



In the United States, women are more likely to die in pregnancy or childbirth than in 40 other countries.

Prevent women from dying in childbirth.

Dear Basheer,

Today we're blowing the lid off the shameful way that many pregnant women are treated in the United States.

We've released an unflinching report that details the disgraceful facts, tragic stories and poor policies behind maternal death rates among American women. **The results show this country ranks 41st in the world for risk of dying from pregnancy-related complications.**

It's not just the low ranking that concerns me; it's that in **a country that spends far more on health care than any other country in the world** - and more on pregnancy and childbirth hospitalization costs than any other area of medicine - **at least half of these deaths could have been prevented!**

Ensure that pregnant women in the United States get the care that they deserve.

She deserves better



Julie LeMoult holds her baby boy shortly before her death in April 2003. Meningitis due to an infection was discovered too late and she suffered massive brain damage.

TAKE ACTION NOW!

It comes down to a few key areas where a woman's right to a safe childbirth is neglected:

- **Women aren't receiving enough information about the signs of complications** and the risks of medical interventions, such as inducing labor or c-sections.
- Unlike in other countries, **most women in the U.S. do not receive home visits following childbirth**, even though more than half of all maternal deaths occur within 42 days of giving birth.
- **The cost for maternal care is just too high for many women to pay** and many women find that they cannot obtain insurance after becoming pregnant.
- Far too many barriers are **preventing pregnant women from getting proper care before, during and after their delivery.**
- **African American women are four times as likely to die in pregnancy and childbirth than white women.** Disparities have not improved in more than 20 years.
- **Few systems are in place to analyze existing problems and propose possible solutions** to improve maternal health standards.

Here are 2 things we can do right now to combat preventable maternal deaths:

1. **Urge the Department of Health and Human Services (HHS) to improve timely access to quality maternal care.** As the principal agency for protecting health in this country, this department must be at the heart of efforts to change the system. We are asking Kathleen Sebelius, the Secretary of this department, to work with President Obama in setting up an Office of Maternal Health within HHS dedicated to providing the much-needed oversight for preventing, recognizing and responding to the leading complications that cause pregnancy-related deaths.
2. **Volunteer to meet with Senators and Representatives in your local district to inform them about this tragedy.** Amnesty supporters will be spreading the word to elected officials March 29 - April 9th and engaging them to prevent maternal deaths. We will train you and give you the support you need to educate and enlist your representatives in the effort to reduce maternal deaths.

The more I learn about the women and families whose lives have been affected by this devastating crisis, the more convinced I am that we must do something about it.

Help us protect women's health. Help us deliver the message that **maternal health is a human right.**

In Solidarity,



Larry Cox
Executive Director
Amnesty International USA

Kathleen Sebelius 3/23/2010

Secretary

US/Department of Health and Human Services (HHS)

Washington, DC.

Your Honor US/HHS Secretary Kathleen Sebelius:

As the **2007 and 2009 European Union Humanitarian Grantee** we are hopeful that the **Amnesty International, Inc.** citing the disturbing situation uncovered in 2008 by the **Center for Disease Control** on the status of the high infant mortality rates in America compared to international community especially in the inner cities at 14% which is clearly genocidal will lead to definitive action to eradicate this problem.

Please find attached the Red Paper: Interrogatory of the American Health Care Issue Omission: The Great Ramifications of Dietary Cholesterol and Bile Acid Metabolism: The Chronic Diseases and Syndromes delivered already to the White House/Office of Health Care Reform, Office of the First Lady and the Vice President as well as leaders in the US Congress which on page 4 states:

"2.) US Infant Mortality Rate (IMR) at 6.9% as reported in 2008 by the US Center for Disease Control and Prevention (CDC) places America 29th in industrialized countries compared with Japan's IMR of 3.1% and 3rd amongst industrialized nations. The IMR amongst African Americans at 16.7% is genocidal!

Note a: The CDC in its 2008 Annual Report on the nation's **Infant Mortality Rates** pointed to the **lack of progress in infant mortality prevention from 2000 to 2006** ___ a lack of progress in this vital health index not seen since the 1960's. **America could once boast about its IMR but has steadily lost its health status advantage internationally the last 30 years since passage of the Civil Rights Bill.**

Note b: This period from 2000 to 2006 coincides with: i.) the proliferation of the high fat and high protein fast food restaurants in America; ii.) the unannounced substitution of the federally subsidized production of the higher caloric high fructose corn syrup for the lower caloric sugar cane and sugar beet sucrose as a sweetener by America's refined food industry; iii.) an attempt to corrupt medical science further with federal research using statistical manipulation of death rates to give overweight and obese individuals' longer life spans than normal and underweight individuals; iv.) the appearance of the "**Metabolic Syndrome**" [the cluster of cardiovascular and diabetic risk factors including visceral (waist) obesity, high blood pressure, insulin resistance, elevated triglycerides and low HDL cholesterol]; and the manifestation of the **Metabolic Syndrome** as a major dysfunction of the people.

Note c: In a disturbing finding the infant *merconum* (first bowel movement after birth) as well as neonatal newly born infant bile and infant blood contains high amounts of **22-Hydroxy Cholesterol, C-24 mono-hydroxy bile acids** called **3-beta-hydroxy cholenoic acid** and **Lithocholic acid** which are **dangerous co-mutagenic, co-carcinogenic, atherogenic and toxogenic** linked to **liver cholestasis** (gall stone blockage of the gall bladder) and the **Oxysterols (24, 25 and 27 Hydroxycholesterols)**. In particular **Premature babies** are associated with the **at risk of high concentration of C-24 monohydroxy bile acids** and high **Dietary Cholesterol maternal diets.** [F14]

Esoterically as documented above and in **Appendix A-1** because the **human genome** is encoded as a **herbivore/vegan genetically**, the **human liver of the pre-natal, neonatal and infant processes any Dietary Cholesterol from the Mother's shared blood system or amniotic fluid** as a "slow poison" through a "**Third Bile Acid Metabolic Pathway**" producing

a unique mix of bile acids that **persists from conception but is slowly transformed after birth by the development of intestinal flora** until about 4 years of age when the adult pattern of dietary cholesterol and bile acid metabolism dominates."

It is very clear from research and development work under great suppression that unborn babies in the womb are at risk from the immense co-mutagenic, co-carcinogenic, cholestatic and the toxogenic effects on the liver, heart, brain, kidneys, pancreas of Dietary Cholesterol and the over 20 of its derivatives inventoried in Table 3 of the Red Paper especially the *mono-hydroxy-bile acids* specifically Lithocholic acid and its isomers and 3-beta 5 Cholenoic acid.

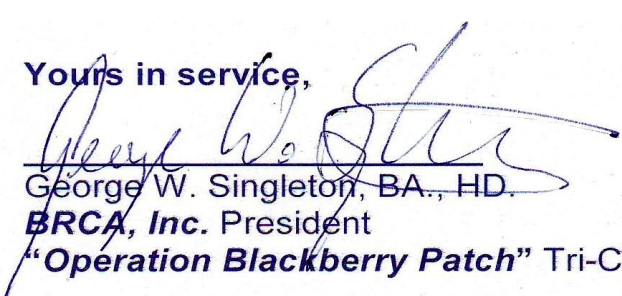
It is clear that now with the passage of the Health Care Reform Legislation that the US/HHS can lead an innovative infant mortality amelioration implementation that if it included the following 2 elements would in 24 months show significant lowering of this problem especially in the nation's inner cities:

- a.) recommend that participating doctors and other health practitioners implement a no dietary cholesterol regimen on women at risk for infant mortality especially those in America's inner cities; and
- b.) encourage the relevant Executive Branch agencies to channel green job monies into cleaning the urban areas of litter __especially zeroing in on plastics as their UV light deterioration pollutes the water table and drinking water with low levels of hydrocarbon mutagens, carcinogens and cytotoxins that the bile acids and other Table 3 identified derivatives promote as co-mutants, cocarcinogen and co-toxogens; e.g. pvc's and other aromatic polycyclic hydrocarbons are found in Mothers' milk.

As the 2007 EUHG recipient I am available for assisting you in such an endeavor at no cost.

Sincerely and yours in service,

Yours in service,


George W. Singleton, BA., HD.

BRCA, Inc. President

"Operation Blackberry Patch" Tri-Chairperson

State of the World Forum Member # 20827

2007 and 2009 European Union Humanitarian Grantee

