

Analysis of New York State's 1994 Right-to-Breast-Feed Law (Civ R 79-e)

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On May 19, 1994, New York Governor Mario Cuomo, father of the state's current governor, signed the first civil rights law in the country to protect women's right to breastfeed in public (Civ R 79-e). Its larger purpose was symbolic: to promote breastfeeding as a healthy choice.

As the state approaches the 20th anniversary of the signing of this legislation, and continues to be home to discussions about breastfeeding policy, it is worth looking at how the 1994 law came into existence and what effect it had, if any. The Kingdon model helps answer these questions (1995). This paper will first address the problems that lay behind the law. It will address how awareness of these problems was generated, and how media, interest groups, communities of experts and policy entrepreneurs helped move the topic onto the legislative agenda. Finally, this paper will detail how the law's impact was tempered by deep-seeded cultural norms against public breastfeeding and lack of media coverage of the law.

Problems

Kingdon argues that problems do not necessarily precede solutions, but rather that pre-developed solutions are attached to problems at fortuitous moments. He calls this process coupling. This process is evident in the advocacy for Civ R 79-e. Letters in support of the legislation came in from various state bureaucracies (Division of Human Rights, Division for Women, and Department of Health). Of the five advocacy organizations that endorsed the

legislation, four of them were health-related in nature (see p. 11 for complete list) (New York State). While there was a problem of women being harassed for breastfeeding, the solution offered by Civ R 79-e was ultimately about protecting and promoting breastfeeding – something already embraced (at least in theory) by the healthcare community. Thus, public health organizations wanting to promote breastfeeding found an opportunity to further their agendas. The harassment of women for breastfeeding created a policy window (Kingdon) for breastfeeding advocates to act.

So what problems did the New York State legislature and governor aim to solve with their breastfeeding law? Legally, there had never been any prohibition against women breastfeeding in public. In fact, New York State had passed a law in 1984 (Penal Law S. 245.01), on the heels of well-publicized cases of harassment of breastfeeding women, exempting breastfeeding from being considered indecent exposure. According to Laura J. Best, who was New York's adviser to the World Alliance for Breastfeeding Action, and coordinator of Beth Israel Medical Center's breastfeeding hotline, as of 1994 there had been no recent prior arrests of women for breastfeeding (Patricia). Why, then, was the 1994 law introduced?

First of all, many people did not know about the 1984 Penal Law S. 245.01's existence. In the shadow of another law passed that same year, which required hospitals to appoint breastfeeding coordinators, Penal Law S. 245.01 received very little media attention (Baldwin). Secondly, the penal law left ambiguity in terms of whether women had a protected right to breastfeed in privately-owned venues. Thirdly, there was increasing public interest in the topic of breastfeeding and its benefits. Lastly, and perhaps related to the increasing interest in the topic, in the months leading up to New York State's passing the 1994 breastfeeding law, a number of situations in which women were harassed for breastfeeding were publicized. "The legislation,"

wrote the *New York Times* (“Open Breast-Feeding Becomes Legal Right), “was a response to several recent cases in which women were ordered out of stores, restaurants or shopping malls because they were breast-feeding.”

Breastfeeding advocates wanted a law that stated women’s right to breastfeed positively and explicitly. The law that was passed, Civ R 79-e, states:

Right to breast feed. Notwithstanding any other provision of law, a mother may breast feed her baby in any location, public or private, where the mother is otherwise authorized to be, irrespective of whether or not the nipple of the mother's breast is covered during or incidental to the breast feeding.

The immediate problem the law aimed to solve was that women were being prohibited from breastfeeding on privately-owned property, and that women were being told to cover their breasts while doing so. There were other problems, too, and beneath the other problems were values. As Kingdon describes, what may be a problem to one group of people is not a problem at all, because of different values. The list of problems the legislation could solve (and to some extent may have solved) was longer than the law itself. The preamble to the bill (see Appendix I) enumerates many of these problems. The problems, (and the corresponding underlying values, which are included in parentheses below), could have included:

1. Harassment of women, principally by other women (Friedman), trying to breastfeed their babies in public
2. Cultural taboos/stigma interfering with a healthy activity (public health) (Baldwin, Preamble)
3. Embarrassment, and fear on part of women (Preamble)
4. Difficulty of women to carry out prescribed role (conservatism / family values) (Preamble, Rohter, van Esterik)

5. Objectification of women's bodies for men's use (radical feminist values) (van Esterik)
6. Violation of women's rights, devaluing of mothering (radical feminist values) (NYCLU, van Esterik)
7. Hunger / violation of children's right to food (human rights values) (NYCLU)
8. Financial costs of not breastfeeding (to individuals and society) (Farnsworth)

Of course some of these concerns were privileged over others, and some were completely absent from public discourse in relation to the legislation. The first item, harassment, was the impetus for the legislation, or, as Kingdon would say, the crisis that preceded it and helped galvanize support. The deeper issues are not referenced in the law itself, but in the bill's preamble. The preamble does not appear in the text of the law, and thus is a weakness of the law compared to that of Florida's, where similar introductory language is included in the code itself (Baldwin). Nevertheless, the preamble's suggestion that the law could help address everything from women's feelings of embarrassment to even fear of criminal prosecution is remarkable (especially given that there are no documented cases for criminal prosecution available, and there already was a 10-year-old law on the books clarifying that breastfeeding was in fact not criminal). These problems, and the notion that the law would help resolve major cultural taboos, was ambitious and optimistic, and, in the words of today's leading breastfeeding U.S. lawyer, Jake Kathleen Marcus, "naïve," because those behind it thought that it would protect women and help society accept breastfeeding even without stipulating sanctions for those who violate it.

The feminist, women's, and reproductive rights/health movement in the United States barely touched the topic of breastfeeding, despite the obvious connections (van Esterik). Family Planning Advocates of New York State, Inc., was listed as an endorsing organization on bill

sponsor Senator James Lack (Long Island Republican)'s memorandum of support for the legislation. Nevertheless, in separate interviews, La Leche League International (LLLI)'s New York State historian (Barthis), the husband of the leading breastfeeding legal expert at the time of the bill's passage (Friedman), and today's foremost breastfeeding legal expert (Lactspeak.com, Marcus interview), all agreed that the women's movement had no relation to New York's passage of this law.

The 1980s, under Reagan's administration, saw a rise in discourse about protection of children against strangers, pedophiles and drugs. This was framed around children, but not their rights. The United States is one of just two countries that never ratified the United Nations Convention on the Rights of the Child. The convention recognizes children's right to eat. The topic of child welfare was barely a concern represented at the table in the discussion of Civ R 79-e. In fact, breastfeeding has been generally a neglected topic among advocates for children and childhood nutrition (van Esterik). However, a letter to the governor from a Pennsylvania lactation consultant does refer to the rights of the baby, who she calls the "youngest citizen (Mulford)" and the NYCLU refers to these rights as well. The problem of children's right to freedom from hunger was far from being a major talking point in the conversation, but was voiced nonetheless.

The sponsors of the bill wrote that the "Purpose or General Idea of Bill" was that "Breast feeding of a baby is an important and basic act of nature which must be encouraged in the interests of maternal and child health and family values (Lack)." The impetus for the law – the violation of rights – was not even referenced. Of all the problems listed above on pp. 3 and 4, only two of the problems are even mentioned in the bill's purpose. The public health concern was probably what engaged liberals, and the family values concern, the conservatives. Perhaps

the range of possible entry points into this topic, and the number of problems that could be solved by a relatively toothless law, is part of the reason for its bipartisan support and eventual passage.

Awareness of the problem

Kingdon describes two processes by which the public becomes aware of problems: crises and costs. In the case of the problems associated with women not breastfeeding, it was the crises of harassment of breastfeeding mothers that caught the public's attention.

Formula feeding, the alternative to breastfeeding for newborns, carries multiple financial costs. Firstly, it is expensive for people to buy. Given the strong positive correlation between breastfeeding and affluence (see Appendix II), people buying formula are often those who can least afford it. On a larger scale, there are significant public health costs associated with not breastfeeding. In the 1990s there was a growing awareness of public health benefits of breastfeeding and infant formula's costs to health, but the literature focused less on dollars and more on personal health. Of over 100 sources reviewed for this research paper, only two articles, about breastfeeding policies in Florida (Farnsworth) and Quebec (Rohter), referred to the financial burden of the problem. In the Farnsworth article about Florida's breastfeeding law, the reference to public health dollars was buried at the very end of the article. In New York's neighbor to the north, Quebec, which had a much stronger public healthcare system, financial costs to society from not breastfeeding took a more prominent position in public discourse on the topic (Farnsworth). England's progress in breastfeeding may also be attributable to its having a national healthcare system, where the financial losses of formula feeding are more directly felt (Turner-Maffei).

In the United States, where the public costs of people not breastfeeding were not so directly incurred, Kingdon's concept of crisis is more relevant. In state after state, breastfeeding laws were created after nursing mothers were asked to leave premises, nurse in restrooms, and cover their breasts. When mothers complained about such treatment, fellow mothers often became incensed, their stories would often make the news, and this generated awareness of the problem.

From one decade to another, this pattern repeated itself. Preceding the 1984 New York State law about breastfeeding in public, and then again leading up to 1994 Civ R 79-e, this was the case. In the Maplewood, NJ, swimming pool story that the *New York Times* covered in 1993, fellow mothers at the pool became angered by the ban on breastfeeding and took the matter to their mayor. In December of the same year, a mere four months before the right-to-breastfeed law was introduced in the New York State Senate, Liza Habiby was asked to cover up while trying to feed her 7-month-old baby at the Latham Circle Mall, near Rochester, NY. The response was a nurse-in, in which 50 fellow mothers brought their infants to the mall to nurse, in protest of the treatment of Habiby. Habiby went on TV and radio complaining about what happened. People wrote angry letters to editors, including one who said people who nurse in public might turn to love-making in public (*New York Times* editorial). While there were isolated cases of individuals complaining against breastfeeding in public, there was no organized opposition.

Thus, as Kingdon describes, the media magnified the problem and helped develop widespread awareness of the problem. He details the process by which there is a gradual accumulation of knowledge about a problem, and how this helps move it toward the policy agenda. Indeed, communities of specialists had a role in the eventual passage of the 1994 law.

At one time in the U.S., doctors routinely recommended that parents feed their children infant formula. In the latter half of the 20th century, however, this thinking started to shift. By the 1980s, experts were encouraging breastfeeding. The CDC's website asks, "What major factors have influenced breastfeeding policy throughout the United States?" It then answers that within the federal government there were two factors: the 1984 U.S. Surgeon General's Workshop on Breastfeeding & Human Lactation, and the 1990 WHO and UNICEF Innocenti Declaration. Interestingly, both the preamble to Florida's 1993 breastfeeding law, and the 1994 New York bill's sponsors' memo of support, prominently reference these U.S. and international policy consensuses. Up until the passage of the bill, in New York these expert consensus mainly collected dust, but once Civ R 79-e was on the table, they provided justification for the activists' advocacy (Marcus, New York State, see Appendix I).

Political Processes

National mood as evidenced by breastfeeding trends in U.S.

Until the 1930s, when formula was invented, babies breastfed. Then, in the U.S., there was a steady decline in breastfeeding until 1959, when only one in four women breastfed. The 1960s and 70s saw a steady increase in breastfeeding rates. However, in the 1980s, while research was increasingly pointing to the benefits of breastfeeding, rates were simultaneously decreasing across the states. In 1984, 24% of women engaged in prolonged breastfeeding, but by 1989, this number was down to only 18% (*Pediatrics*).

The 1990s opened with awareness of this reversal of progress, and the decade took off with a flurry of activities and interest surrounding breastfeeding. The same month the above article was published in *Pediatrics*, a U.S. House of Representatives committee scheduled a

hearing to review the government's infant-feeding policies, and the *New England Journal of Medicine* scheduled the release of a study discussing alcohol's effect on breast milk (Hilts). A *New York Times* article, referencing an article by Dartmouth Medical School pediatrician Dr. Carole A. Stashwick in *Patient Care*, lists five reasons for the decline in breastfeeding. The first one is, "Less emphasis on its benefits in lay publications (Brody 1994)."

In fact, newspapers in the late 1980s included very mixed messages about the value of breastfeeding. *New York Times* headlines claimed that breast milk led to everything from jaundice (1986), to straighter teeth (1987), to increased risk of AIDS (1988), and, in 1989 printed:

Breast-feeding, widely hailed for its health benefits, economy and 'naturalness,' has caught on among modern American mothers, two-thirds of whom now nurse their babies. The increasing popularity of breast-feeding [rates actually declined in the 1980s] has prompted new studies of its health effects, both positive and negative, on the baby and the mother. Much to the surprise of many experts as well as mother, it seems that Mother Nature may not always know best (Brody "Personal Health").

The national mood around breastfeeding may have unearthed some controversy about whether all of the earlier claims of breastmilk's superiority were true. What is important, though, in understanding the policy window for Civ R 79-e is that the combination of academic studies and press coverage helped keep the topic in the public's mind. While the actual rates of breastfeeding in the 1980s decreased, this was mostly among low-income and minority women (Hilts) (see appendix II). At the same time, breastfeeding was increasing in popularity among middle and upper-income women (Farnsworth 1994). Also, in New York City, while nationally breastfeeding rates were decreasing, locally rates were increasing. (One of the primary reasons

for this may have been the 1984 state law that required hospitals to designate a lactation coordinator) (Rosenberg).

To help understand how breastfeeding reached the New York State Legislature's policy agenda, let us turn our attention to widespread public interest in breastfeeding and the role of the media in documenting and furthering this interest. The graphs in Appendix III illustrate the media and social context in which the 1994 law was passed: Starting in the 1970s, the number of *New York Times* articles on the topic of breastfeeding began a dramatic rise, and this trend continued for the following three decades. It appears that Kingdon's view of the media proved true here: Journals served as a means of communication among doctors, scientists and breastfeeding advocates; and the mass media amplified (and probably helped cultivate) the growing interest in the topic.

Policy entrepreneurs, interest groups and tight-knit policy communities

Elizabeth N. Baldwin, a Miami attorney who practiced family law and advised LLLI, was the one expert whose perspective was included in the Associated Press (AP) article that ran in the *New York Times* the day the bill became law (19 May 1994). She had the qualities of the policy entrepreneurs Kingdon describes: She had "a claim to a hearing (180)," she was well-connected, and she was persistent (Shia, Friedman). She represented women in cases involving breastfeeding and helped write some of the early breastfeeding legislation (Shia). Her husband (Friedman) said, in a telephone interview:

My wife was up to her elbows in this. There were always people coming to us. Sometimes someone would want to do something in response to harassment for breastfeeding in public, and my wife would help. We would provide studies about the health benefits. Liz would fly all over the country helping gals. She became a La Leche Leader, and she became a spokesperson. If you saw anything in the

news about breastfeeding in public, it was either Liz saying it or she was pulling the strings behind it. She had her fingers in a million pots, and it would always come back to Liz. Sometimes she'd find another mother to speak, but Liz'd be behind it... And yes, she was involved with people in New York.

In discussing the 1994 breastfeeding law, leaders in the field routinely referred to the same set of key actors. Leigh Anne O'Connor, a New York City LLLI Leader, described being coached by the late Elizabeth N. Baldwin, on public speaking, prior to speaking publicly about the topic herself. (O'Connor advocated for later breastfeeding legislation alongside State Senator Liz Krueger and U.S. Rep. Carolyn Maloney, and she was interviewed about breastfeeding on The Doctors television show on August 28, 2009.) Barthis, the LLLI historian, also remembers Baldwin. "I was the professional liaison for New York State for La Leche League International, and I called her many times. She was great. She donated her life, and flew all over the country to advocate for breastfeeding women."

New York's 1994 breastfeeding bill was endorsed by the following organizations:

- The Medical Society of the State of New York
- The American College of Obstetricians and Gynecologists
- Family Planning Advocates of New York State, Inc.
- New York Civil Liberties Union (NYCLU)
- New York State Nurses Association

(Memo from Senate sponsor of bill to Governor, letter of support from NYS Nurses' Association, both found in bill jacket, available on microfiche through New York Public Library)

Likely, the NYCLU took the lead on advocating for this bill. Dr. Mary Applegate, MD, MPH, a breastfeeding advocate who was working in Albany at the time of the bill's passage, wrote in an email to the author in Dec. 2013 that she thinks the civil rights organization was involved. Of all the letters of support for the bill, the one from the NYCLU is the longest and most comprehensive for arguing for the bill. It is the only document, in the entire bill jacket, in which there is any reference to the 1984 breastfeeding law. Currently, the NYCLU publicizes

information about breastfeeding rights. Given that the 1994 bill aimed to create a new section of the civil rights law, it is logical that the NYCLU would have been involved.

LLLI, however, was not among the endorsing organizations. Nevertheless, it seems likely, from interviews with people involved with the organization, that LLLI Leaders advocated for the law individually, without representing the organization. (Capitalization of the word *Leaders* is used in accordance with LLLI custom.) The League, because of its tax code status, could not perform advocacy work. Nevertheless, it served as a network by which information was passed about advocacy opportunities.

Alternatives (Policy proposals)

The advocacy groups supporting the breastfeeding bill wanted to protect women's ability to breastfeed. The biggest threats to breastfeeding were probably infant formula companies and hospitals. Formula companies compete against breast milk (which is not backed by a monied industry), and hospitals frequently do not follow best practices in infant feeding. (In fact, a recent study showed that in New York State, only 52% of babies were fed exclusively breast milk in their first two days of life [Dennison, FitzPatrick].) Formula companies had profits to maintain, and hospitals would have had to use significant resources to change their cultures. Barthis explained, "Stake holders had the least to lose on this [breastfeeding in public] issue. It would not hurt the [formula] industry."

What, then, were the available policy options?

1. Pass no law, as women already had the right to breastfeed in public, and instead better publicize the existing law.

2. Pass a public health law that included means for enforcement, as New Jersey did soon after. (Enforcement was left in the hands of the state department of health, which may have had unintended consequences, given that the governor pushed a law to move enforcement to local health departments.)
1. Follow Florida's example affirming women's right to breastfeed in public health laws, with no means for enforcement.
2. Insert discrimination against breastfeeding mothers directly into a Civil Rights Act, alongside discrimination on the basis of race and sex, with clear means for enforcement, as Vermont did later. This would have been the strongest option.
3. Amend the civil rights law to include the right to breastfeed, with no means to enforce.

Choice and consequences

The New York State Legislature chose the fifth option. The bill passed the Assembly unanimously, and passed the Senate 56-2, with the two nays coming from Republicans. At the time it was passed, it was the strongest law in the country protecting the right to breastfeed. No means were stated for enforcement of the law; however, because it was included in the civil rights law, people who could afford a lawyer could bring lawsuits for violation of the law. As of the end of 2010 several breastfeeding cases in New York State had received settlements; however, only one lawsuit had ever been filed based on the statute (Marcus). The law is an example of incrementalism. By not including sanctions for violation of the statute, it was easily passed by the legislature. Baldwin and her contemporaries believed that most people just needed to know about the law in order for it to be followed. A law on the books helped raise awareness about benefits of breastfeeding and the **right to do it**. Barthis, LLLI's historian, recalls the

League printing the law on cards, and distributing them to breastfeeding mothers. Today, the New York City Department of Health and Mental Hygiene has taken over this role, and distributes know-your-rights cards about breastfeeding, which cite the 1994 law.

Looking back over the past 20 years, Marcus, said “We were naïve back then. We thought that if you made a law asserting women’s right to breastfeed in public, then that was enough (telephone interview).” Clearly, it was not. In 2004 a woman was issued a summons for breastfeeding on the New York City subway, which produced outrage across the city. In 2006, a woman was kicked off an airplane for breastfeeding. Nearly thirty years after Penal Law S. 245.01 was passed, and twenty years after Civ R 79-e was passed, many women still do not feel comfortable breastfeeding in public, if they even know they have the right. To help remind the public of this right, as of 2005 dozens of mothers rallied yearly to breastfeed their babies on the subway together (*New York Post*).

Kingdon discusses the role of the media in the policy-development process, but the media also can impact the effect that legislation has. Civ R 79-e, the first civil rights law in the country passed specifically to protect women’s right to breastfeed in public, received minimal press coverage. The *New York Times* ran a very brief AP article about it, and erroneously stated that barring a woman from breastfeed in public “could lead to a fine of \$1,000 to \$5,000 or a prison sentence of one to five years (“Open Breastfeeding Becomes Legal Right).” Four days later, the newspaper published a correction to the article: “The law gives women the right to file civil suits or to ask the Attorney General or the Division of Human Rights to sue; the division may also impose compensatory damages. The law does not provide for fines or prison sentences.”

So, the state and country’s pre-eminent newspaper, in a year when it published more articles about breastfeeding than ever before (see Appendix III), did not even put a reporter on

this story, and the article it published contained substantially erroneous information about the law.

Spillover effect

The state breastfeeding laws came in clusters. The New York law was part of a spillover effect from Florida's law. New York's law also may have caused a spillover to other states, as well. Specifically, it may have spilled across the river to New Jersey, which took up a breastfeeding-in-public bill the year after New York passed its law (Pristin). There was no advocacy organization that linked the lobbying efforts from one state to another, and the actors were different in each state. Nevertheless, Baldwin and her writings were an important link from one state to another, and the language in the bills is often quite similar. In fact, on LLLI's website, her articles still suggest sample language for breastfeeding-in-public state laws, with analyses of the benefits and drawbacks of different states' approaches. Lessons were learned from one state to another, allowing her, and now Marcus, to guide activists and lawmakers in creating increasingly effective legislation (Baldwin, Marcus interview).

Appendix I: Preamble to New York State 1994 Civil Rights “Right to Breast Feed” Law

“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 acceptance of this most basic act of nurture between mother and baby, and no mother should be made to feel incriminated or socially ostracized for breast feeding her baby.

“The legislature finally finds and declares that the breast feeding of a baby is an important and basic act of nature which must be encouraged in the interests of maternal and child health and family values (New York State Laws 1994, ch. 98, § 1).”

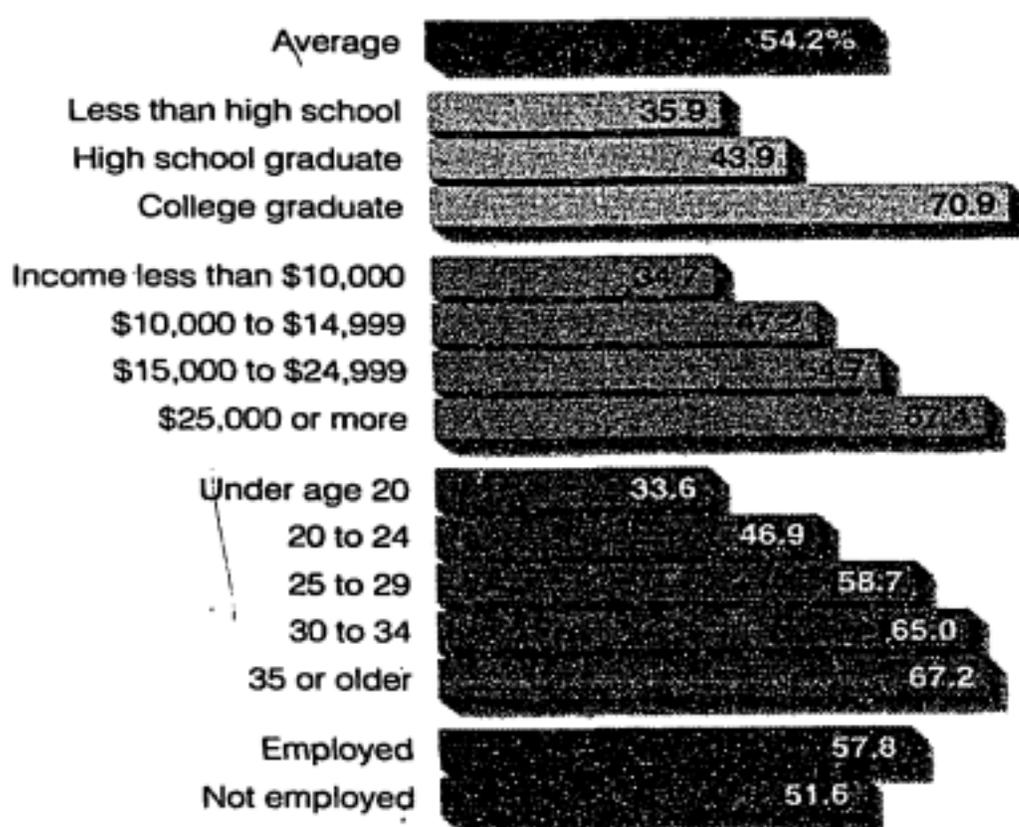
Appendix II: Mothers that breastfed in hospital, by socioeconomic status, 1992

At the Breast

*New York Times (1923-Current file); Oct 10, 1993;
ProQuest Historical Newspapers: The New York Times (1851-2009)
pg. 131*

At the Breast

Percentage of mothers breast-feeding their babies while in the hospital. Figure is for 1992, and is from a survey conducted in 1992 by Ross Laboratories, an infant formula manufacturer.



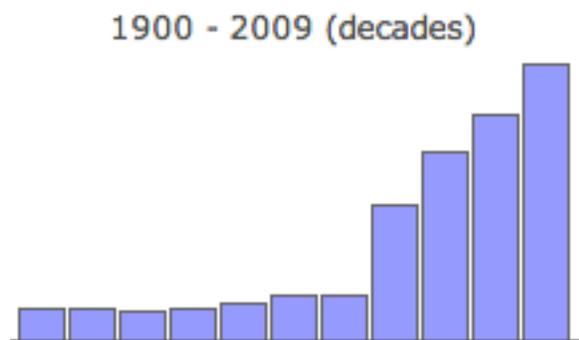
Source: La Leche League International

The New York Times

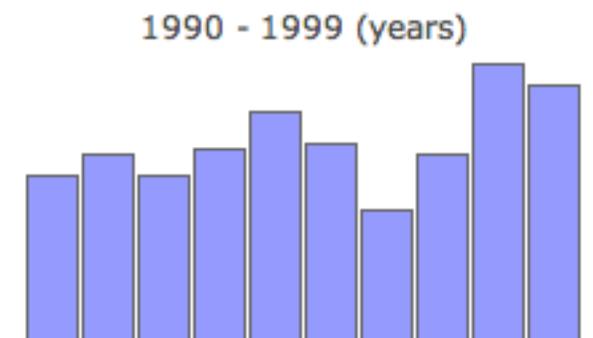
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Appendix III: Media coverage of breastfeeding

The *New York Times* archive for articles that contained the words “breastfeeding, breast-feeding, or breast feeding,” and found that the number of articles started increasing gradually in the 1930s, when infant formula was invented. The number of articles started to dramatically increase in the 1970s during a time of much social change in the U.S. In the 1920s, the number of articles was 32, but by the 90s it was up to 362. These trends were confirmed when the search term was replaced by the word “nursing.” To ensure that the trend was not a function of increased total number of articles published, or a flaw in the archives system, the terms “war” and “sin” were searched. The term “war” yielded a tremendous spike in number of articles from the 1940s, and the word “sin” showed various spikes throughout the past century.



Of the 362 articles in the *New York Times* between 1990 and 1999 found in the search described by the graph above, 42 were from 1994, the year New York’s right-to-breast-feed legislation was passed. This represented the first of a double peak in the decade.



Appendix IV: Timeline

1977 – Barbara Damon expelled from public swimming pool in New York State, village enacts ordinance against breastfeeding at the pool. Lawsuit follows, with damages paid to Damon (Baldwin 1994).

1984 – New York State amends legislation to clarify that breastfeeding is not obscene or illegal. Becomes first law to pass such a bill. (Other states start passing similar legislation in 1990s.)

– New York makes law for hospitals to have a breastfeeding coordinator.

1993 – Florida and North Carolina pass laws protecting women’s right to breastfeed in public.

1994 – (Mar.) Right to Breast Feed bill introduced in New York State Senate.

– (Apr.) Bill passes Senate.

– (May) Bill passes Assembly, signed into law by Gov. Cuomo.

– (May) Conference in New York State on breastfeeding (Mulford).

– (May) Gov. Cuomo about breastfeeding law during his weekly radio interview on NPR, Governor taken by surprise (Mulford).

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