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# United States Senate

COMMITTEE ON HEALTH, EDUCATION,  
LABOR, AND PENSIONS

WASHINGTON, DC 20510-6300

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<http://help.senate.gov>

July 17, 2018

The Honorable Alex Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Azar:

We write with concern regarding the troubling approach recently taken by the Trump Administration during the course of negotiations at the World Health Assembly (WHA) regarding a resolution on breastfeeding. According to news reports, the U.S. delegation opposed a resolution to encourage breastfeeding and limit misleading advertising regarding the benefits of formula, threatened countries considering sponsoring the resolution, and weakened the language in the resolution – even taking the unusual step of introducing a competing resolution.<sup>12</sup> As you know, there is substantial evidence and significant support from medical and public health organizations about the numerous benefits of breastfeeding, and we are therefore concerned about efforts by the Administration to undermine science-based efforts to increase breastfeeding and improve global public health.

Each family should decide what options work best for them. Public policy should help make sure families have information necessary to make informed decisions. The Centers for Disease Control and Prevention (CDC) calls breastfeeding the “clinical gold standard for infant feeding” and states that infants who are breastfed are at reduced risk for asthma, obesity, type 2 diabetes, ear and respiratory infections, and sudden infant death syndrome. Breastfeeding can also lower a mother’s risk of heart disease, type 2 diabetes, ovarian cancer, and breast cancer.<sup>3</sup> According to UNICEF, breastfed children have at least a six times greater chance of survival in the early months than non-breastfed children, and optimal breastfeeding of infants less than two years old could prevent over 800,000 deaths in children under five in the developing world.<sup>4</sup> The American Academy of Pediatrics, American College of Obstetricians and Gynecologists, and American Public Health Association all recommend breastfeeding and tout its health and economic benefits.<sup>5</sup>

The United States has consistently and repeatedly joined efforts to encourage breastfeeding. In 2014, the Surgeon General released a Call to Action to Support Breastfeeding that included information for mothers to help them successfully breastfeed their infants, while also

<sup>1</sup> <https://www.nytimes.com/2018/07/08/health/world-health-breastfeeding-ecuador-trump.html>

<sup>2</sup> <https://www.npr.org/2018/07/10/627647536/did-the-u-s-threaten-ecuador-over-a-breastfeeding-resolution>

<sup>3</sup> <https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html>

<sup>4</sup> [https://www.unicef.org/nutrition/index\\_24824.html](https://www.unicef.org/nutrition/index_24824.html)

<sup>5</sup> <https://www.nytimes.com/2018/07/09/well/breastfeeding-trump-resolution.html>

acknowledging that not all mothers are able to breastfeed.<sup>6</sup> Research by the U.S. Government Accountability Office and others finding that promoting formula products could lead to lower rates of breastfeeding led to the World Health Organization's International Code of Marketing of Breast-milk Substitutes, a set of guidelines that ensure infant formula is marketed in a way to minimize negative effects on breastfeeding.<sup>7</sup>

It is therefore confounding that the Administration used this global forum to back away from the United States' previous support for breastfeeding, and such a change in position raises serious questions as to the rationale for this approach. Efforts to, as news reports allege, upend the breastfeeding resolution to protect the interests of infant formula manufacturers in turn fail to help provide women with the information they need to make the best choices for themselves and their families. The United States should be advocating for policies that help improve maternal and child health both domestically and internationally, including as a way to address health disparities. For example, black infants are 21 percent less likely to have ever been breastfed than white infants. Furthermore, low rates of breastfeeding are estimated to add more than \$3 billion a year to medical costs for mother and child within the United States.<sup>8</sup>

It is clear the United States should be doing more to support breastfeeding, not fighting international efforts to promote it and to ensure that advertising for formula is not misleading. We therefore ask that you respond to the following questions regarding the resolution and the United States' position on breastfeeding by July 31, 2018:

1. What is the Department's position on breastfeeding? Do you believe the data available supports breastfeeding as the preferred method of feeding infants?
2. What was the scientific basis for the Administration's position on the WHA breastfeeding resolution? How might the proposed language changes have advanced women's and children's health, both domestically and internationally?
3. Which offices and individuals within HHS led the effort to oppose, revise, or counter the WHA breastfeeding resolution?
4. Were scientific experts at the Centers for Disease Control and Prevention, the Office of the Surgeon General, or National Institutes of Health consulted on the Administration's position on the WHA breastfeeding resolution?
5. Were infant formula manufacturers consulted on or informed regarding the Administration's position on the WHA breastfeeding resolution? If so, please provide:
  - a. A list of all infant formula manufacturers consulted or informed;
  - b. A detailed list of meetings and calls that took place between HHS officials and infant formula manufacturers, including the date, time, and location at which such communications took place, as well as a list of individuals who participated; and
  - c. All documents and communications between HHS officials and infant formula manufacturers on the resolution. Such communications should include, but not be limited to, emails, letters, faxes, and any other written materials.
6. What steps is your Department taking to ensure women are aware of the health benefits of breastfeeding?

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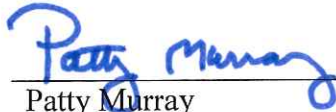
<sup>6</sup> <https://www.surgeongeneral.gov/library/calls/breastfeeding/index.html>

<sup>7</sup> <https://www.cdc.gov/breastfeeding/pdf/strategy9-addressing-marketing-infant-formula.pdf>

<sup>8</sup> <https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html>

Thank you in advance for your attention to this matter. If you have any questions, or would like to further discuss compliance with this request, please contact Laurel Sakai or Elizabeth Letter with Senator Murray's HELP Committee Staff at 202-224-0767.

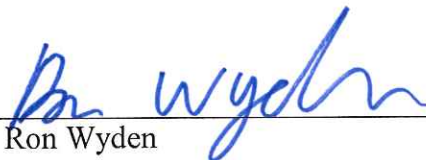
Sincerely,



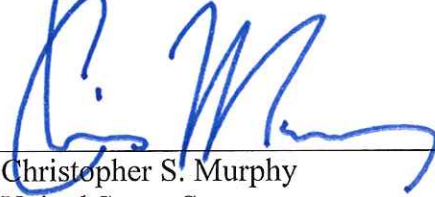
Patty Murray  
United States Senator



Sheldon Whitehouse  
United States Senator



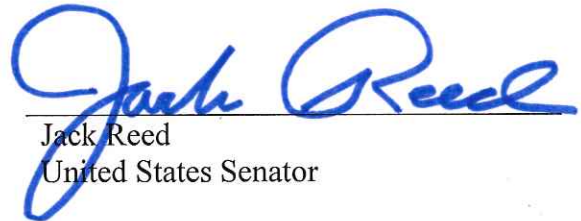
Ron Wyden  
United States Senator



Christopher S. Murphy  
United States Senator



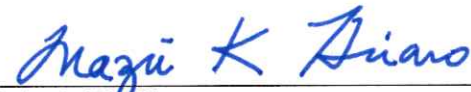
Maria Cantwell  
United States Senator



Jack Reed  
United States Senator



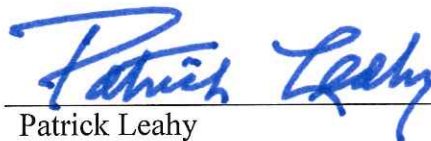
Tammy Duckworth  
United States Senator



Mazie K. Hirono  
United States Senator




Edward J. Markey  
United States Senator



Patrick Leahy  
United States Senator




Margaret Wood Hassan  
United States Senator



Richard Blumenthal  
United States Senator


  
Elizabeth Warren  
United States Senator

  
Heidi Heitkamp  
United States Senator


  
Kirsten Gillibrand  
United States Senator

  
Bernard Sanders  
United States Senator


  
Jeanne Shaheen  
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Christopher A. Coons  
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United States Senator

  
Tina Smith  
United States Senator