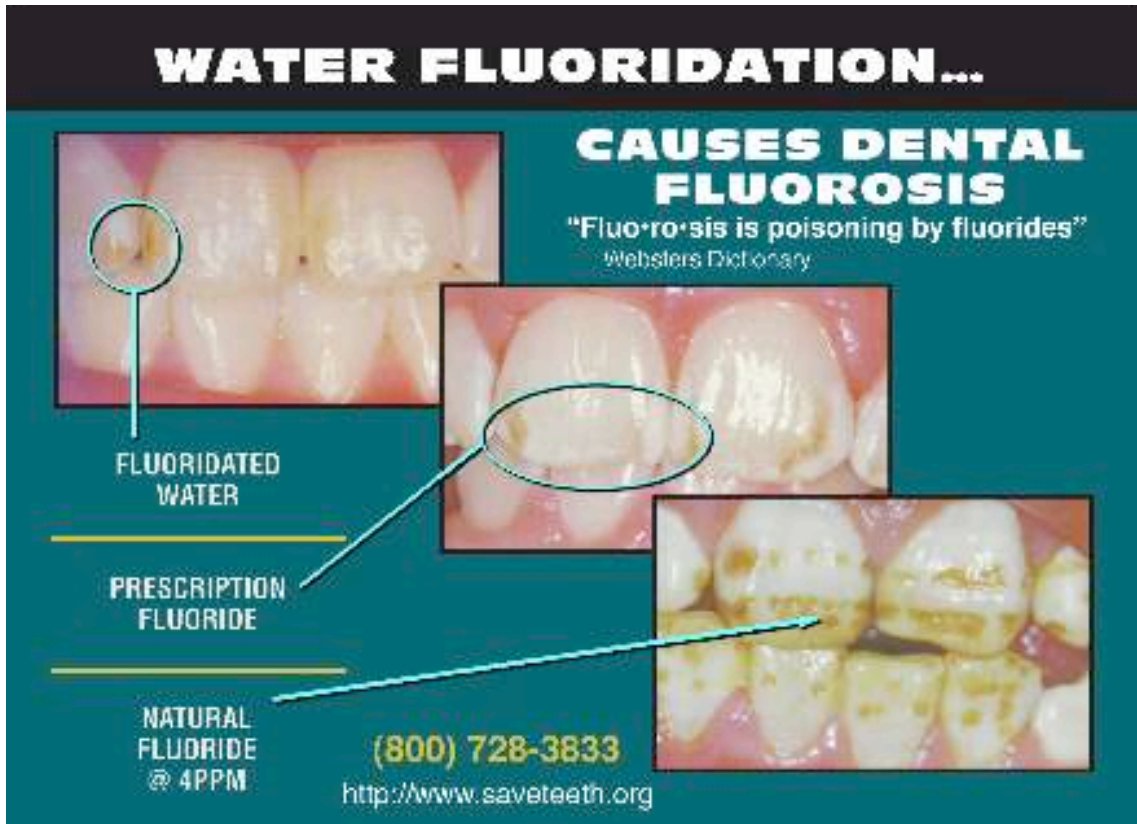
Figure 3. Change in dental fluorosis prevalence among children aged 12–15 participating in two national surveys: United States, 1986–1987 and 1999–2004



NOTES: Dental fluorosis is defined as having very mild, mild, moderate, or severe forms and is based on Dean's Fluorosis Index. Percentages do not sum to 100 due to rounding. Error bars represent 95% confidence intervals.

SOURCES: CDC/NCHS, National Health and Nutrition Examination Survey, 1999–2004 and National Institute of Dental Research, National Survey of Oral Health in U.S. School Children, 1986–1987.

The graph above shows exactly how terrible this astoundingly horrible statement really is especially when you consider the fact that 60% of the children now show visible signs of fluoride overdose when this program began less than 1% showed this type of injury and then most often from industrial pollution. Moderate and severe dental fluorosis, a condition that was claimed to never happen, now afflicts one out of 30 children.



Explain again why are we continuing to pay these people to cause more damage to our children?

In addition the NRC review of fluoride identified a large number of studies where both endocrine disruption and neurological impairment occurred at very low levels of fluoride exposure so the obesity crisis, violent crimes and learning disorders may not be merely due to the interaction of hydrofluosilicic acid and lead along with mercury but quite possibly as a direct result of excessive exposure to fluoride or a combination of all of the above. Like Dr. Schrauzer said, "it is never one thing."

If we do not protect our children we as a nation will not prosper in a competitive world. So my question to you is what are you going to do about this?

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¹ http://articles.cnn.com/2006-05-08/health/mothers.index_1_mortality-rate-death-rate-world-s-mothers?_s=PM:HEALTH

² http://en.wikipedia.org/wiki/List_of_countries_by_infant_mortality_rate

³ <http://205.207.175.93/VitalStats/TableViewer/tableView.aspx?ReportId=42516>

⁴ Schubert J, Riley JE, Tyler SA: Combined effects in toxicology- A rapid systematic testing procedure: cadmium, mercury, and lead. J Tox Environ Health 1978;4:763-776

⁵ Snapp K.R. Svare C.W. and Peterson L.D. Contribution of Dental Amalgams to Blood Mercury Levels. J Dent Res 65:311, 1981 Abstract #1276, Special issue

⁶ Masters R. and Coplan M., Silicofluorides — are associated with an increase in children's absorption of lead. International Journal of Environmental Studies 56:435 August 1999

⁷ Masters RD, Coplan MJ, Hone BT, and Dykes JE Association of Silicofluoride Treated Water with Elevated Blood Lead Neurotoxicology Vol. 21 #6 pp 1091-1100, 2000

⁸ http://en.wikipedia.org/wiki/Lead_poisoning

⁹ ScienceDaily (Feb. 23, 2005) — WASHINGTON, Feb. 18 2005 American Association for the Advancement of Science (AAAS) Annual Meeting

¹⁰ <http://www.cdc.gov/fluoridation/>

¹¹ NCHS Data Brief ■ No. 53 ■ November 2010 Prevalence and Severity of Dental Fluorosis in the United States, 1999–2004 Eugenio D. Beltrán-Aguilar, D.M.D., M.S., Dr.P.H.; Laurie Barker, M.S.P.H.; and Bruce A. Dye, D.D.S., M.P.H.

¹² NRC Review of Fluoride 2006 Fluoride in Drinking Water: A Scientific Review of EPA's Standards http://www.nap.edu/catalog.php?record_id=11571