

N E L I S

DETAIL LISTING
FROM FIRST TO LAST STEP

TODAY'S DATE: Mar. 27, 19 2
TIME : 2:14 am
LEG. DAY IS: 116
PAGE : 1 OF 1

1995

SB 317

By Judiciary

MATERNAL/CHILD HEALTH

Provides that breast feeding of infant does not violate certain statutes pertaining to decency and morals. (BDR 15-328)

Fiscal Note: Effect on Local Government: No. Effect on the State or on Industrial Insurance: No.

- 03/29 43 Read first time. Referred to Committee on Judiciary. To printer.
- 03/30 44 From printer. To committee.
- 03/30 44 Dates discussed in Committee: 4/18, 4/20 (DP)
- 04/21 59 From committee: Do pass.
- 04/24 60 Read second time. To engrossment.
- 04/24 60 Engrossed.
- 04/26 62 Taken from General File. Placed on General File for next legislative day.
- ✓ 04/27 63 Read third time. Passed. Title approved. (19 Yeas, 0 Nays, 0 Absent, 2 Excused, 0 Not Voting.) To Assembly.
- 04/28 64 In Assembly.
- 04/28 64 Read first time. Referred to Committee on Judiciary. To committee.
- 04/28 64 Dates discussed in committee: 5/10 (DP)
- 05/10 72 From committee: Do pass.
- 05/11 73 Read second time.
- ✓ 05/12 74 Read third time. Passed. Title approved. (41 Yeas, 0 Nays, 0 Absent, 0 Excused, 1 Not Voting.) To Senate.
- 05/15 75 In Senate.
- 05/15 75 To enrollment.
- 05/17 77 Enrolled and delivered to Governor.
- 05/17 77 Approved by the Governor. Chapter 105.
Effective October 1, 1995.

(* = instrument from prior session)

NEVADA LEGISLATURE

SIXTY-EIGHTH SESSION

1995

SUMMARY OF LEGISLATION

PREPARED BY

RESEARCH DIVISION

LEGISLATIVE COUNSEL BUREAU

NEVADA

**LEGISLATIVE COUNSEL BUREAU
RESEARCH LIBRARY**

SEP 14 1995

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FAMILY TOPICS

S.B. 270 (Chapter 48)

Senate Bill 270 requires law enforcement agencies to forward all available information regarding a missing child to the Attorney General's clearinghouse program for missing and exploited children instead of to the Division of Investigation.

S.B. 317 (Chapter 105)

Senate Bill 317 clarifies that a mother may breast feed her child in public. The measure further provides that breast feeding a child by the child's mother does not constitute an act of open or gross lewdness or an act of indecent or obscene exposure of the woman's body. Senate Bill 317 also contains legislative findings citing the positive benefits of breast feeding.

S.B. 405 (Chapter 721)

Senate Bill 405 requires the Department of Human Resources (DHR) to create and administer a program that establishes family resource centers in at-risk neighborhoods. The Director of DHR must appoint a nonprofit association with experience in administering social services to act as a local governing board in each county. Based on priority of needs and availability of funds, the local board will evaluate neighborhoods to be served and assist residents in forming neighborhood councils and preparing neighborhood action plans. The director will determine whether a neighborhood qualifies as at-risk.

Each center must have a case manager, trained by DHR, to assess the needs of a family and prepare a plan that identifies the services needed, the family responsibilities, and monitoring of the plan. Centers may provide or refer people to several types of services, including parenting classes, educational programs, job training, health and mental health services, day care, and transportation. Centers may not, however, administer drugs or contraceptives or provide medical or dental services to minors without their parents' written consent.

The bill also appropriates \$1.13 million to DHR to develop the program. The director is authorized to make grants to local governing boards or the centers and may require matching funds as a condition of accepting the grant. Before receiving any state funding, the center's neighborhood action plan must be approved by the director.

Senate Bill 405 requires local governing boards, by April 1 of each year, to report to the director about their expenditures of state funds and progress towards achieving goals outlined in the neighborhood action plans. By September 30 of each year, the director

SENATE BILL NO. 317—COMMITTEE ON JUDICIARY

MARCH 29, 1995

Referred to Committee on Judiciary

SUMMARY—Provides that breast feeding of infant does not violate certain statutes pertaining to decency and morals. (BDR 15-328)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State or on Industrial Insurance: No.

EXPLANATION—Matter in italics is new; matter in brackets [] is material to be omitted.

AN ACT relating to crimes; expressly providing that a mother may breast feed her child in a public or private location; expressly providing that breast feeding does not violate certain statutes pertaining to decency and morals; and providing other matters properly relating thereto.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE
AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 201 of NRS is hereby amended by adding thereto a new section to read as follows:

1. *The legislature finds and declares that:*

(a) *The medical profession in the United States recommends that children from birth to the age of 1 year should be breast fed, unless under particular circumstances it is medically inadvisable.*

(b) *Despite the recommendation of the medical profession, statistics reveal a declining percentage of mothers who are choosing to breast feed their babies.*

(c) *Many new mothers are now choosing to use formula rather than to breast feed even before they leave the hospital, and only a small percentage of all mothers are still breast feeding when their babies are 6 months old.*

(d) *In addition to the benefit of improving bonding between mothers and their babies, breast feeding offers better nutrition, digestion and immunity for babies than does formula feeding, and it may increase the intelligence quotient of a child. Babies who are breast fed have lower rates of death, meningitis, childhood leukemia and other cancers, diabetes, respiratory illnesses, bacterial and viral infections, diarrheal diseases, otitis media, allergies, obesity and developmental delays.*

(e) *Breast feeding also provides significant benefits to the health of the mother, including protection against breast cancer and other cancers, osteoporosis and infections of the urinary tract. The incidence of breast cancer in the United States might be reduced by 25 percent if every woman breast fed all her children until they reached the age of 2 years.*

1 (f) *The World Health Organization and the United Nations Children's*
2 *Fund have established as one of their major goals for the decade the encour-*
3 *agement of breast feeding.*

4 (g) *The social constraints of modern society weigh against the choice of*
5 *breast feeding and lead new mothers with demanding time schedules to opt for*
6 *formula feeding to avoid embarrassment, social ostracism or criminal*
7 *prosecution.*

8 (h) *Any genuine promotion of family values should encourage public*
9 *acceptance of this most basic act of nurture between a mother and her baby,*
10 *and no mother should be made to feel incriminated or socially ostracized for*
11 *breast feeding her child.*

12 2. *Notwithstanding any other provision of law, a mother may breast feed*
13 *her child in any public or private location where the mother is otherwise*
14 *authorized to be, irrespective of whether the nipple of the mother's breast is*
15 *uncovered during or incidental to the breast feeding.*

16 Sec. 2. NRS 201.210 is hereby amended to read as follows:

17 201.210 1. Every person who commits any act of open or gross lewd-
18 ness is guilty:

19 (a) For the first offense, of a gross misdemeanor.

20 (b) For any subsequent offense, of a felony, and shall be punished by
21 imprisonment in the state prison for not less than 1 year nor more than 6
22 years, and may be further punished by a fine of not more than \$5,000.

23 2. [No] A person convicted of violating the provisions of subsection
24 [may] must not be:

25 (a) Paroled unless a board consisting of:

26 (1) The administrator of the mental hygiene and mental retardation divi-
27 sion of the department of human resources;

28 (2) The director of the department of prisons; and

29 (3) A psychologist licensed to practice in Nevada or a psychiatrist
30 licensed to practice medicine in Nevada,

31 certifies that the person so convicted was under observation while confined in
32 an institution of the department of prisons and is not a menace to the health,
33 safety or morals of others. For the purposes of this paragraph, the adminis-
34 trator and the director may each designate a person to represent him on the
35 board.

36 (b) Released on probation unless a psychologist licensed to practice in
37 Nevada or a psychiatrist licensed to practice medicine in Nevada certifies that
38 the person so convicted is not a menace to the health, safety or morals of
39 others.

40 3. *For purposes of this section, the breast feeding of a child by the child's*
41 *mother does not constitute an act of open or gross lewdness.*

42 Sec. 3. NRS 201.220 is hereby amended to read as follows:

43 201.220 1. Every person who makes any open and indecent or obscene
44 exposure of his person, or of the person of another, is guilty:

45 (a) For the first offense, of a gross misdemeanor.

46 (b) For any subsequent offense, of a felony, and upon conviction shall be
47 punished by imprisonment in the state prison for not less than 1 year nor more
48 than 6 years, and may be further punished by a fine of not more than \$5,000

1 2. [No] A person convicted of violating any of the provisions of subsection
2 1 of this section [may] *must not* be:

3 (a) Paroled unless a board consisting of:

4 (1) The administrator of the mental hygiene and mental retardation divi-
5 sion of the department of human resources;

6 (2) The director of the department of prisons; and

7 (3) A psychologist licensed to practice in Nevada or a psychiatrist
8 licensed to practice medicine in Nevada,

9 certifies that the person so convicted was under observation while confined in
10 an institution of the department of prisons and is not a menace to the health,
11 safety or morals of others. For the purposes of this paragraph, the administra-
12 tor and the director may each designate a person to represent him on the
13 board.

14 (b) Released on probation unless a psychologist licensed to practice in
15 Nevada or a psychiatrist licensed to practice medicine in Nevada certifies that
16 the person so convicted is not a menace to the health, safety or morals of
17 others.

18 3. *For purposes of this section, the breast feeding of a child by the child's*
19 *mother does not constitute an act of open and indecent or obscene exposure of*
20 *her body.*

**MINUTES OF THE
SENATE COMMITTEE ON JUDICIARY**

**Sixty-eighth Session
April 18, 1995**

The Senate Committee on Judiciary was called to order by Chairman Mark A. James, at 8:30 a.m., on Tuesday, April 18, 1995, in Room 224 of the Legislative Building, Carson City, Nevada. Exhibit A is the Agenda. Exhibit B is the Attendance Roster.

COMMITTEE MEMBERS PRESENT:

Senator Mark A. James, Chairman
Senator Jon C. Porter, Vice Chairman
Senator Maurice Washington
Senator Mike McGinness
Senator Dina Titus
Senator O. C. Lee

COMMITTEE MEMBERS ABSENT:

Senator Ernest E. Adler (Excused)

STAFF MEMBERS PRESENT:

Allison Combs, Senior Research Analyst
Lori M. Story, Committee Secretary

OTHERS PRESENT:

Kathyrn Etcheverria, Mother, Carson City Resident
Sherril D.A. Kniffen, Mother, Carson City Resident
Dayna Williams, Mother
Janis Honea, Mother, Carson City Resident
Bobbie Gang, Lobbyist, Nevada Women's Lobby and National Association of Social Workers, Nevada Chapter

The hearing opened with Senator James first offering an explanation of the impetus for the day's hearing.

SENATE BILL 317:

Provides that breast-feeding of infant does not violate certain statutes pertaining to decency and morals.

He told the senators that he introduced Senate Bill (S.B.) 317 for a number of reasons. He noted his wife is very active with a group called the La Leche League. This group, he explained offers assistance to new mothers who are attempting to breast-feed their infants. The bill is designed to indicate that a woman has a right to breast-feed a child in public, and anywhere else she has a right otherwise to be. He noted there are various states that have passed similar legislation (New York, North Carolina, Virginia and Florida) and others that are considering it now.

The chairman emphasized the bill is not a response to "a rash of women being taken off to prison and jailed for breast-feeding in public." It is proposed because there is a feeling this is the sort of conduct which should not be discouraged, but rather encouraged, as it is considered to be in the best interest of children, he said. The bill amends both the decency and morals statutes to make it clear that the incidental exposure of a woman's breast in the process of breast-feeding a child is not a crime. Additionally, the bill outlines the proposition that a woman "has a right to breast-feed wherever she otherwise has a right to be," he pointed out, referring to subsection 2 of section 1.

In preparing to introduce the bill, Senator James stated, he gathered quite a bit of information regarding the issue. There are many more women in the workplace over the last 20 years. This naturally leads to an increase in mothers in the workplace, as well. He said, "An effort is made to ensure that just because a woman has to work, and just because a woman has a child of breast-feeding age, that she should not be in any way hampered in her career or in the workplace because she is breast-feeding." This is a civil rights issue, he observed, and an important one that the Legislature should recognize.

Quoting an article from the *Oregonian* (Exhibit C), the chairman read:

Two forces are driving the phenomenon [states deciding the need to recognize or sanction the conduct of breast-feeding in public]. The first is a large scale entry of mothers of the very young into the workplace. Today more than half of the mothers of children under the age of one are either working, or looking for work, according to the U.S. Bureau of Labor Statistics.

The second is a growing emphasis among professionals on the benefits of breast-feeding, which has been linked to everything from lower rates of serious bacterial infections in babies, to lower rates of breast and ovarian cancer. Last month, New York State Legislature, calling lactation an important and basic act of nature which must be

encouraged, passed what supporters have hailed as the strongest pro breast-feeding legislation in the nation; an amendment to the state's civil rights code, that gives mothers the right to breast-feed where ever they otherwise have the right to be.

The chairman stressed the article also tells of a number of major employers who have recognized the benefits of encouraging a woman to be able to breast-feed in the workplace in connection with her employment.

There are a number of national and international groups that have recognized that breast-feeding provides many benefits for the child and the mother. These groups, including the World Health Organization (WHO) and United Nation's International Children's Emergency Fund (UNICEF), have set a goal to increase the incidence and duration of breast-feeding globally, he reported. This goal seeks optimal maternal and child health and nutrition, promoting breast-feeding of all infants from birth to 4- to 6-months old, and even up to 2 years, with supplemental nutrition. The accomplishment of this goal will be enhanced through the provision of "an appropriate environment of the awareness and support so that women can breast-feed in this manner," the senator read from a UNICEF report (Exhibit D). This statement encompasses the reasons for this bill's introduction, he concluded.

The first witness to address the committee was Kathryn Etcheverria, Mother, Carson City Resident. She stated her support for the information provided by the senator, as well as her appreciation of the bill has been brought and the information which has been incorporated in it. She opined there is a real need to create an environment which encourages breast-feeding for longer periods of time. She offered for the record a copy of a letter which she sent to the Reno Gazette-Journal in response to an editorial the paper carried on April 10, 1995 (Exhibit E).

Senator James asked the witness if she is involved in the La Leche League. She responded affirmatively. He asserted he was aware that many women are embarrassed when they attempt to breast-feed their child in a public place. He asked if Ms. Etcheverria was aware of such incidents. She replied she has not had a personal experience of that kind, but has also heard of such experiences from other women "where they have been either asked to move or to leave." The chairman thanked the witness.

The second person to address the committee was Sherril D.A. Kniffen, Mother, Carson City Resident. She told the committee she is one of the women who has been asked to go to the restroom in a department store. This incident was very embarrassing to her. She offered the committee an overview of what brought her

to decide to breast-feed, noting it was not her first inclination. Her daughter has only has one minor illness during her first year of life, and she attributes this to the benefits of breast-feeding.

Ms. Kniffen related her experience: during the infancy of her daughter, she had an occasion to go shopping at a large shopping mall. She was preparing to make several purchases when her daughter needed to be fed. She said she asked the salesperson if it would be possible to use one of the dressing rooms in which to nurse her child. The salesperson refused to allow her to do this and directed her to the restroom. This facility offered no chair in which to sit or any other amenities that would make feeding the child possible, Ms. Kniffen told the listeners.

Ms. Kniffen returned to the sales floor and once again asked permission to use a dressing room. Again she was refused, she reported. At this point, the witness stated, she left her purchases and left the store, after first making use of a customer service phone to report her concern. Ms. Kniffen told the committee she had not heard anything in response to her complaint about the store policy or the salesperson's actions. This experience is not the typical reaction, the speaker noted, but it does happen. She opined the present bill would help to change the current view that breast-feeding is "grotesque and somewhat barbaric."

Following Ms. Kniffen, Dayna Williams, Mother, Sparks Resident, took the floor. She told she is the mother of two, both of whom she breast fed. While, she reported, it was always her intention to breast-feed, one of the major problems which arises is a lack of experience and no more the very cursory, basic instruction on how to do it. There are not "management techniques" offered to new mothers which tell her how to breast-feed in public or other places away from home, she said. Additionally, it was her childhood experience that breast-feeding is something that is done in private. She never observed this very natural act being done by the mothers in her neighborhood, she told.

Ms. Williams explained she is a very active, yet very private person, who does not wish to remain at home, out of the mainstream in order to breast-feed. She reported she has breast fed her children in many restrooms and in hot cars with blankets hung to block the windows. These experiences, while extreme in some instances, were due to a lack of experience and self-confidence, which she overcame through practice. Ms. Williams related she had been asked by friends not to bring her son to the circus because it was embarrassing for them to see her breast-feed him, despite her attempts to be discreet.

Ms. Williams summarized her feelings as let down, through the educational options available about breast-feeding and through experiences in public and with friends. She told her greatest fear was what she would do if confronted while attempting to nurse her baby in public. She said she was unsure if there existed some prohibition to breast-feeding in public, she did not know if it was illegal or if she might be asked to leave. She added she had almost given up breast-feeding because of the frustration and ostracism she experienced when she needed to feed her child away from home. She offered her support of the bill, stating it will help mothers in situations like hers.

Senator Washington asked the witness if she was familiar with Lamaze childbirth classes and if there was something similar offered for breast-feeding. Ms. Williams responded she was unable to attend such classes for breast-feeding because of the precariousness of her pregnancy. She related that when she asked her doctor about breast-feeding, her doctor replied, "Don't worry, we'll take care of you." The senator asked if she was given advice about breast-feeding discreetly. She replied in the negative. Finally, Senator Washington asked her if she felt the bill will change perceptions of breast-feeding, or did she feel education would be a better approach. Ms. Williams replied the bill will provide confidence that if confronted there is a legal standing which allows a woman to be where she is, doing what she needs to do.

Senator Porter reported his own children were breast fed. He related a story of a friend of his who was so concerned about exposing herself while breast-feeding that she not only covered the baby's head with a blanket, she covered her own head, as well. The senator also told of his own experience in the smaller business where he works, which allowed one of their very valued woman employees to have her baby at work and to breast-feed as needed. He opined that such businesses should be commended for this effort.

Janis Honea, Mother, Carson City Resident, spoke to the committee. She offered strong support for the bill. She told a personal experience with her daughter, where a saleswoman actually offered her a place to sit and nurse her baby. This experience "freed" her, because she no longer felt housebound and she did not have to hide. This legislation will potentially do for others what that saleswoman did for her, she said, noting they will not feel they must stay home, alone and isolated because they cannot feed their children while they are in public. Finally, Ms. Honea told she had read an article in a magazine which said when a toilet is flushed, the germs in the toilet are vaporized with the water, and remain in the air for 2 to 4 hours.

Senate Committee on Judiciary
April 18, 1995
Page 6

Bobbie Gang, Lobbyist, Nevada Women's Lobby and National Association of Social Workers, Nevada Chapter, took the floor in support of the legislation. She commended the chairman for bringing the bill, noting no one was sure whether breast-feeding could be considered an obscene act. She concurred with Senator Porter's observation about the workplace.

Ms. Gang also offered a personal experience relating to her daughter who lives in Las Vegas. She told that her daughter was unsuccessful in attempts to nurse her first child. With her second child, she is attending breast-feeding classes, where the talk of the day is that breast-feeding is illegal in Nevada. Her daughter told Ms. Gang she is so used to seeing women in G-string bikinis and over exposed everywhere in town, "how can they say breast-feeding a child is obscene." Ms. Gang observed "we do so many wrong things in terms of a woman's body, the advertisements, etc.." Ms. Gang observed the bill as excellent because it provides a strong statement about the importance of breast-feeding from all angles (medical and psychological reasons). She thanked the committee.

The chairman took a moment to offer some additional remarks, noting the Nevada proposal makes a simple, common sense statement about a woman's right to breast-feed. He agreed that public ostracism is a real issue with women who attempt to nurse their children. He quoted an article from *Newsday*, a New York newspaper (Exhibit F):

While no data has been compiled on how often mothers have been chastised for nursing in public, activists say there is plenty of anecdotal evidence. Perhaps the most publicized case recently involved a woman ousted from a shopping mall in suburban Albany for breast-feeding last year. The New York Civil Liberties Union among others, took up her cause later protesting the mall's decision with a nurse-in, where dozens of mothers fed their babies.

Also, in March in 1994, there was a report in a Las Vegas newspaper of a nurse-in there (Exhibit G). What underlies the bill is a notion that at some point society should be made aware of a need, and then to provide a conducive atmosphere where the need can be fulfilled. He stated it is his hope that society will become as accepting of breast-feeding in public as they are of bottle feeding. He added his opinion that an infant should not be subjected to a suffocating blanket covering its head while it tries to eat.

Senate Committee on Judiciary

April 18, 1995

Page 7

The senator offered to make available documentation and empirical evidence provided to him by experts in the area of women and infant health, which tells of the importance and benefit of breast-feeding (Exhibit H-J. Original of Exhibit J on file in Research Library.) He told the recitals of the bill were authored in part by an attorney named Elizabeth Baldwin, who is an active member of the La Leche League, and who is very involved in the movement to encourage breast-feeding.

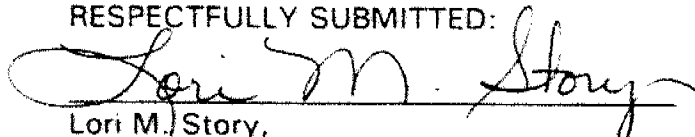
Senator Titus stated it is her belief that many times it takes the Legislature to "effect things through their example they set, as well as through the laws they pass." This issue has come before the Legislature before, including an Assemblywoman who had a baby she breast-fed on the floor of the Assembly. This caused quite a stir in the public, she said, and "it will be nice to see a change of attitude all around."

With this, the hearing on S.B. 317 was closed. The chairman noted the bill would be brought up at a work session. He reported the following day's hearing was canceled due to a request of the bill's sponsors.

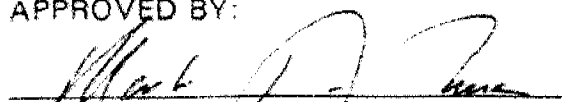
Senator Porter stated he is introducing a bill which addresses and governs obscenity and child pornography. He requested an opportunity to hear the issue in Las Vegas in the near future. He told of concern that citizens' children have been photographed at a local water park and other sporting events without parental permission. Senator James stated his intention to try to honor Senator Porter's request.

There was no further business before the committee and the hearing was adjourned at 9:35 a.m.

RESPECTFULLY SUBMITTED:


Lori M. Story,
Committee Secretary

APPROVED BY:


Senator Mark A. James, Chairman

DATE: 6-14-95

More companies help moms nurse babies at the office

By PAMELA MENDELS

LA Times-Washington Post Service

NEW YORK — The room with blue carpeting is called the New Mothers' Center and it smells of pot-pourri and fresh-cut peonies. Soft classical music plays from a radio. The central piece of furniture is a rocking chair with a pillow on which are embroidered the words, "Moms Make Memories."

Homey touches aside, the room may be found within the most businesslike of locales, the headquarters of New York Life Insurance Co. on Park Avenue. And if its cozy aspect is incongruous with its setting, so is its purpose: breast-feeding.

The New Mothers' Center is the place where employees who are lactating mothers spend their lunch hours and breaks pumping breast milk to store in bottles so it can be fed later to their little ones.

"I do this for the regular reasons," says Suzanne Knight, a computer programmer, mother of 3-month-old Alexander and daily visitor to the center. "Breast milk is so far superior to formula. I like breast-feeding. I'd hate to give it up."

New York Life set up its room last August at the suggestion of Beverly Fuscaldo, director of employee health services and a onetime labor and delivery nurse.

Over the last five years, infant nursing areas have become features at a number of employers, including AT&T's Global Information Solutions subsidiary in Dayton, Ohio, the Los Angeles Department of Water and Power and Hewitt Associates, an employee benefit consulting firm based in Lincolnshire, Ill.

In the New York area, employers with nursing areas include Time Warner Inc., the U.S. government offices at Federal Plaza in downtown Manhattan, Long Island Jewish Medical Center, Just Kids Early Childhood Learning Center, Nabisco Foods Group in northern New Jersey, and Goldman, Sachs & Co., the Manhattan-based investment house that also sponsors Lamaze classes for expectant mothers.

The trend began with hospitals, says Ruth Lawrence, professor of pediatrics at the University of Rochester School of Medicine and Dentistry and an authority on breast-feeding. "They said, 'If we don't do this for our own employees, how can we expect industry and other workplaces to get the message?' ... Gradually, it's catching on elsewhere."

Two forces are driving the phenomenon. The first is the large-scale entry of mothers of the very young into the workplace. Today, more than half of the mothers of children under the age of 1 either are working or looking for work, according to the U.S. Bureau of Labor Statistics. The second is a growing emphasis among health professionals on the benefits of breast-feeding, which has been linked to everything from lower rates of serious bacterial infections in babies to lower rates of breast and ovarian cancer.

Last month, the New York State Legislature calling lactation "an important and basic act of nature which must be encouraged" passed what supporters have hailed as the strongest pro-breast-feeding legislation in the nation: an amendment to the state's civil rights code that gives mothers the right to breast-

feed anywhere they are otherwise authorized to be.

Elizabeth Baldwin, a Miami-based lawyer and member of the legal advisory council of La Leche League International, an advocacy group, receives about 20 calls a month from working mothers in the United States who are wondering how to deal with an uncooperative employer. "The most common problem is that the employer is just not willing to accommodate her breast-feeding needs," says Baldwin. "It goes back to this attitude society has that breasts are sexual and, therefore, you shouldn't have anything involving breasts at work."

The problems of combining breast-feeding and work may account for the dramatic drop-off in nursing rates among women on the job. More than half of mothers who work full-time began breast-feeding their newborns in the hospital, according to Ross Laboratories, an infant formula manufacturer that conducts an annual survey of breast-feeding trends. By the time the baby is 5 to 6 months old, however, only 12.5 percent are still nursing, compared to 22.7 percent of non-working mothers.

It's a tendency that some cost-conscious employers would like to reverse. "The reason we are so interested in lactation programs is that there's an extremely high return to the company," says Beverly King, director of human resources for the Los Angeles Department of Water and Power. "For every \$1 we put in, we get back about \$8 in documented absenteeism reduction, the highest return of any work/family program you can have. The reason? Bottle-fed babies tend to be sicker more often and more seriously. And sickness means mom or dad is likely to be off from work."

Exh. C

1809

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United Nations Children's Fund
Fonds des Nations Unies pour l'enfance
Fondo de las Naciones Unidas para la Infancia

3 United Nations Plaza
New York, New York 10017
212 326-7000
Telex: 175989

29 June 1994

Dear Physician,

I smoked cigarettes for years. Then evidence about smoking's ill effects began to mount and finally, no longer able to ignore medical advice, I decided to stop. Like me, many former smokers are indebted to their physicians. Doctors led the public to appreciate the dangers of smoking.

The scientific community has now recognized a parallel threat to our children. I am writing to ask for your help and leadership in disarming it.

Physicians have long known that "breast is best", but there is now increasing awareness that breastfeeding plays a far more crucial role in the survival and healthy development of children -- in industrialised and developing countries alike* -- than we ever before imagined. Study after study now shows, for example, that babies who are not breastfed have higher rates of death, meningitis, childhood leukemia and other cancers, diabetes, respiratory illnesses, bacterial and viral infections, diarrhoeal diseases, otitis media, allergies, obesity, and developmental delays. Women who do not breastfeed demonstrate a higher risk for breast and ovarian cancers.

Despite these facts, today too few health care providers inform their patients about a mother's extraordinary capacity to sustain and protect human life -- her children's and her own. Even the manufacturers agree that no formula can provide the immunological factors found in human milk. Breastmilk's complex mixture of micronutrients is unequalled for optimal physical and neurological development. Because products used as substitutes for breastmilk are definitely inferior to it and contribute to increased rates of illness, they cannot legitimately be described as health products. Their marketing has no place in our health systems.

Incredibly, however, substantial quantities of free infant formula are still routinely distributed through the hospitals and doctors' offices of the 1990's. Manufacturers regularly provide free and low-cost bulk supplies and individual samples to hospitals, clinics, and other parts of the health care system, and well-meaning doctors and nurses then complete the marketing plan by passing the products along to patients, or by providing coupons for free supplies. When substitutes for breastmilk are distributed in health care settings by physicians and other trusted health

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professionals, the implication normally is that these products are the better, more modern and doctor-recommended infant feeding choice.

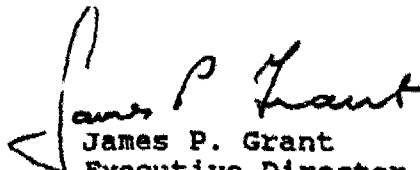
I am writing to ask you to take the lead in bringing about the necessary reform of this harmful, outdated habit. It will take the commitment of forward-thinking physicians to let others know that such marketing not only discourages breastfeeding, but also gives mothers the false impression that there are equally healthy alternatives. The weight of your influence, reputation and example can help end unhealthy competition against breastfeeding -- competition that is nowhere less appropriate than within our health care systems.

In May, the Member States of the United Nations sent their public health professionals to the World Health Assembly to speak in one voice. By global consensus, they urged all countries to close this dangerous chapter in the history of health care -- to end the distribution of free and low-cost supplies of breastmilk substitutes throughout the world's health care systems. Perhaps your voice was among those calling for an end to this dangerously misleading practice. If you did not have the opportunity to speak for your government at the World Health Organization, I urge you now to join an international vanguard of physicians by sending the United Nations your personal pledge to protect breastfeeding. A "Physician's Pledge" form is attached for your signature.

Our first goal is to draw media attention to this crucial child health issue during World Breastfeeding Week, 1 - 7 August. I am hoping that, with your pledge and the pledges of other concerned physicians in hand by the first of August, the public will hear that a change of direction is urgently needed and that prominent physicians have stepped forward to lead the way.

Will you take a stand with UNICEF to protect breastfeeding? I look forward to receiving your signed pledge by 1 August, in time to launch our pledge drive during World Breastfeeding Week, or during the upcoming weeks as our vanguard continues to grow.

Yours sincerely,


James P. Grant
Executive Director

* An annotated bibliography of studies comparing effects of breastfeeding versus bottle-feeding, in both industrialised and developing countries, is available on request from UNICEF.

1109 Sonoma St.
Carson City, NV 89701
(702) 882-5158

April 17, 1995

Editor
Reno Gazette-Journal
P. O. Box 22000
Reno, NV 89520
FAX (702) 788-6458

Dear Editor:

To undermine what others consider important, one effective strategy is to link one's opponent's opinion with something ridiculous. One such example is your 4/10/95 editorial, "Is this legislation really necessary in Nevada? Breast-feeding made legal in public," poking fun at SB 317 which would protect the right of mothers breast-feeding in public, by conjuring visions of mothers jailed for breast-feeding. Are laws passed only to put people in or keep them out of jail? Many laws have nothing to do with incarceration; they are passed to encourage and defend acceptable behavior.

Can we get on to the serious issues? Please? Let's get on to the issue of nutrition for infants. 1993 statistics show that 39% of Nevada WIC recipients initiated breast-feeding; two-thirds of them had quit by the end of baby's first month. We all know that breast milk is a superior food for infants, yet women here do very little of it. Could it be that many women don't find the support they need to follow through with breast-feeding? We can contribute to creating an environment conducive to providing this vital source of nutrition for Nevada's infants; we can support SB 317.

Sincerely,

Kathryn Etcheverria

1812 17

— EXHIBIT E

DIALOG(R) File 630:Los Angeles Times
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THE FAMILY FILE
'90s FAMILY
New York Enacts Tough Breast-Feeding Protections

Los Angeles Times (LT) - WEDNESDAY May 25, 1994
By: Items are compiled from Times staff and news services.
Edition: Home Edition Section: Life & Style Page: 3 Pt. E Col. 3
Story Type: Column
Word Count: 374

TEXT:

It's a crime to try to prevent a mother from breast-feeding in public under a civil rights measure signed last week that gives New York the toughest such law in the nation.

The law allows nursing in malls, restaurants and other public places, even if the breast and nipple are exposed. The measure imposes fines up to \$5,000 or prison sentences up to five years for anyone who illegally prevents breast-feeding in public.

The law gives nursing mothers the strongest protection in the country, said Elizabeth Baldwin, a lawyer with the La Leche League, a group that promotes breast-feeding.

"Now, if anyone bothers us, we can say, 'Listen, we are protected by here. . . . You have no right to infringe on what's happening between me and my child,'" said Liza Habiby, who added that she was ordered out of a mall in suburban Albany last year for breast-feeding.

NY Law Protects Nursing Moms
Newsday (ND) - Thursday May 19, 1994
By: Katti Gray. ALBANY BUREAU
Edition: NASSAU AND SUFFOLK Section: NEWS Page: A08
Word Count: 510

TEXT:

Albany - Albany - A decade ago, a woman who breast-fed her baby in public was committing a crime under state law. But under a bill signed this week, she will now be exercising one of her civil rights.

Though nursing in public was removed from New York State's indecency laws in 1984, women still face the wrath of those made uncomfortable by their act. The new law, which takes effect 30 days after its signing, carries no criminal penalties, but can be the basis for a lawsuit against anyone preventing a woman from breast-feeding.

"What we have done is establish this as a civil right," said state Sen. James Lack (R-East Northport), primary sponsor of the measure that Gov. Mario Cuomo signed Monday. "In the vast majority of cases, breast-feeding has not been done by women who are exhibitionists. This is a natural act."

Miami lawyer Elizabeth Baldwin, who specializes in breast-feeding

issues and is on the legal advisory council of La Leche League International, a breast-feeding advocacy group, said the new law aims to resoundingly reaffirm breast-feeding - anywhere - as a constitutional right.

While federal law already protects a nursing mother's right to breast-feed, some private establishments in particular have ignored that rule, she said.

"The same way that you cannot be thrown out of a restaurant because you're black . . . you can't throw out a woman because she's breast-feeding," Baldwin said. "This provides a remedy if a mother's right is violated."

While no data have been compiled on how often mothers have been chastised for nursing in public, Lack and activists said there is plenty of anecdotal evidence. Perhaps the most publicized case recently involved a woman ousted from a shopping mall in suburban Albany for breast-feeding last year. The New York Civil Liberties Union, among others, took up her cause, later protesting the mall's decision with a "nurse-in" where dozens of mothers fed their babies.

Cindy Story, the manager at the Latham Circle Mall, said women have always been welcome to breast-feed at the mall, but guards have asked them to cover up if they get complaints from other customers.

"Unfortunately, this was necessary," said Annie Rody-Wright, a NYCLU attorney. "It already was legal for women to breast-feed. This new law was needed to educate people that that was the rule."

Others agreed.

Lisa Mevorach, a former leader of the Great Neck chapter of La Leche League, recounted a run-in several years ago with a lifeguard at a municipal pool. "He came over and said I wasn't allowed to do that, that I should cover up. I said, 'Yes, I am.' Some people often are just misinformed," she said.

Said Lynn Blocker, a leader of the Great Neck group: "It's a kind of discrimination that casts a bad image on breast-feeding as a whole, that discourages mothers from breast-feeding . . . It tends to keep them in the house and, for a new mother especially, that can be terribly depressing."

DESCRIPTORS: MOTHER; INFANT; LAW; FOOD; MILK; BREAST FEEDING; CHILDREN;
NURSING

HEADLINE Mothers stage public breast-feeding at mall

BYLINE: Associated Press
ESTIMATED INFORMATION UNITS: 2.5 Words: 332
DATE 03/07/94
SOURCE THE LAS VEGAS REVIEW-JOURNAL* (LVGS)

Page: 5a
(Copyright 1994)

RE

"I found this completely unacceptable," said Susan Wagenheim, a psychiatrist and mother of two toddlers. "She has nothing to hide.
* Breast feeding is natural and should be an accepted part of our life. No one would look twice if that woman had whipped out a bottle."

1815 20

EXHIBIT G

TO: Senator Mark James
FROM: Liz Baldwin
RE: Senate Bill No. 317
DATE: 4/20/95

MEMORANDUM

I understand that you need additional information on sections 1(a) through (h) of your bill. I will address them by sections:

1(a): The American Academy of Pediatrics recommends that all babies be breastfed for the first year of life. The Surgeon Generals have also made similar statements. Let me know if you need additional materials for this; it is a well known fact.

1(b)-(c): Much of this language was drafted by Representative DeGrandy. I'm not sure where he got all this information, but it is pretty much common knowledge among the breastfeeding community. As far as the rates of breastfeeding declining, I believe that he contacted Betty Crase at La Leche League International (708-519-7730) who gave him statistics on the numbers of mothers breastfeeding initially, vs. at six months. She is the Director of the Breastfeeding Resource Center, which is the largest database on breastfeeding research in the world. I already spoke to her, and if you need additional statistics, she will be happy to assist.

1(d): I enclose a copy of the letter from the former Executive Director of UNICEF urging physicians to encourage breastfeeding, and which lays out the health benefits mentioned here. In addition, many of the benefits are mentioned in the Fact Sheet also enclosed, or in the article I enclose from Breastfeeding Abstracts on health issues.

1(e): I enclose a copy of the 1995 Breastfeeding Fact Sheet by La Leche League International that provides the citation to this study, and others.

1(f): The Innocenti Declaration, sponsored by WHO and UNICEF, sets forth its recommendations that all women, globally, breastfeed exclusively for six months, and to continue breastfeeding with complementary solid foods until age two or beyond. WHO and UNICEF have been very clear that their major goals for the decade involve the encouragement of breastfeeding.

1(g)-(h): This is DeGrandy's language. Although there are no reported studies on this, it is again common knowledge. To give another example, when Utah's legislation was pending, a lactation consultant related a situation whereby a mother whose baby was

allergic to formula still refused to consider breastfeeding just because she did not want to have to nurse in public.

NOTES:

I understand that some people may object to the paragraph relating to nursing until age two, fearing that it will pressure mothers to nurse that long. Giving information on health benefits is not pressuring mothers, but helping them to make informed decisions about their feeding choices. It is important to mention this, as it emphasizes the health benefits to the mother, which most of society is unaware of.

I do not believe that it will pressure mothers, but will assist the mother who chooses to nurse longer than one year. If all the language in the bill refers to age one only, then what happens to the mother who is nursing a 13 months old? A 15 month old? A 21 month old? Even the former Surgeon General stated it was a lucky baby that gets to nurse until age two!

I understand that there is some opposition to the bill because people think it is unnecessary to have this legislation. My argument against this is that yes, in certain ways one could consider it unnecessary since mothers have a right to breastfeed without legislation, but the purpose of the legislation is NOT to legalize it, but to clarify that it is not a criminal act. We amend our criminal statutes all the time to reflect what we really mean: this is really what is happening here. In addition, encouraging breastfeeding can save the State of Nevada money, in that the babies and mothers will be healthier, thus reducing health costs, and if more WIC mothers breastfeed it saves money on formula.

I also enclose a letter I wrote for Illinois concerning their pending bill. If you would like a similar letter for Nevada, let me know. Also, feel free to use any of that letter as you see fit to respond to arguments against the bill.

Please note that most states have no problem getting this type of legislation passed. Virginia was concerned with indecent exposure, so they eliminated the discreet portion of the bill. Utah expected great opposition, as public polls indicated that 48% of women were against it! They turned this around to nearly unanimous support by pointing out that most women would not feel that way if they knew the health benefits of breastfeeding. In addition, the negative public reaction is the very reason the bills are being passed! It is the public perception that breastfeeding is indecent exposure.

If someone mentions the trouble California is having with their bill, it is because they are trying to create a right to breastfeed that can be enforced in civil court. Rather than make it a violation of a mother's civil rights (as in New York), they were trying to make it a violation of a mother's personal rights, which is enforceable. They were concerned with increasing litigation, and the ramifications of a private dwelling owner refusing a mother the right to breastfeed, and whether he could be sued for it.

Nevada is not creating an enforceable right under a civil rights act, or a personal rights act, but yours apparently is going under the criminal statutes. Because the public opinion is that breastfeeding is criminal behavior if done outside, your bill will help to protect a mother's decision to breastfeed and continue to do so.

Please let me know if there is more information I can provide you with.



Facts about Breastfeeding

1995

Breastfeeding provides maternal protection against breast cancer.

Parous premenopausal women who had never nursed or who had lactated for 1 month or less had an increased risk of breast cancer adjusted for age and parity, compared with women who had breastfed 2 months or longer; there was also an indication of decreasing risk with increasing duration of nursing.

Yang, C. History of lactation and breast cancer risk. *Am J Epidemiol* 1993; 138(12):1050-56

As compared with parous women who did not lactate, the relative risk of breast cancer among women who first lactated at less than 20 years of age and breastfed their infants for a total of 6 months was 0.54. If women who do not breastfeed or who breastfeed for less than 3 months were to do so for 4 to 12 months, breast cancer among parous premenopausal women could be reduced by 11%; if all women with children lactated for 24 months or longer, the incidence might be reduced by nearly 25%.

Newcomb, P. et al. Lactation and a reduced risk of premenopausal breast cancer. *N Engl J Med* 1994; 330(2):81-87

Having been breastfed was associated with decreased risk of breast cancer (odds ratio=0.74 for both pre- and postmenopausal women); these findings indicate that early nutrition in general and bottle feeding in particular may relate to breast cancer development in adulthood.

Freudenheim, J. E. et al. Exposure to breast milk in infancy and the risk of breast cancer. *Epidemiology* 1994; 5(3):324-31

Breastfeeding provides maternal protection against osteoporosis in later life.

The odds ratio that a woman with osteoporosis did not breastfeed her baby was 4 times higher than for a control woman

Blaauw, R. et al. Risk factors for development of osteoporosis in a South African population. *SAMJ* 1994; 84:328-32

Breastfeeding women can safely exercise and diet.

Aerobic exercise performed 4 or 5 times per week beginning 6 to 8 weeks postpartum had no adverse effect on lactation (volume or composition of breast milk) and significantly improved the cardiovascular fitness of the mothers

Dewey, K. et al. A randomized study of the effects of aerobic exercise by lactating women on breast milk volume and composition. *N Engl J Med* 1994; 330(7):449-53

Modest weight loss by healthy breastfeeding women at a rate of 0.45 kg/wk does not adversely affect either quantity or quality of milk consumed by their infants.

Dusdieker, L. B. et al. Is milk production impaired by dieting during lactation? *Am J Clin Nutr* 1994; 59:833-40

Maternal choices can impact breastfeeding success.

The observed deterioration in male infants' ability to breastfeed after circumcision may potentially contribute to breastfeeding failure; some neonates required formula supplementation because of maternal frustration with attempts at breastfeeding or because the neonate was judged unable to breastfeed postoperatively. Early formula supplementation is associated with decreased breastfeeding duration.

Howard, C. et al. Acetanaminophen analgesia in neonatal circumcision: the effect on pain. *Pediatrics* 1994; 93(4):641-46

Breastfeeding enhances the mother-infant relationship.

Breastfeeding acts as a protective mechanism for the mother and child in an adverse environment. Breastfeeding improves the mother-child relationship and provides optimum nutrition in an especially important and vulnerable phase of the infant's intellectual development.

Temboury, M. C. et al. Influence of breastfeeding on the infant's intellectual development. *J Pediatr Gastro Nutr* 1994; 19:32-36

Newborn humans can extract order from their interactions with others and these representations influence both perceptual and motivational systems that underlie the formation of emotional linkages with the mother; the importance of changes caused by maternal contact and milk ingestion for learning about the mother and establishing a close affectional relationship with her cannot be underestimated.

Blass, E. M. Behavioral and physiological consequences of sucking in rat and human newborns. *Acta Paediatr* 1994; Suppl 397:71-76

Exclusive and prolonged breastfeeding confers long-term health benefits.

The secretory IgA concentration increased more rapidly during the first 6 months after birth in infants exclusively breastfed than in those exclusively bottle fed; breastfeeding may aid in protection against pathogenic microorganisms by increasing the rate of mucosal IgA maturation.

Fitzsimmons, S. P. et al. Immunoglobulin A subclasses in infants' saliva and in saliva and milk from their mothers. *J Pediatr* 1994; 124(4):566-73

Breastfeeding is a strong natural contraceptive at the population level, although frequent and prolonged breastfeeding is required for full effect. Breastfeeding and especially early exclusive breastfeeding can efficiently decrease infectious disease and death in children, thus breastfeeding links infant mortality to birth rates.

Hanson, L. A. et al. Breastfeeding is a natural contraceptive and prevents disease and death in infants, linking infant mortality and birth rates. *Acta Paediatr* 1994; 83:3-6

Prolonged breastfeeding (beyond 12 months) and supplementation with solid foods may offer substantial protection against clinical malnutrition (70% reduction).

Cousens, S. et al. Prolonged breastfeeding, no association with increased risk of clinical malnutrition in young children in Burkina Faso. *Bull WHO* 1993; 71(6):713-22

Though children who are partially breastfed in the second and third years of life may have a lower energy intake than the weaned ones, the benefit in terms of lower morbidity may be more important for child survival in places with a high morbidity from diarrhoea and with high mortality; children aged 12-35 months who were not breastfed had a 3.5 times higher mortality than breastfed children.

Molbak, K. et al. Prolonged breastfeeding, diarrhoeal disease, and survival of children in Guinea-Bissau. *BMJ* 1994; 308:1403-06

Our data indicate that patients with multiple sclerosis were less likely than controls to have been breastfed for a prolonged period of time.

Pisacane, A. et al. Breastfeeding and multiple sclerosis. *BMJ* 1994; 308:1411-12

Mothers and infants with genetic conditions can breastfeed.

During lactation, women with mild cystic fibrosis disease can maintain their own weight and support growth in healthy infants.

Michel, S. et al. Impact of lactation on women with cystic fibrosis and their infants: a review of five cases. *J Am Diet Assoc* 1994; 94(2):159-65

The most appropriate objective approach is to determine whether the infant is malabsorbing, thus determining the necessity for enzyme replacement therapy and permitting the mother to continue the already established feeding regimen, including breastfeeding.

Gaskin, K. et al. Nutritional management of infants with cystic fibrosis. *J Paediatr Child Health* 1994; 30:1-2

Breastfeeding can be a successful technique in the management of the infant with PKU, although it may require more of the health professional's time to support the mother during the establishment of lactation, eventually breastfeeding decreases the need for complicated formula mixtures and can make overall management easier.

Greve, L. et al. Breastfeeding in the management of the newborn with phenylketonuria: a practical approach to dietary therapy. *J Am Diet Assoc* 1994; 94:305-09

Breastfeeding protects infants from otitis media.

The acute otitis media (AOM) frequency was significantly lower in the breastfed than in the non-breastfed children in each age group (2, 6, and 10 months of age); the frequency of upper respiratory tract infections was increased in children with AOM but significantly reduced in the breastfed group.

Aniansson, G. et al. A prospective cohort study on breastfeeding and otitis media in Swedish infants. *Pediatr Infect Dis J* 1994; 13: 183-88.

These data suggest that the protective effects of human milk against otitis media may be due in part to inhibition of nasopharyngeal colonization with nontypeable *H. influenzae* by specific secretory IgA antibody.

Harabuchi, Y. et al. Human milk secretory IgA antibody to nontypeable *Haemophilus influenzae*: possible protective effects against nasopharyngeal colonization. *J Pediatr* 1994; 124: 193-98.

Breastfeeding protects infants from diarrhea.

Strictly formula-fed children had an incidence of diarrhea over 3 times that of strictly breastfed infants and twice that of breastfed and supplementally fed children; strictly formula-fed infants colonized by enterotoxigenic *Escherichia coli* producing heat-labile toxin were symptomatic for diarrhea nearly 3 times as often as strictly breastfed infants and twice as often as infants receiving a mixed diet.

Long, K.Z. et al. Proportional hazards analysis of diarrhea due to enterotoxigenic *Escherichia coli* and breastfeeding in a cohort of urban Mexican children. *Am J Epidemiol* 1994; 139(2): 193-205.

Children less than 12 months of age had a lower incidence of acute diarrheal diseases during the months they were being breastfed than children that were fed with formula during the same period.

Lerman, Y. et al. Epidemiology of acute diarrheal diseases in children in a high standard of living rural settlement in Israel. *Pediatr Infect Dis J* 1994; 13(2): 116-22.

The composition of human milk is unique.

Breast milk contains nucleotide salts that are only present in minimal amounts in modern infant formulas prepared from cows' milk; nucleotides have been suggested as cofactors for the growth of bifidobacteria which are more numerous in the faeces of breastfed babies compared with those of formula fed babies.

Balmer, S.E. et al. Diet and faecal flora in the newborn: nucleotides. *Arch Dis Child* 1994; 70:F137-F140.

Preterm human milk provides a significantly higher relative supply of long-chain polyunsaturated fatty acids than term human milk.

Luukkainen, P. et al. Changes in the fatty acid composition of preterm and term human milk from 1 week to 6 months of lactation. *J Pediatr Gastro Nutr* 1994; 18:355-60.

Breastfed infants' experience with varied flavor cues facilitated their acceptance of novel vegetables, unlike the formula-fed infants, whose experience with flavors is much more limited because of consistent flavor cues across feedings.

Sullivan, S.A. et al. Infant dietary experience and acceptance of solid foods. *Pediatrics* 1994; 93(2):271-77.

Human milk enhances intellectual and neurological development.

Preterm children fed unsupplemented donor milk are substantially advantaged in their psychomotor and mental development at 18 months compared with those fed a standard term formula and were not disadvantaged compared with those fed a nutrient enriched preterm formula.

Lucas, A. et al. A randomised multicentre study of human milk versus formula and later development in preterm infants. *Arch Dis Child* 1994; 70:F141-F146.

Some aspects of intellectual attainment at five and ten years of age can be demonstrated to be superior among children who were exclusively breastfed for at least three months compared with their bottle-fed counterparts.

Pollock, J.I. Long-term associations with infant feeding in a clinically advantaged population of babies. *Dev Med Child Neurol* 1994; 36(5):429-40.

After adjustment for obstetric, perinatal, neonatal neurological, and social differences, a small advantageous effect of exclusive breastfeeding for at least 3 weeks on neurological status at 9 years of age was found (odds ratio for neurological non-normality 0.54).
Lanning, C.I. et al. Neurological differences between 9-year-old children fed breast-milk or formula: a milk as babies. *Lancet* 1994; 344:1319-22.

Human milk provides protection to premature infants from necrotizing enterocolitis.

The activity of PAF-AH in preterm human milk was approximately fivefold higher than in term milk so as to offer the most protection for those newborns at higher risk of NEC.

Moya, F.R. et al. Platelet-activating factor acetylhydrolase in term and preterm human milk: a preliminary report. *J Pediatr Gastro Nutr* 1994; 19:236-39.

Based on laboratory and clinical studies, human milk feeding appears to have protective effects against development of NEC.

Buescher, E.S. Host defense mechanisms of human milk and their relations to enteric infections and necrotizing enterocolitis. *Clin Perinatol* 1994; 21(2):247-62.

Human milk can be refrigerated longer than previously thought.

Refrigeration has a significant inhibitory effect on bacterial growth which is not observed after freezing; this justifies the choice of refrigeration at 0-4 degrees C for storage up to 8 days.

Pardou, A. et al. Human milk banking: influence of storage processes and of bacterial contamination on some milk constituents. *Biol Neonate* 1994; 65:302-09.

Preoperative fasting time for breastfed children is shorter.

Breastfeeding may continue until 3 hours before arrival time at the hospital in healthy children having elective surgery.

Schreiner, M.S. Preoperative and postoperative fasting in children. *Ped Clinics N Amer* 1994; 41(1):111-20.

Three hours appears to be a reasonable fasting interval before surgery in breastfed infants.

Litman, R.S. et al. Gastric volume and pH in infants fed clear liquids and breast milk prior to surgery. *Anesth Analg* 1994; 79:482-85.

A few breastfed toddlers develop dental caries in spite of breastfeeding, not because of it.

This appears to be the first unequivocal evidence that caffeine is a cariogenic agent when newborns are exposed to it during critical periods of tooth development; the widespread human consumption of caffeine could be a threat to the healthy development of teeth.

Nakamoto, T. et al. Cariogenic effect of caffeine intake during lactation on first molars of newborn rats. *Archs Oral Biol* 1993; 38(10):919-22.

Syrup medicines and, in particular, antibiotic syrups independently increased the risk that a child would have a number of carious lesions, especially if taken frequently.

McMahon, J. et al. Diet and dental caries in preschool children. *Eur J Clin Nutr* 1993; 47:794-802.

Breastfeeding is still best in a contaminated world.

With respect to postnatal exposure to PCBs through breastfeeding, there is no evidence of any adverse effects on child development at ambient North American body-burden levels. Until further evidence is available, physicians should continue to encourage breastfeeding because of its considerable benefits.

Frank, J.W. et al. Breastfeeding in a polluted world: uncertain risks, clear benefits. *Can Med Assoc J* 1993; 149(1):33-37.

It is recommended that breastfeeding should be encouraged and promoted in spite of the occurrence of dioxin-related organochlorine compounds in mothers' milk.

Johansen, H.R. et al. Congener-specific determination of polychlorinated biphenyls and organochlorine pesticides in human milk from Norwegian mothers living in Oslo. *J Tox Environ Health* 1994; 42:157-71.

The contribution of lead in breast milk to infant body burden is small and is less important than prenatal and other postnatal exposures. Routine blood lead screening of breastfeeding mothers to determine infant risk is not necessary; the benefits of breastfeeding outweigh concerns about infant exposure to lead from breast milk.

Tallier, L. et al. Lead in breast milk: should mothers be routinely screened? *W Med J* 1994; June:257-58.



United Nations Children's Fund
Fonds des Nations Unies pour l'enfance
Fondo de las Naciones Unidas para la Infancia

3 United Nations Plaza
New York, New York 10017
212 326-7000
Telex: 173989

29 June 1994

Dear Physician,

I smoked cigarettes for years. Then evidence about smoking's ill effects began to mount and finally, no longer able to ignore medical advice, I decided to stop. Like me, many former smokers are indebted to their physicians. Doctors led the public to appreciate the dangers of smoking.

The scientific community has now recognized a parallel threat to our children. I am writing to ask for your help and leadership in disarming it.

Physicians have long known that "breast is best", but there is now increasing awareness that breastfeeding plays a far more crucial role in the survival and healthy development of children -- in industrialised and developing countries alike* -- than we ever before imagined. Study after study now shows, for example, that babies who are not breastfed have higher rates of death, meningitis, childhood leukemia and other cancers, diabetes, respiratory illnesses, bacterial and viral infections, diarrhoeal diseases, otitis media, allergies, obesity, and developmental delays. Women who do not breastfeed demonstrate a higher risk for breast and ovarian cancers.

Despite these facts, today too few health care providers inform their patients about a mother's extraordinary capacity to sustain and protect human life -- her children's and her own. Even the manufacturers agree that no formula can provide the immunological factors found in human milk. Breastmilk's complex mixture of micronutrients is unequalled for optimal physical and neurological development. Because products used as substitutes for breastmilk are definitely inferior to it and contribute to increased rates of illness, they cannot legitimately be described as health products. Their marketing has no place in our health systems.

Incredibly, however, substantial quantities of free infant formula are still routinely distributed through the hospitals and doctors' offices of the 1990's. Manufacturers regularly provide free and low-cost bulk supplies and individual samples to hospitals, clinics, and other parts of the health care system, and well-meaning doctors and nurses then complete the marketing plan by passing the products along to patients, or by providing coupons for free supplies. When substitutes for breastmilk are distributed in health care settings by physicians and other trusted health

- 2 -

professionals, the implication normally is that these products are the better, more modern and doctor-recommended infant feeding choice.

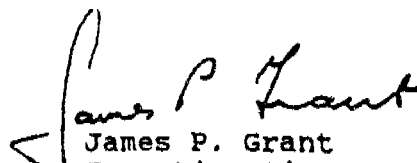
I am writing to ask you to take the lead in bringing about the necessary reform of this harmful, outdated habit. It will take the commitment of forward-thinking physicians to let others know that such marketing not only discourages breastfeeding, but also gives mothers the false impression that there are equally healthy alternatives. The weight of your influence, reputation and example can help end unhealthy competition against breastfeeding -- competition that is nowhere less appropriate than within our health care systems.

In May, the Member States of the United Nations sent their public health professionals to the World Health Assembly to speak in one voice. By global consensus, they urged all countries to close this dangerous chapter in the history of health care -- to end the distribution of free and low-cost supplies of breastmilk substitutes throughout the world's health care systems. Perhaps your voice was among those calling for an end to this dangerously misleading practice. If you did not have the opportunity to speak for your government at the World Health Organization, I urge you now to join an international vanguard of physicians by sending the United Nations your personal pledge to protect breastfeeding. A "Physician's Pledge" form is attached for your signature.

Our first goal is to draw media attention to this crucial child health issue during World Breastfeeding Week, 1 - 7 August. I am hoping that, with your pledge and the pledges of other concerned physicians in hand by the first of August, the public will hear that a change of direction is urgently needed and that prominent physicians have stepped forward to lead the way.

Will you take a stand with UNICEF to protect breastfeeding? I look forward to receiving your signed pledge by 1 August, in time to launch our pledge drive during World Breastfeeding Week, or during the upcoming weeks as our vanguard continues to grow.

Yours sincerely,


James P. Grant
Executive Director

* An annotated bibliography of studies comparing effects of breastfeeding versus bottle-feeding, in both industrialised and developing countries, is available on request from UNICEF.

For millennia breastfeeding has been recognized as a key to healthier babies. Recent studies have demonstrated that breastfed infants have significantly fewer episodes of ear infections, gastroenteritis, diarrhea and acute lower respiratory infections. Even in industrialized nations where artificial feeding is relatively safe, breastfed babies require fewer ill-baby visits to the doctor for illness and have dramatically lower hospitalization rates in the first year of life.

Yet this substantial body of knowledge and current research has been overlooked as legislative bodies in the United States at both state and national levels consider health care reform. Why? Several reasons stand out.

Breastfeeding does not have an organized, effective, and well-financed lobbying organization. Infants, the ones who benefit most from increased breastfeeding rates, cannot attend hearings and participate in expert panels to influence the thinking of decision-makers. They cannot march on Washington or initiate letter-writing campaigns to promote their cause. Without such high profile activity, the breastfeeding cause is easily forgotten.

No one makes a profit on breast milk and breastfeeding. In a market-driven, free-enterprise economy some very worthwhile products, services, and causes can be overlooked. Breastfeeding is just such an issue. Infants have no dollars to infuse into the economy by purchasing the latest and greatest infant feeding product, their own mother's milk. Yet there are economic advantages to breastfeeding.

Legislators are not educated in the benefits of breastfeeding. These benefits may be vaguely assumed, but few have access to the statistics needed to support informed decisions. Do those who are considering health care coverage plans know about all these benefits of breastfeeding?

Breastfed children are half as likely to have any illness during the first year of life.¹

Breastfeeding for 4 months reduces the occurrence of *otitis media* by 50 percent and of recurrent *otitis media* by 61 percent.²

Children breastfed for one year or longer have half the risk of becoming diabetic.³

Breastfed infants are 10 times less likely to be admitted to the hospital during their first year of life.⁴

Breastfed children are 4 times less likely to contract the infections which cause meningitis.⁵

Children who are exclusively breastfed for at least 6 months are half as likely to develop cancer before age 15 than children not breastfed.⁶

Breastfed infants are 5 times less likely to contract *Giardia* during the time they are breastfed.⁷

Breastfed infants are 5 times less likely to be diagnosed with urinary tract infections between 0 and 6 months of age.⁸

Breastfed babies are one-third less likely to die of AIDS.⁹

Two previous Surgeons General of the United States (the officer charged with overseeing public health issues) have made strong and positive statements about the benefits of breastfeeding. Yet even with this support by leaders in the public health community, prenatal health care providers continue to supply formula-company-

produced information on infant feeding choices to pregnant women and to share their patient lists with companies that provide "free" samples of artificial feeding products. In one survey, 90 percent of those who received free formula products identified

their prenatal caregiver as the source of that product.¹⁰ The vast majority of these samples were from companies that advertise only to hospitals or physicians. The effectiveness of this promotion method may be due to the implicit recognition by mothers that physicians and other health care providers are experts in health care, thus their participation in formula distribution is interpreted as an endorsement of that product, the practical result of which is a reduction in breastfeeding.

Much can be learned from looking at health care models in other industrialized countries where infant mortality rates, much lower than those in the U.S., have been achieved, in part, through policies supportive of breastfeeding. These policies create an environment that empowers mothers to provide the best possible start in life for their babies. These countries by supporting prenatal services and the WHO/UNICEF Baby Friendly Hospital Initiative and by caring for the mother's health and well-being demonstrate the value of children to their country's future.

As basic benefit packages are discussed and designed in Congress and state legislatures, the inclusion of access to prenatal and maternity services must be seen as an important avenue to increased breastfeeding rates and improved infant health. Research shows that most women make their infant feeding decisions either before or early in pregnancy. Access to prenatal care assures not only a healthy mother and a safer delivery, but also creates the opportunity to provide women with accurate data upon which to base an informed infant feeding decision as well as a supportive atmosphere in which to make that decision. Breastfeeding services should be available which support the mother and baby throughout lactation, especially during the early postpartum period when breastfeeding mothers may need guidance and follow-up to achieve success. Home health care coverage should include care of the breastfeeding couple in their home setting. This will encourage women to continue breastfeeding and enable them to seek reimbursable help, when appropriate.

At a time in the United States when prevention of illness and reduction of costs are key words in health care reform debates, we must become the voice for the voiceless! Universal breastfeeding for only three months could decrease hospitalization costs for infants in the U. S. by \$2 to \$4 billion per year.¹¹ Policies and practices of health care providers and the health care industry must be examined and realigned to reflect the importance of breastfeeding in improved infant health and survival. It is time for those of us who promote and protect breastfeeding to speak up for the needs of mothers and babies.

□ Affordable Health Care Begins with Breastfeeding

BARBARA HEISER, RN, IBCLC

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ABSTRACTS

□ Influence of breast-feeding on the infant's intellectual development by M. C. Tembours, A. Otero, I. Polanco and E. Arribas. *J Pediatr Gastroenterol Nutr* 1994; 18:32-36.

Isolating the effects of breastfeeding on infant intellectual development is difficult. Cognitive development is a complex process, influenced by many interacting factors. The authors of this study attempt to control for confounding factors in order to analyze the role breastfeeding plays in intellectual development.

A prospective cohort of 229 infants from two Primary Care Centers in metropolitan Madrid, Spain were divided into breastfed (breastfed for 3+ months) or non-breastfed (no breastfeeding or breastfeeding for <1 month) groups. Possible confounding factors examined were the mother's age, education level, social class and job, the number of children in the family, psychosocial risk factors, along with the child variables of shyness, tantrums, hyperactivity, place of birth, sex, birth weight and height.

Intellectual development was measured between 18 and 29 months using Bayley Scales of Infant Development which yield an index of mental (IMD) and psychomotor (IPD) development. Social class was determined by using the Graffard test. There were no significant differences between the breastfed and the bottle-fed groups on any of the variables studied.

Under bivariate analysis, lower scores on the IMD were associated significantly ($p < 0.05$) with lower education levels of mother, lower social class, higher number of siblings, having tantrums and being hyperactive. Bottle-feeding had some significance ($p < 0.1$). Lower results on the IPD were correlated to education level of mother and social class ($p < 0.05$). Shyness of child and type of feeding had some significance ($p < 0.1$).

After multivariate analysis, factors associated with lower IMD scores were bot-

tle-feeding (adj. OR 1.97), social class (adj. OR 2.6), siblings (adj. OR 2.44) and temperament (adj. OR 2.67). Lower IPD scores were influenced only by social class under this analysis, though bottle-feeding almost reached significance ($p < 0.1$).

The authors discuss other studies of the effect of breastfeeding in intellectual development and observe that the association between bottle-feeding and lower intelligence occurs in groups with other sociocultural or biological risk factors. This suggests that breastfeeding may protect the mother and child in an adverse environment.

□ Human milk banking: Influence of storage processes and of bacterial contamination on some milk constituents by A. Pardou, E. Serruys, F. Mascart-Lemone et al. *Biol Neonate* 1994; 65:302-9.

This study investigated the effects of cold storage on total IgA, lactose, and lipid concentrations according to the level of bacterial contamination at collection time and examined how the number of bacterial colony forming units/ml (CFU/ml) changed over 6 hours at room temperature after 8 days of refrigeration or freezing.

Milk samples ($n=126$) for the first part of the study were collected by manual expression or breast pump from mothers who had cleaned their nipples with chlorohexidine cream. The samples were stored in sterile polypropylene bottles for 8 days at 0 to 4°C or at -20°C. Frozen samples were thawed by microwave before analysis, and bacterial counts were determined to assay bacterial contamination after storage. Lactose concentrations were unaffected by storage conditions, but total lipids and IgA concentrations decreased significantly in frozen milk samples contaminated with saprophytic bacteria and in refrigerated and frozen samples containing pathogenic bacteria. The authors assumed the decrease in lipids (2 to 6.7 per-

cent) could be due to lipolysis during storage and was not very important from a nutritional point of view. The decrease in IgA was theoretically caused by the presence of IgA proteases in contaminating streptococci bacteria. The authors suggested the effects of bacterial enzymes need to be further analyzed in relation to the species and total amount of bacteria found.

In the second part of the study bacterial counts were made after initial milk collection, following the 8-day storage, and after further incubation of stored milk at room temperature for 2 to 6 hours. Sterile milk samples remained sterile after storage and during the 6-hour incubation at room temperature. Bacterial counts in contaminated milk decreased during storage at 0 to 4°C, as previously described, and remained stable during the room temperature incubation, probably due to inhibition of growth by the refrigeration itself and to the effects of antimicrobial factors in the milk. Bacterial counts did not decrease after freezing, but did increase during the incubation at room temperature.

The authors conclude that the data suggest that refrigeration up to 8 days is better for storage of human milk as far as antimicrobial properties are concerned. They also recommend that syringes used for continuous nasogastric feeding of previously frozen breast milk in neonatal units be changed every 4 hours to avoid a rapid increase of bacteria.

□ Nutritional concerns of lactating women consuming vegetarian diets by B. L. Specker. *Am J Clin Nutr* 1994; 59(suppl):1182S-86S.

This article summarizes the results of the author's several studies of lactating vegetarian women who consumed a diet with no meat, little or no dairy products or eggs, and small amounts of seafood.

Fifty-one women were classified into four groups: lactating vegetarian, lactat-

April 13, 1995

Senator Emil Jones, Jr.
Illinois Senate Committee on Public Health and Welfare
Room 309, State House
Springfield, Illinois 62706

Re: Senate Bill No. 190

Dear Chairman Isenberg:

I am an attorney recognized nationally for expertise in breastfeeding and the law. I receive approximately 60 calls per month from mothers all over the United States with breastfeeding legal problems. The calls can be broken down into several categories. Nursing-in-public cases typically involve a mother who is asked to leave a mall, museum, library or other business for breastfeeding. Employment situations usually involve a mother who wants to pump or nurse her baby on her breaks, and an employer who is prohibiting it. Divorce and paternity cases usually involve custody or visitation that could terminate or seriously jeopardize the breastfeeding relationship. Jury duty is another area that can affect breastfeeding mothers.

I am very familiar with the breastfeeding legislation that has been enacted in Florida, New York, Virginia, North Carolina, Michigan and Utah. I have noticed less calls from states that have passed legislation regarding nursing in public. However, even more importantly, the calls that I do receive are more easily resolved. Once a mother knows that there is legislation in her state protecting her right to breastfeed, she is better able to calmly and intelligently educate the establishment that prohibited the breastfeeding, and resolve the situation satisfactorily for herself, and for future mothers that may breastfeed there.

I see a real need for the legislation, not because it is illegal to breastfeed anywhere, but because it is still the common perception that breastfeeding is indecent exposure and illegal. This fact was emphasized when radio and newspapers in Florida reported that breastfeeding would be made legal by Florida's breastfeeding bill. One newspaper article actually reported criminal penalties that a mother could suffer for nursing in public!

Given that breastfeeding is not a lifestyle choice, but a significant health choice for both mother and baby, passing legislation sends a message to the public that breastfeeding is

important. It helps to reassure the mother that she will not be socially ostracized if she breastfeeds in public. A former Florida State Legislator (Rep.) Miguel DeGrandy, who submitted Florida's legislation, related to me that he hoped the legislation could remove just one more stumbling block from a mother's decision to breastfeed or to continue to do so. It is a known fact that some mothers choose not to breastfeed just because they do not want to have to deal with this issue. In Utah, one lactation specialist related a situation whereby a mother whose baby was allergic to formula chose not to breastfeed solely because she did not want to nurse in public.

Other mothers may choose to give bottles whenever they go out, just because of fear of harassment. However, giving bottles, especially in the early weeks and months, can seriously jeopardize the breastfeeding relationship. Mothers need to nurse on demand, and avoid bottles in the beginning. Nipple confusion is all too common when mothers give bottles before breastfeeding is well established. It can result in the baby rejecting the breast, or developing a sucking disorder that may be very difficult for the new mother to undo.

Unfortunately, most of the mothers that are told to stop breastfeeding in public are the new mothers who have never nursed in public before. They often call attention to themselves by trying to be so discreet. Many related to me that they turned a chair around, and put a shawl over the baby. Everyone knew she was breastfeeding, even though nothing was exposed. It is rare that the more experienced breastfeeding mother is harassed; often she knows how to breastfeed where no one knows what she is doing.

It is not the fact that anything is exposed that results in the harassment. To the contrary, it is the idea that the mother is breastfeeding that seems to upset people, and women are just as likely to be disturbed as men. Breastfeeding has skipped several generations, and our society has great difficulty viewing the breast as a method of nurturing rather than a sex object.

Some states were concerned that passing breastfeeding legislation could result in more situations involving indecent exposure. They were concerned that there might be a rash of women exposing themselves, under the guise of breastfeeding. However, this has never been shown to be the case. Breastfeeding mothers do not want to expose themselves, and the mothers that have been harassed had been nursing very discreetly. No state that has passed legislation found an increase in women exposing themselves as a result.

Now, we know that breastfeeding reduces the mother's risk of breast, ovarian, and cervical cancer. A recent study indicates that breast cancer could be reduced by 25% in this country if all women breastfed their children until age 2! Breastfeeding reduces the baby's risk of diabetes, leukemia, chronic liver disorders, crohn's disease, celiac disease, meningitis, and other serious illnesses. Breastfed babies are half as likely to become ill at all in the first year of life. This is one reason why the WIC programs are encouraging breastfeeding. It not only will save the government money (hundreds of millions of dollars are spent providing formula to low income mothers), but will improve the health of the babies and mothers.

Bottle feeding mothers are not being harassed. They are not asked to leave malls, restaurants, or museums. Is it right that women who choose to feed their baby in the most healthy way are harassed?

Encouraging mothers to breastfeed is one easy way for the State of Illinois to save money, and to improve the health of mothers and babies. Breastfeeding legislation helps to achieve that goal.

If you have any further questions, please do not hesitate to contact me in this office.

Most sincerely,

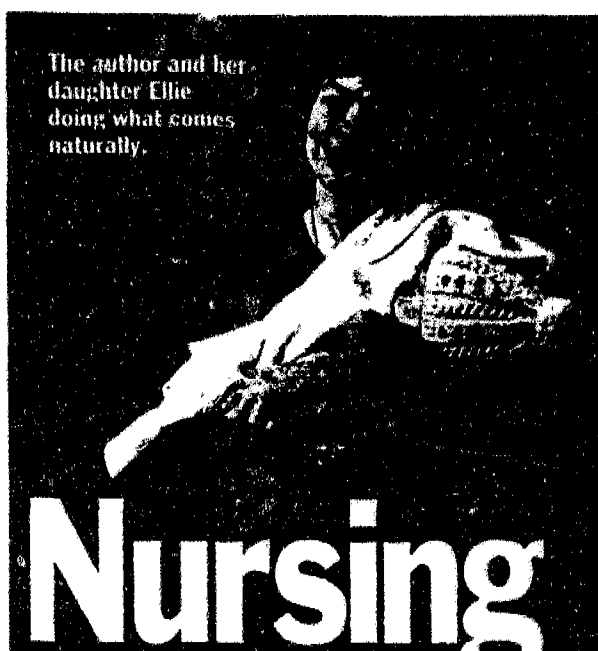
ELIZABETH N. BALDWIN, ESQ.

ENB: If

cc: Mary Lofton, La Leche League International

In My Opinion

The author and her daughter Ellie doing what comes naturally.



Nursing a Grudge

BY PAULA SPENCER

Understand this about me: I don't wear Birkenstock sandals, eat tofu, meditate or practice yoga. Nor do I abhor mascara or leg shaving. In short, I am not the earth-mama type. Nevertheless, the one "natural" behavior I do indulge in—breast-feeding my baby—manages to cause embarrassment and discomfort to others, all the same.

Luckily, I have yet to be treated as rudely as the mother I read about recently in Princeton, New Jersey, who was asked by a store manager to stop nursing or leave his store. She might offend other customers, he said. What if a young child should see her? Since she was in a toy store, the chances were pretty good that a child *would* see her, though what emotional damage might result was never made clear.

The store manager should be glad he doesn't work in New York, which just became the latest of a handful of states to make it a civil-rights violation to kick a breast-feeding mother out of a public space. In Albany, some 50 women held a nurse-

in to lobby for such a law. It's a sad commentary on our national nervousness about breasts that women should be so harassed over feeding their infants that they need civil-rights protection.

Sad, yes. But surprising, no. Breasts are the object of more double standards, if you will, than any other part of the human anatomy. Americans are breast obsessed—which unfortunately isn't the same as breast mature.

Every day, every few minutes, for that matter, you can tune in the TV or go to the movies and watch breasts jiggling and bouncing across the screen, on everything from sitcoms to serious dramas. But when's the last time you saw a nursing mother depicted on a soap opera or a made-for-TV movie? Surely decency isn't the issue—the average high-school prom dress today exposes more bosom than a nursing infant does. You see breasts at the beach covered by nothing more than a wisp of Lycra and nobody complains, but watch people squirm

when they see a baby latched on.

You'll find plenty of breasts in your mailbox too: cleavage in catalogs, bare nipples in fashion magazines and celebrity photos that specialize in navel-grazing décolletages. But don't even waste your time looking for real clothes tailored to the purpose of nursing.

Granted, before my firstborn arrived, the idea of breast-feeding made me a little nervous. Chaik it up to an uptight cultural conditioning that programmed me to consider my breasts some titillating secret not meant for polite society. I knew in my heart, however, that breast milk was better for my child, not to mention convenient and cheap, and so I joined the more than half of all new mothers who nourish their babies this way.

I have opened my shirtfront in stores and restaurants, at my office and at church, and even on airplanes, once in the middle seat between two suited businessmen. Between my nursing bras with their discreet, easy openings, and a receiving blanket or a shawl draped across my shoulder, few around me have been aware of the feeding. But even if onlookers are as distressed as that Princeton toy-store manager, it's just not my problem.

In fact, to mortified onlookers I say, "Grow up!" And wake up to some basic anatomy: Breasts are functional. There is more to having them and exposing them than silicone implants and Wonderbras and Playmates of the Month.

I'd like to think that by the time my daughter is ready to nurse her own babies, she'll find a world more welcoming of breast-feeding than the one she was born into. Maybe by then mothers won't feel as if they have to hide in shame while doing with their breasts what nature intended. It's a nice wish and one that makes a lot of sense. Still, I wouldn't bet the Birkenstocks on it. **WD**

EDITOR'S NOTE: We open this page to opinions everyone can learn from, even if we don't always agree.

1828

EXPT I

TRICK MURPHY RACEY, SABA

33



Breastfeeding

HELP FROM LA LECHE LEAGUE

How You Can Nurse Discreetly

Throughout most parts of the world, the sight of a mother breastfeeding her baby in public is common. But until recently, it has been rare in our society. Nursing in public is slowly gaining acceptance in the United States, as evidenced by legislation in Florida, Virginia, North Carolina, Michigan and New York that guarantees a woman the right to do so. Similar legislation is pending in Texas, Illinois, Wisconsin, Ohio, Nevada, Utah and New Jersey.

Even if you live in a state that hasn't passed such legislation, you're entitled to this right, according to Elizabeth Baldwin, an attorney in North Miami Beach, Fla., and member of La Leche League's professional advisory board. There are no laws that prohibit breastfeeding, and no one has the right to tell a mother how to feed her baby. States are passing this legislation, Baldwin explains, to make it clear that this is not an illegal act and to encourage women to breastfeed.

Still, laws can't change the fact that some people are uncomfortable with seeing a woman breastfeeding in public — or that you may feel uncomfortable breastfeeding in public yourself. But don't let someone else's objections — or your own — keep you housebound or force you to cut breastfeeding short. The key is to nurse discreetly. These tips should help.



Left: Nursing slits are tucked behind the center panel on Motherwear's floral sundress, with a blue background. \$69; (800) 950-2500.



Center: Once you've finished nursing, the flaps on Care Wear's blue-and-white-striped chambray shirt button down into place. \$52; (800) 793-BABY.



Right: The row of buttons across Japanese Weekend's color-blocked top (fuchsia, green, orange and royal blue) provide easy nursing access. \$68; (800) 808-0555.

WEAR THE RIGHT CLOTHES. Two-piece outfits from your pre-pregnancy wardrobe will serve you best. A top that can be unbuttoned from the bottom or a loose-fitting sweater or blouse that can be lifted up makes access easy and exposes the least skin.

Also, consider investing in breastfeeding fashions that have concealed nursing openings. There are several types of openings, as shown on the fashions above. Many moms find breastfeeding fashions particularly handy in settings where it's difficult to find privacy, such as in a restaurant or at church. Nursing fashions are sold in

maternity stores and the maternity section of department stores. You also can contact the Association for Breastfeeding Fashions for more information (see box on page 60).

What you wear underneath your clothes also can affect how easy it is to nurse discreetly. Shop for nursing bras that you can easily open and close with one hand.

GET STARTED IN PRIVATE. Getting your baby to latch on is often the most difficult part of a breastfeeding session and is the time when you're most likely

continued on page 60

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breastfeeding

Continued from page 56

to expose your breasts. So, find a secluded corner where you can get breastfeeding started, then rejoin the crowd. Or try casually draping a shawl or receiving blanket over your baby while he latches on. Also, you can carry your baby in a sling-type carrier and arrange the fabric folds so your baby is covered. Once your baby's latched on, most people won't be able to tell whether he's sleeping or nursing.

PRACTICE, PRACTICE, PRACTICE. Before you first venture out, practice discreet nursing at home. Ask your husband or a friend to critique your performance. After a few rehearsals, you'll probably have perfected your technique and feel ready to make your public debut.

After you've become comfortable nursing in public, you might want to learn how to nurse your baby while you walk. This skill will prove especially useful when shopping. But mastering it will take some practice, too.

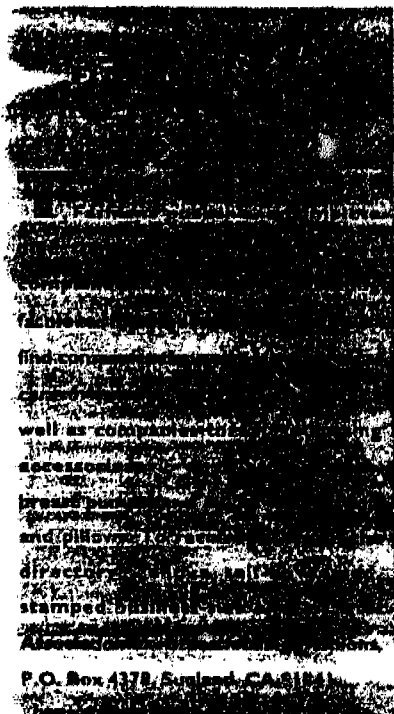
PACE YOURSELF. Make your first outings short. A brief visit to proud grandparents is a good starter. You'll probably feel more comfortable if your first attempt at discreet nursing is among family members. You might also begin with a quick trip to the mall. If nursing doesn't go smoothly, you can retreat to your car or a ladies' room for privacy.

FIND A COMFORTABLE SPOT. Many large department stores, airports, train stations and shopping malls have rooms set aside for nursing mothers.

Also, if you're in a department store or shopping center, you can often nurse privately in a fitting room.

DON'T BE TOO DISCREET. The mother who is breastfeeding in public for the first time and turns her chair away from everyone and drapes a shawl completely over her baby is often the one who attracts stares and whispers, says Baldwin. "People seem to object more to the idea of breastfeeding in public than to the actual act."

After a few outings, you'll probably have mastered the art of discreet nursing. Then, when you pass another mother who is breastfeeding her baby, remember to give her a reassuring smile. If it's her first time breastfeeding in public, your smile might be just the encouragement she needs.



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Breast-feeding ordinance aired

Anderson, Eric

Denver Post (DP) Sec B, p 2, col 2 Sep 7, 1994

ARTICLE TYPE: News

ARTICLE LENGTH: Medium (6-18 col inches)

AVAILABILITY: UMIACH CATALOG NO.: 60422.00

On Sep 6, 1994, Littleton CO city council members questioned the need for what would have become the first legislation in the state specifically granting women the right to breast-feed in public.

DESCRIPTORS: Legislation; Breastfeeding & lactation

GEOGRAPHIC NAME: Littleton Colorado

13/9/9

DIALOG(R)File 484:Newspaper & Periodical Abstr.

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Open breast-feeding becomes legal right

New York Times (NY) Sec B, p 4, col 6 May 19, 1994 ISSN: 0362-4331

ARTICLE TYPE: News

ARTICLE LENGTH: Short (0-6 col inches)

AVAILABILITY: UMIACH CATALOG NO.: 60001.01

New York Gov Mario Cuomo on May 18, 1994 signed into law a bill that protects a woman's right to breast-feed her babies in public and private. The legislation, which takes effect in 30 days, was a response to several recent cases in which women were ordered out of stores, restaurants or malls because they were breast-feeding.

DESCRIPTORS: Legislation; Breastfeeding & lactation

NAMED PERSON: Cuomo, Mario M

GEOGRAPHIC NAME: New York

13/9/10

DIALOG(R)File 484:Newspaper & Periodical Abstr.

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94373133

Breast-feeding: A civil right

New York Times (NY) Sec A, p 26, col 1 May 20, 1994 ISSN: 0362-4331

ARTICLE TYPE: Editorial

ARTICLE LENGTH: Short (0-6 col inches)

AVAILABILITY: UMIACH CATALOG NO.: 60001.01

An editorial supports a new New York state law that protects a woman's right to breast-feed her babies in public and private, noting that the law makes those who bar a woman from breast-feeding in public liable to a fine or a prison sentence for violating the state's civil rights law.

DESCRIPTORS: Editorials; Civil rights; State laws; Breastfeeding & lactation
GEOGRAPHIC NAME: New York

13/9/11
DIALOG(R) File 484: Newspaper & Periodical Abstr.
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04299867 94298957
Va. passes law to protect breast-feeders
Tousignant, Marylou
Washington Post (WP) Sec B, p 5, col 1 Apr 17, 1994 ISSN: 0190-8286
ARTICLE TYPE: News
ARTICLE LENGTH: Short (0-6 col inches)
AVAILABILITY: UMIACH CATALOG NO.: 60208.00

Virginia has become the third state in the US to guarantee women the right to breast-feed in public without fear of being charged with indecent exposure.

DESCRIPTORS: Breastfeeding & lactation; State laws
GEOGRAPHIC NAME: Virginia

TITLE: Breast-feeding and the law. (1993 Symposium on New Perspectives on Women, Health & Law, part 2)
AUTHOR: Barkhuis, Sijke Selinda
JOURNAL NAME: Texas Journal of Women and the Law 3 n2 417-445 Spring, 1994
SOURCE FILE: LRI File 150
ISSN: 1058-5427
GEOGRAPHIC CODE: NNUS
JURISDICTION: United States
DESCRIPTORS: Breast feeding--Laws, regulations, etc.
REVISION DATE: 940730

15452804 Supplier Number: 15452804
TITLE: It took protests to win right to feed babies in public.
AUTHOR: Quindlen, Anna
JOURNAL NAME: Los Angeles Daily Journal v107 n102 p6 May 27, 1994
SOURCE FILE: LRI File 150
EDITION: Fri 16 col in
ISSN: 0362-5575
GEOGRAPHIC CODE: NNUS
JURISDICTION: United States
DESCRIPTORS: Breast feeding--Laws, regulations, etc.; Indecent exposure--Laws, regulations, etc.; Sexual ethics--Public opinion
REVISION DATE: 940702

DIALOG(R)File 146:Washington Post Online
1995 Washington Post. All rts. reserv.

2188183

Va. Passes Law to Protect Breast-Feeders.
The Washington Post, April 17, 1994, FINAL Edition
By: Marylou Tousignant, Washington Post Staff Writer
Section: METRO, p. B05
Story Type: News Virginia
Line Count: 22 Word Count: 243

Virginia Is For Lovers, according to the state's tourism motto. And now it's for breast-feeders too.

The Old Dominion has just become the third state in the country-after Florida and North Carolina-to guarantee women the right to breast-feed in public without fear of being charged with indecent exposure.

Del. Jean W. Cunningham (D-Richmond) proposed the legislation after hearing stories about mothers being harassed "and made to feel like criminals" when they tried to nurse in shopping malls and other public places. Several women were told they couldn't breast-feed at Wolf Trap last summer because they might attract bees, although the park later backed down after criticism.

Despite proven health and nutritional benefits for mother and child, only about half of all new mothers try to breast-feed, and many quit after a short time. One reason given is the discomfort women feel from gawkers deride them as exhibitionists-no matter how discreet they try to be in public.

While lobbying for the measure in Richmond this year, supporters may have inadvertently hit on a way to speed legislation through the thicket of committee hearings. They showed up whenever the breast-feeding bill was on a hearing agenda, many with nursing babies and fidgety tykes in tow. They were surprised to learn that their issue was always at the top of the list.

"They took our bill first every time," Rebecca Wright, a pediatric nurse in Richmond, recalled Friday. "The legislators were anxious for us to be out of there."

NAMED PERSONS: CUNNINGHAM, JEAN W.; WRIGHT, REBECCA
DESCRIPTORS: Virginia; State legislative bodies; Birth; Childrearing;
Breast; Lobbying

NEW YORK ADVANCE LEGISLATIVE SERVICE

1994 REGULAR SESSION

CHAPTER 98

SENATE BILL NO. 3999-A

1994 N.Y. ALS 98; 1994 N.Y. LAWS 98; 1994 N.Y. S.N.
3999

SYNOPSIS: AN ACT to amend the civil rights law, in relation to granting mothers an absolute right to breast feed.

NOTICE: [A>UPPERCASE TEXT WITHIN THESE SYMBOLS IS ADDED<A]
[D>Text within these symbols is deleted<D]

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

[*1] Section 1. The legislature finds and declares that the Surgeon General of the United States recommends that babies from birth to one year of age be breast fed, unless medically contraindicated, in order to attain an optimal healthy start. Despite such recommendation, statistics reveal a declining percentage of mothers are choosing to breast feed their babies, and nearly half of all new mothers are now choosing formula over breast feeding before they even leave the hospital, only twenty percent are still breast feeding when their babies are six months old, and only six percent are still breast feeding when their babies are one year old.

The legislature further finds and declares that breast milk offers better nutrition, immunity, and digestion, and may raise a baby's IQ. In addition other benefits such as improved mother-baby bonding, and its encouragement has been established as a major goal of this decade by the World Health Organization and UNICEF. The social constraints of modern society militate against the choice of breast feeding and lead new mothers with demanding time schedules to opt for formula feeding for reasons such as embarrassment and the fear of social ostracism or criminal prosecution.

The promotion of family values and infant health demand putting an end to the vicious cycle of embarrassment and ignorance that constricts women and men alike in the subject of breast feeding and represents hostility to mothers and babies in our culture based on archaic and outdated moral taboos. Any genuine promotion of family values should encourage public

Exhibit includes:

NY S.B. 3999A 1994;

FL HB 231 1993

FL Laws Ch 94-217

NC LAWS 14-190.9 1993

1834

39
EXHIBIT J

**MINUTES OF THE
SENATE COMMITTEE ON JUDICIARY**

**Sixty-eighth Session
April 20, 1995**

The Senate Committee on Judiciary was called to order by Chairman Mark A. James, at 8:30 a.m., on Thursday, April 20, 1995, in Room 224 of the Legislative Building, Carson City, Nevada. Exhibit A is the Agenda. Exhibit B is the Attendance Roster.

COMMITTEE MEMBERS PRESENT:

Senator Mark A. James, Chairman
Senator Jon C. Porter, Vice Chairman
Senator Maurice Washington
Senator Mike McGinness
Senator Dina Titus
Senator O. C. Lee

COMMITTEE MEMBERS ABSENT:

Senator Ernest E. Adler (Excused)

VISITING LEGISLATORS:

ASSEMBLYWOMAN JEANNINE STROTH

STAFF MEMBERS PRESENT:

Allison Combs, Senior Research Analyst
Lori M. Story, Committee Secretary

OTHERS PRESENT:

Paula Berkley, Lobbyist, Alliance for Latinas in Action and Solidarity
Michael Fondi, Judge, First Judicial District Court
Olivia Hernandez, Court Interpreter, First Judicial District Court
Brian E. Doran, Court Administrator, Sparks Municipal Court
Suzanne Ramos, Executive Director, Nevada Hispanic Services
Douglas L. Dickerson, Lobbyist, City of Las Vegas
Richard Gammick, District Attorney, Washoe County
Karen C. Winckler, Attorney, Defense Bar of Nevada

Senate Committee on Judiciary
April 20, 1995
Page 23

understanding of the hate crimes statutes. He explained there is a BDR (Exhibit J) in the Assembly which requests an aggravating circumstance for hate crime-type murders. Under the statutes, first degree murder must also be proven to have occurred under at least 1 of 10 aggravating circumstances before the death penalty can be sought, he explained. He speculated this amendment has the same intent as the BDR before the Assembly.

Senator James called for a motion to concur in the amendment to S.B. 139.

SENATOR TITUS MOVED TO CONCUR IN THE AMENDMENT TO S.B. 139.

SENATOR LEE SECONDED THE MOTION.

THE MOTION CARRIED. (SENATOR ADLER WAS ABSENT FOR THE VOTE.)

SENATE BILL 41: Revises provisions relating to disposition of confiscated weapons by law enforcement agencies.

Allison Combs, Senior Research Analyst, Legislative counsel Bureau, explained this amendment. She said the Assembly deleted the provision requiring law enforcement agencies to sell confiscated weapons at public auction; authorizes the agencies to donate the weapons. The chairman interrupted to ask for clarification regarding the first amendment. Ms. Combs confirmed the provision to require selling weapons at auction had been reinserted in the bill on the Senate floor, before sending it to the Assembly.

The chairman called for a motion to not concur in the amendment to S.B. 41.

SENATOR MCGINNESS MOVED TO NOT CONCUR IN THE AMENDMENT TO S.B. 41.

SENATOR WASHINGTON SECONDED THE MOTION.

THE MOTION CARRIED. (SENATOR ADLER WAS ABSENT FOR THE VOTE.)

SENATE BILL 317:

Provides the breast feeding of infant does not violate certain statutes pertaining to decency and morals.

Senate Committee on Judiciary
April 20, 1995
Page 24

Finally, after explaining his efforts to gather information regarding the issue, and asking if there was any further discussion of the bill, the chairman called for a motion to do pass S.B. 317.

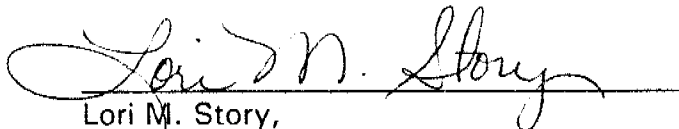
SENATOR LEE MOVED TO DO PASS S.B. 317.

SENATOR TITUS SECONDED THE MOTION.

THE MOTION CARRIED. (SENATOR ADLER WAS ABSENT FOR THE VOTE.)

There was no further business and the hearing adjourned at 11:10 a.m.

RESPECTFULLY SUBMITTED:


Lori M. Story,
Committee Secretary

APPROVED BY:


Senator Mark A. James, Chairman

DATE: 7-25-95

"1. It is unlawful for a person who:

(a) Has 0.10 percent or more by weight of alcohol in his blood; or

(b) Is a habitual user of or under the influence of any controlled substance, or is under the combined influence of intoxicating liquor and a controlled substance, or any person who inhales, ingests, applies or otherwise uses any chemical, poison or organic solvent, or any compound or combination of any of these, to a degree which renders him incapable of safely exercising actual physical control of a firearm, to have any firearm in his actual physical possession.

2. Any evidentiary test to determine whether a person has violated the provisions of subsection 1 must be administered in the same manner as an evidentiary test that is administered pursuant to NRS 484.379 to 484.3947, inclusive.

3. Any person who violates the provisions of subsection 1 is guilty of a misdemeanor."

Senator Adler moved the adoption of the amendment.

Remarks by Senators Adler, Neal and O'Donnell.

Amendment adopted.

Bill ordered reprinted, engrossed and to third reading.

Assembly Bill No. 146.

Bill read second time and ordered to third reading.

Assembly Bill No. 161.

Bill read second time and ordered to third reading.

GENERAL FILE AND THIRD READING

Senate Bill No. 298.

Bill read third time.

Roll call on Senate Bill No. 298:

YEAS—19.

NAYS—None.

Absent—Rawson, Rhoads—2.

Senate Bill No. 298 having received a constitutional majority, Mr. President pro Tempore declared it passed, as amended.

Bill ordered transmitted to the Assembly.

Senate Bill No. 317.

Bill read third time.

Remarks by Senator James.

Roll call on Senate Bill No. 317:

YEAS—19.

NAYS—None.

Absent—Rawson, Rhoads—2.

Senate Bill No. 317 having received a constitutional majority, Mr. President pro Tempore declared it passed.

Bill ordered transmitted to the Assembly.

Senate Bill No. 387.

Bill read third time.

**MINUTES OF THE
ASSEMBLY COMMITTEE ON JUDICIARY**

**Sixty-eighth Session
May 10, 1995**

The Committee on Judiciary was called to order at 8:10 a.m., on Wednesday, May 10, 1995, Chairman Buckley presiding in Room 332 of the Legislative Building, Carson City, Nevada. Exhibit A is the Agenda. Exhibit B is the Attendance Roster.

COMMITTEE MEMBERS PRESENT:

Mr. Bernie Anderson, Chairman
Mr. David E. Humke, Chairman
Ms. Barbara E. Buckley, Vice Chairman
Mr. Brian Sandoval, Vice Chairman
Mr. Thomas Batten
Mr. John C. Carpenter
Mr. David Goldwater
Mr. Mark Manendo
Mrs. Jan Monaghan
Ms. Genie Ohrenschall
Mr. Richard Perkins
Mr. Michael A. (Mike) Schneider
Ms. Dianne Steel
Ms. Jeannine Stroth

GUEST LEGISLATORS PRESENT:

Senator Mark A. James, District No. 8

STAFF MEMBERS PRESENT:

Dennis Neilander, Research Analyst
Patty Hicks, Committee Secretary

OTHERS PRESENT:

The Honorable Robey Willis, Nevada Judges Association
The Honorable Nancy Oesterle, Nevada Judges Association

Assembly Committee on Judiciary
May 10, 1995
Page 2

OTHERS PRESENT: (Continued)

Mr. Ron Coury, citizen
The Honorable John J. Kadlic, Nevada Judges Association
Ms. Dona Jeppson, Reno Justice Court
Ms. Susan Deriso, Reno Justice Court
Mr. Steve Dahl, N. Las Vegas Justice Court
Mr. Greg Harwell, Nevada AAA
Mr. Bob Hadfield, NACO
Ms. Patricia Justice, Legislative Representative, Clark County
Ms. Elizabeth Livingston, Nevada Women's Lobby
Ms. Judy A. Friederich, MA, IBCLC, Northern Nevada Medical Center, State
WIC Breastfeeding Promotion Program
Ms. Janis Honea
Mr. Bill Bible, Chairman, Nevada Gaming Control Board

SENATE BILL NO. 317 -

Provides that breast feeding of infant does not violate certain statutes pertaining to decency and morals.

Senator Mark A. James, District No. 8, sponsor, testified the bill encourages a beneficial relationship between a mother and a child. A woman has a right to breast feed a child anywhere that she has a right otherwise to be. Many other states have clarified their laws like this. Senator James views it as a civil rights issue. Senator James advised the bill sets forth a number of findings, and he shared with the committee a few. The genesis of the bill came from Senator James' wife, whose has been for several years a member of a group called the La Leche League. In that capacity she has counseled many mothers who experienced difficulty breast feeding in public. Former Governor O'Callaghan has editorialized in the Sun urging passage of this bill.

Mr. Anderson asked if there were any incidents of a gross misdemeanor or felony charge of breast feeding. Senator James was not aware of any incidents.

Ms. Steel commented there is a potential of a charge of gross misdemeanor when breast feeding in public. Ms. Steel expressed her appreciation for Senator James' efforts.

Assembly Committee on Judiciary
May 10, 1995
Page 3

Ms. Elizabeth Livingston, Nevada Women's Lobby, testified in support of S.B. 317.

ASSEMBLYMAN STEEL MOVED TO DO PASS S.B. 317.

ASSEMBLYMAN ANDERSON SECONDED THE MOTION.

THE MOTION CARRIED.

ASSEMBLY BILL NO. 539

- Provides criminal penalty for failure to pay
for parts specifically made for gaming
devices.

Assemblyman Schneider, District No. 42, sponsor, testified this is a good small business bill. It does affect gaming and he did not know of any opponents from the gaming industry. This has to do with manufactured parts from subcontractor for gaming equipment. Mr. Schneider introduced Mr. Ron Coury, a subcontractor for gaming parts in Nevada.

Mr. Ron Coury, Las Vegas businessman, employs approximately 50 people. His company designs and manufactures the fronts for slot machines as well as decals and real strips for those machines. They design themes that may make gaming more attractive to a particular machine. Mr. Coury cited an existing statute NRS 463.0129 which has been sufficient for many years to protect his industry. Mr. Coury pointed to paragraph 1.b which states, "the continued growth and success of gaming is dependent upon public confidence and trust that licensed gaming is conducted honestly and competitively. That the rights of creditors of licensees are protected. It is the rights of the creditors of licensees that causes him to seek this measure. The incredible growth in gaming in the United States necessitates the clarification and expansion under this statute. Mr. Coury stated part of the problem is because the manufacturers and casinos that are in and out of our state and country. They all use Nevada vendors for supply parts. Mr. Coury has a very small customer base. There is just a handful of manufacturers and casinos in his industry as compared to other industries. If that person fails to pay for merchandise, they should be sued to recover payment. If there is a good paper trail and contract, one will get paid. When Mr. Coury has under a dozen major worldwide manufacturers for his customer base and it is that very limited customer base that helps employ 50 Nevadans, he will only have to sue one of them one time for nonpayment. His profit margin is fifteen percent. Mr. Coury did not believe his industry is in a position to utilize the justice system for nonpayment if they would like to stay in

Bill read third time.

Remarks by Assemblyman Anderson.

Roll call on Senate Bill No. 134:

YEAS—42.

NAYS—None.

Senate Bill No. 134 having received a constitutional majority, Mr. Speaker declared it passed.

Bill ordered transmitted to the Senate.

Senate Bill No. 317.

Bill read third time.

Remarks by Assemblymen Goldwater, Steel, Evans and Ernaut.

Assemblymen Perkins, Ernaut and Bache moved the previous question.

Motion carried.

The question being on the passage of Senate Bill No. 317.

Roll call on Senate Bill No. 317:

YEAS—41.

NAYS—None.

Not voting—Ernaut.

Senate Bill No. 317 having received a constitutional majority, Mr. Speaker declared it passed.

Bill ordered transmitted to the Senate.

Assembly Bill No. 105.

Bill read third time.

Remarks by Assemblyman Nolan.

Roll call on Assembly Bill No. 105:

YEAS—40.

NAYS—Brower, Carpenter—2.

Assembly Bill No. 105 having received a constitutional majority, Mr. Speaker declared it passed, as amended.

Bill ordered transmitted to the Senate.

REPORTS OF COMMITTEES

Mr. Speaker:

Your Committee on Transportation, to which was referred Senate Bill No. 296, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

VONNE CHOWNING, *Chairman*

Mr. Speaker:

Your Committee on Elections and Procedures, to which was referred Assembly Bill No. 563, has had the same under consideration, and begs leave to report the same back with the recommendation: Do pass.

CHRIS GIUNCHIGLIANI, *Chairman*

Mr. Speaker:

Your Concurrent Committee on Judiciary, to which were referred Assembly Bills Nos. 177, 361, has had the same under consideration, and begs leave to report the same back with the recommendation: Amend, and do pass as amended.

BERNARD J. ANDERSON, JR., *Chairman*

Amend sec. 208, page 85, line 20, by deleting "3." and inserting "4.".

Amend sec. 208, page 85, line 26, by deleting "4." and inserting "5.".

Amend sec. 208, page 85, line 34, by deleting "5." and inserting "6.".

Amend sec. 211, page 86, line 16, by deleting "3" and inserting "4".

Amend the bill as a whole by deleting sec. 214 and inserting:

"Sec. 214. (Deleted by amendment.)".

Amend sec. 231, page 93, by deleting line 44 and inserting:

"1. If a person is convicted of murder of the first degree before, on or after July 1, 1995, the board shall not".

Amend sec. 231, page 93, line 46, by deleting "1." and inserting "(a)".

Amend sec. 231, page 93, line 47, by deleting "2." and inserting "(b)".

Amend sec. 231, page 94, between lines 1 and 2, by inserting:

"2. If a person is convicted of any crime other than murder of the first degree on or after July 1, 1995, the board shall not commute:

(a) A sentence of death; or

(b) A sentence of imprisonment in the state prison for life without the possibility of parole,

to a sentence that would allow parole."

Amend the bill as a whole by renumbering sections 378 and 379 as sections 381 and 382 and adding new sections designated sections 378 through 380, following sec. 377, to read as follows:

"Sec. 378. Sections 2 and 3 of Senate Bill No. 317 of this session are hereby amended to read as follows:

Sec. 2. NRS 201.210 is hereby amended to read as follows:

201.210 1. A person who commits any act of open or gross lewdness is guilty:

(a) For the first offense, of a gross misdemeanor.

(b) For any subsequent offense, of a category D felony and shall be punished as provided in NRS 193.130.

2. A person convicted of violating the provisions of subsection 1 must not be:

(a) Paroled unless a board consisting of:

(1) The administrator of the mental hygiene and mental retardation division of the department of human resources;

(2) The director of the department of prisons; and

(3) A psychologist licensed to practice in Nevada or a psychiatrist licensed to practice medicine in Nevada,

certifies that the person so convicted was under observation while confined in an institution of the department of prisons and is not a menace to the health, safety or morals of others. For the purposes of this paragraph, the administrator and the director may each designate a person to represent him on the board.

(b) Released on probation unless a psychologist licensed to practice in Nevada or a psychiatrist licensed to practice medicine in Nevada certifies that the person so convicted is not a menace to the health, safety or morals of others.

SB 416

shall obtain the dental records from the dentist and forward them and any other relevant information to the investigation division for comparison with the dental records of unidentified deceased persons. This subsection does not prevent the voluntary release of the missing person's dental records by the next of kin or guardian of the missing person at any time.

4. The next of kin or guardian of the person reported as missing shall promptly notify the appropriate law enforcement agency when the missing person is found.

5. The sheriff, chief of police or other law enforcement agency shall inform the investigation division and the National Crime Information Center when a missing person has been found.

6. The investigation division shall maintain the records and other information forwarded to it pursuant to subsections 1, 2 and 3 for the purpose of comparing the records and otherwise assisting in the identification of dead bodies.

Senate Bill No. 317—Committee on Judiciary

CHAPTER 105

AN ACT relating to crimes; expressly providing that a mother may breast feed her child in a public or private location; expressly providing that breast feeding does not violate certain statutes pertaining to decency and morals; and providing other matters properly relating thereto.

[Approved May 17, 1995]

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE
AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 201 of NRS is hereby amended by adding thereto a new section to read as follows:

1. The legislature finds and declares that:

(a) The medical profession in the United States recommends that children from birth to the age of 1 year should be breast fed, unless under particular circumstances it is medically inadvisable.

(b) Despite the recommendation of the medical profession, statistics reveal a declining percentage of mothers who are choosing to breast feed their babies.

(c) Many new mothers are now choosing to use formula rather than to breast feed even before they leave the hospital, and only a small percentage of all mothers are still breast feeding when their babies are 6 months old.

(d) In addition to the benefit of improving bonding between mothers and their babies, breast feeding offers better nutrition, digestion and immunity for babies than does formula feeding, and it may increase the intelligence quotient of a child. Babies who are breast fed have lower rates of death, meningitis, childhood leukemia and other cancers, diabetes, respiratory illnesses, bacterial and viral infections, diarrheal diseases, otitis media, allergies, obesity and developmental delays.

(e) *Breast feeding also provides significant benefits to the health of the mother, including protection against breast cancer and other cancers, osteoporosis and infections of the urinary tract. The incidence of breast cancer in the United States might be reduced by 25 percent if every woman breast fed all her children until they reached the age of 2 years.*

(f) *The World Health Organization and the United Nations Children's Fund have established as one of their major goals for the decade the encouragement of breast feeding.*

(g) *The social constraints of modern society weigh against the choice of breast feeding and lead new mothers with demanding time schedules to opt for formula feeding to avoid embarrassment, social ostracism or criminal prosecution.*

(h) *Any genuine promotion of family values should encourage public acceptance of this most basic act of nurture between a mother and her baby, and no mother should be made to feel incriminated or socially ostracized for breast feeding her child.*

2. *Notwithstanding any other provision of law, a mother may breast feed her child in any public or private location where the mother is otherwise authorized to be, irrespective of whether the nipple of the mother's breast is uncovered during or incidental to the breast feeding.*

Sec. 2. NRS 201.210 is hereby amended to read as follows:

201.210 1. Every person who commits any act of open or gross lewdness is guilty:

(a) For the first offense, of a gross misdemeanor.

(b) For any subsequent offense, of a felony, and shall be punished by imprisonment in the state prison for not less than 1 year nor more than 6 years, and may be further punished by a fine of not more than \$5,000.

2. [No] A person convicted of violating the provisions of subsection 1 [may] *must not be:*

(a) Paroled unless a board consisting of:

(1) The administrator of the mental hygiene and mental retardation division of the department of human resources;

(2) The director of the department of prisons; and

(3) A psychologist licensed to practice in Nevada or a psychiatrist licensed to practice medicine in Nevada, certifies that the person so convicted was under observation while confined in an institution of the department of prisons and is not a menace to the health, safety or morals of others. For the purposes of this paragraph, the administrator and the director may each designate a person to represent him on the board.

(b) Released on probation unless a psychologist licensed to practice in Nevada or a psychiatrist licensed to practice medicine in Nevada certifies that the person so convicted is not a menace to the health, safety or morals of others.

3. *For purposes of this section, the breast feeding of a child by the child's mother does not constitute an act of open or gross lewdness.*

Sec. 3. NRS 201.220 is hereby amended to read as follows:

201.220 1. Every person who makes any open and indecent or obscene exposure of his person, or of the person of another, is guilty:

- (a) For the first offense, of a gross misdemeanor.
 - (b) For any subsequent offense, of a felony, and upon conviction shall be punished by imprisonment in the state prison for not less than 1 year nor more than 6 years, and may be further punished by a fine of not more than \$5,000.
2. [No] A person convicted of violating any of the provisions of subsection 1 of this section [may] *must not* be:
- (a) Paroled unless a board consisting of:
 - (1) The administrator of the mental hygiene and mental retardation division of the department of human resources;
 - (2) The director of the department of prisons; and
 - (3) A psychologist licensed to practice in Nevada or a psychiatrist licensed to practice medicine in Nevada,certifies that the person so convicted was under observation while confined in an institution of the department of prisons and is not a menace to the health, safety or morals of others. For the purposes of this paragraph, the administrator and the director may each designate a person to represent him on the board.
 - (b) Released on probation unless a psychologist licensed to practice in Nevada or a psychiatrist licensed to practice medicine in Nevada certifies that the person so convicted is not a menace to the health, safety or morals of others.
3. *For purposes of this section, the breast feeding of a child by the child's mother does not constitute an act of open and indecent or obscene exposure of her body.*

Senate Bill No. 277—Senator O'Connell

CHAPTER 106

AN ACT relating to administrative procedure; making various changes relating to the adoption and amendment of administrative rules and regulations; and providing other matters properly relating thereto.

[Approved May 17, 1995]

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE
AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. NRS 233B.039 is hereby amended to read as follows:

- 233B.039 1. The following agencies are entirely exempted from the requirements of this chapter:
- (a) The governor.
 - (b) The department of prisons.
 - (c) The University and Community College System of Nevada.
 - (d) The office of the military.
 - (e) The state gaming control board.
 - (f) The Nevada gaming commission.
 - (g) The state board of parole commissioners.
 - (h) The welfare division of the department of human resources.