

March 7, 2011

The Honorable Daniel Inouye
Chairman
Senate Appropriations Committee
Room S-128, The Capitol
Washington, DC 20510

The Honorable Thad Cochran
Vice Chairman
Senate Appropriations Committee
Room S-146A, The Capitol
Washington, DC 20510

The Honorable Harold Rogers
Chairman
House Appropriations Committee
Room H-307, The Capitol
Washington, DC 20515

The Honorable Norm Dicks
Ranking Member
House Appropriations Committee
1016 Longworth House Office Building
Washington, DC 20515

The Honorable Tom Harkin
Chairman
Senate Appropriations Subcommittee
on Labor, HHS, Education, and
Related Agencies
131 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Denny Rehberg
Chairman
House Appropriations Subcommittee
on Labor, HHS, Education and
Related Agencies
2448 Rayburn House Office Building
Washington, DC 20515

Dear Senators Inouye, Cochran and Harkin and Representatives Rogers, Dicks, and Rehberg:

Preventive health care measures offer a viable mechanism to improve health outcomes while also reducing health care costs. A proven health care cost reduction has been seen with interventions that increase the initiation, duration, and exclusivity of breastfeeding. A renewed emphasis on breastfeeding is identified as one of the most effective means for preventing disease and slowing growth in health costs, according to *The Surgeon General's Call to Action to Support Breastfeeding (SGCTA)*, just released in January.

Given the increasing importance of prevention in the face of spiraling health care costs and the obesity epidemic, we, the undersigned organizations, urge Congress to direct \$15 million to breastfeeding support initiatives in Fiscal Year 2012, from the Prevention and Public Health Fund. We also urge Congress to undertake a concerted, multi-faceted effort to promote breastfeeding through the establishment of an Interagency Work Group on Breastfeeding, as recommended by the Surgeon General.

Lack of breastfeeding increases the risk of a wide variety of acute and chronic diseases in children and adults. Research shows that suboptimal breastfeeding duration is also a significant contributor to our nation's epidemic of childhood obesity, while increasing maternal health risks of breast and ovarian cancers, cardiovascular disease, and diabetes. A 2010 cost analysis shows that the United States incurs at least \$13 billion per year in excess costs due to pediatric illness because of suboptimal breastfeeding rates. Federal investment in breastfeeding is expected to provide a substantial and immediate return on investment, as it has for private businesses that provide support for their lactating employees.

Our nation's breastfeeding rates continue to fall far short of Healthy People objectives, which mirror the universal medical recommendation to breastfeed exclusively for six months with continued breastfeeding for at least one year, and as long afterwards as desired by mother and child. In addition, enormous disparities exist across ethnic and geographic lines; groups with some of our poorest health outcomes have some of the lowest breastfeeding rates, such as Americans in the Southeastern states, and African-Americans all across the country.

Today, the only line items in the federal budget dedicated specifically to breastfeeding are the peer counseling program and state performance bonus grants under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which reaches only a portion of the U.S. population. While other federal programs may address breastfeeding, these efforts are not directed by Congress and are subject to the shifting priorities of Administrations and political leadership.

In the SGCTA, the Surgeon General called for 20 actions to support breastfeeding that require efforts from both public and private entities. The federal government does not specifically fund any of these activities, however. The private sector has begun some of the recommended initiatives, realizing substantial returns on investment with worksite lactation programs in particular. Among those prioritized by the Surgeon General, we consider the following to be funding priorities for FY2012:

- Ensure that maternity care practices are fully supportive of breastfeeding. (Action 7)
- Use community-based organizations to promote and support breastfeeding. (Action 4)
- Develop systems to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community. (Action 8)
- Improve national leadership on the promotion and support of breastfeeding. (Action 20)

We urge that at least \$15 million be directed in FY2012 for programs to transform maternity practices (Action 7) and community outpatient support (Actions 4 & 8). This work allows the healthier choice to be the easier choice, and increases that the support mothers need to succeed with breastfeeding. The attached briefing document outlines the rationale for these funding priorities, and details how these funds could be used to execute high priority activities to improve the health of our nation through breastfeeding.

The SGCTA noted that an effective public health program requires the coordination and monitoring of services across agencies, recognizing that currently there is no formal structure for the coordination of federal breastfeeding initiatives. The establishment of an Interagency Work Group on Breastfeeding, as recommended by the Surgeon General (Action 20), would ensure strategic execution of the SGCTA's 20 actions and implementation strategies.

We believe that funding to improve maternity care practices through the Baby-Friendly Hospital Initiative and to increase outpatient support through community breastfeeding support centers, along with the establishment of an Interagency Work Group, will provide a sensible, cost-effective approach for the federal government's breastfeeding initiatives in FY2012. Given the well-documented health, economic, and environmental benefits of breastfeeding this is an investment that will produce measurable dividends many times over for families, employers, and the government.

Thank you for your consideration of this request. For further information, please contact the United States Breastfeeding Committee, at office@usbreastfeeding.org.

Respectfully,

National Organizations

The Academy of Breastfeeding Medicine
Alliance for the Prudent Use of Antibiotics
American Academy of Family Physicians
American Academy of Nursing
American Academy of Pediatrics
American Breastfeeding Institute
American College of Nurse-Midwives
American College of Osteopathic Pediatricians
American Dietetic Association
AnotherLook
Association of Maternal and Child Health Programs
Association of Women's Health, Obstetric and Neonatal Nurses
The Best for Babes Foundation
BirthNetwork National
Black Mother's Breastfeeding Association
Carolina Global Breastfeeding Institute
Childbirth Connection
Coalition for Improving Maternity Services
Every Mother
HealthConnect One
Human Milk Banking Association of North America
International Board of Lactation Consultant Examiners
International Childbirth Education Association
La Leche League International
La Leche League USA
Lamaze International
MOMS ~ Moms Offering Moms Support
National Alliance for Breastfeeding Advocacy
National Association of Pediatric Nurse Practitioners
National Native Council on Breastfeeding
National Partnership for Women & Families
National Perinatal Association
National WIC Association
Project Concern International
Public Health Nursing Section of the American Public Health Association
United States Breastfeeding Committee
United States Lactation Consultant Association
Wellstart International

Regional, State/Territory, Local, and Tribal Organizations

Acadiana Breastfeeding Coalition (Louisiana)
American Congress of Obstetricians and Gynecologists, District II
Arkansas Breastfeeding Coalition
Aurora Women's Pavilion – Aurora Health Care (SE Wisconsin)
Beach Cities Babies (Redondo Beach, California)

Breastfeeding Awareness Network and Coalition of Northeast Louisiana
Breastfeeding Coalition of Greater Miami Valley
Breastfeeding Coalition of Oregon
Breastfeeding Hawaii, Inc.
Breastfeeding Task Force of Greater Los Angeles
Breastfeeding Task Force of Santa Clara Valley
Breastfeeding Taskforce of Nevada
California Breastfeeding Coalition
California WIC Association
Center for Breastfeeding Medicine, UCSF-Fresno, Department of Pediatrics
Central Louisiana Breastfeeding Coalition
Central Ohio Breastfeeding Coalition
Central Texas Healthy Mothers, Healthy Babies Coalition
Chatham Lactation Services (Chapel Hill, North Carolina)
Chittenden County Breastfeeding Coalition (Vermont)
CNMI Breastfeeding Coalition
Coalition of Oklahoma Breastfeeding Advocates
Colorado Breastfeeding Coalition
Connecticut Breastfeeding Coalition
Dallas Area Breastfeeding Alliance
District of Columbia Breastfeeding Coalition, Inc.
Doctors Hospital of Manteca (California)
Duplin County Health Services (North Carolina)
East Texas Area Breastfeeding Coalition
Florida Breastfeeding Coalition, Inc.
Georgia Breastfeeding Coalition
Good Shepherd Medical Center Marshall (Texas)
Greenwood Alliance for Breastfeeding Cyber-support (South Carolina)
Guam Breastfeeding Coalition
Henderson County WIC Program (North Carolina)
Highland County Community Action Organization Family Health Services (Ohio)
Houston Area Lactation Consultants & Educators Association
Indiana Black Breastfeeding Coalition
Iowa Breastfeeding Coalition
Kansas Breastfeeding Coalition
Kidsworks Florida LLC
Lactation Consultants of Greater Washington
Lactation Improvement Network of Kentucky
Louisiana Breastfeeding Coalition
Maine State Breastfeeding Coalition
Martin Luther King Jr. Heritage Health Center WIC Program (Milwaukee)
Maryland Breastfeeding Coalition
Massachusetts Breastfeeding Coalition, Inc.
Maternal and Child Health Access (Los Angeles)
Michigan Breastfeeding Network
Mid-Hudson Lactation Consortium (New York)
MilkWorks – a nonprofit breastfeeding support center in Lincoln, NE
Milwaukee County Breastfeeding Coalition

Minnesota Breastfeeding Coalition
Mississippi Breastfeeding Coalition
Missouri Breastfeeding Coalition
Montana State Breastfeeding Coalition
Mother to Mother Breastfeeding Program – Wayne County (Michigan)
Mothers’ Milk Bank of Mississippi
Native Breastfeeding Council, Sonoma County Indian Health Project (California)
Nebraska Breastfeeding Coalition
Nevada WIC
New Jersey Breastfeeding Coalition
New Mexico Breastfeeding Task Force
New York City Breastfeeding Leadership Committee
New York Statewide Breastfeeding Coalition
North Carolina Breastfeeding Coalition
Ohio Breastfeeding Alliance
Ohio Lactation Consultants Association
Orange County Breastfeeding Coalition
Pennsylvania Breastfeeding Coalition
Permian Basin Breastfeeding Coalition (Texas)
Pitt County Memorial Hospital (North Carolina)
Pueblo of Isleta Breastfeeding Task Force
Pueblo of Isleta WIC
Puerto Rico Department of Health Breastfeeding Promotion Committee
Rhode Island Breastfeeding Coalition
Rio Grande Valley Breastfeeding Coalition (Texas)
Rockwall Medical Association (Texas)
Rowan Medical Nutrition Therapy (Salisbury, North Carolina)
Soul Food for Your Baby (California)
South Carolina Breastfeeding Action Committee
South Carolina Breastfeeding Coalition
South Carolina Eat Smart, Move More Coalition
Southern New Mexico Breastfeeding Task Force
South West Area Breastfeeding Advocates (El Paso, Texas)
Tarrant County Breastfeeding Coalition (Texas)
Tennessee Breastfeeding Coalition
Texas Breastfeeding Coalition
Texas Pediatric Society, the Texas Chapter of the American Academy of Pediatrics
Tri County Breastfeeding Coalition (Wilmington, North Carolina)
Utah Breastfeeding Coalition
Vermont Breastfeeding Network
Vermont Lactation Consultant Association, Inc.
Virginia Breastfeeding Task Force
West Virginia Breastfeeding Alliance
WithinReach (Washington)
Wyoming Breastfeeding Coalition

cc: The Honorable Kathleen Sebelius
Dr. Howard Koh