As the premier scholarly publication of the osteopathic medical profession, JAOA—The Journal of the American Osteopathic Association encourages osteopathic physicians, faculty members and students at colleges of osteopathic medicine, and others within the healthcare professions to submit comments related to articles published in the JAOA and the mission of the osteopathic medical profession. The JAOA’s editors are particularly interested in letters that discuss recently published original research.

Letters to the editor are considered for publication in the JAOA with the understanding that they have not been published elsewhere and that they are not simultaneously under consideration by any other publication.

All accepted letters to the editor are subject to editing and abridgment. Letter writers may be asked to provide JAOA staff with photocopies of referenced material so that the references themselves and statements cited may be verified.

Readers are encouraged to prepare letters electronically in Microsoft Word (.doc) or in plain (.txt) or rich text (.rtf) format. The JAOA prefers that readers e-mail letters to jaoa@osteopathic.org. Mailed letters should be addressed to Gilbert E. D’Alonzo, Jr, DO, Editor in Chief, American Osteopathic Association, 142 E Ontario St, Chicago, IL 60611-2864.

Letter writers must include their full professional titles and affiliations, complete preferred mailing address, day and evening telephone numbers, fax numbers, and e-mail address. In addition, writers are responsible for disclosing financial associations and other conflicts of interest.

Although the JAOA cannot acknowledge the receipt of letters, a JAOA staff member will notify writers whose letters have been accepted for publication. Mailed submissions and supporting materials will not be returned unless letter writers provide self-addressed, stamped envelopes with their submissions.

All osteopathic physicians who have letters published in the JAOA receive continuing medical education (CME) credit for their contributions. Writers of original letters receive 5 hours of AOA Category 1-B CME credit. Authors of published articles who respond to letters about their research receive 3 hours of Category 1-B CME credit for their responses.

Although the JAOA welcomes letters to the editor, readers should be aware that these contributions have a lower publication priority than other submissions. As a consequence, letters are published only when space allows.

The New Walter Reed National Military Medical Center

To the Editor:

On July 27, 2011, I attended the casing of the colors of Walter Reed Army Medical Center in Washington, DC, and on August 27, the last patient was transferred from that closing facility to the National Naval Medical Center in Bethesda, Maryland. The new, integrated facility became known as the Walter Reed National Military Medical Center on September 15.1

As one who spent about one-third of his military career at Walter Reed—advancing from resident to commander—I was saddened by the move and closure of the historic, 102-year-old institution. At the same time, however, I was heartened that the name and legacy of Walter Reed will continue—though in a different place and, because the new medical center is a tricare facility (caring for active duty and retired members of the uniformed services and their families), in a different way.2 The name Walter Reed not only honors the man, but it also represents excellence in clinical care, education, and research.

The new Walter Reed National Military Medical Center will continue the tradition of Walter Reed Army Medical Center in caring for the men and women of the Armed Forces and their families, who have given so much to us through their service to the United States.

Ronald R. Blanck, DO, MACP
Lieutenant General, US Army (retired); former US Army Surgeon General; former Commander, Walter Reed Army Medical Center; Fenwick Island, Delaware

References


Support for Women in Osteopathic Medicine Who Breastfeed: A Call for Action

To the Editor:

It has been well established that breastfeeding is an unsurpassed method of feeding infants. Research shows that breastfed infants have reduced risks of asthma, childhood leukemia, diabetes mellitus, diarrhea, infections, obesity, and sudden infant death syndrome compared with infants who are not breastfed.1,2 In addition, women who have breastfed have lower risks of breast and ovarian cancers, cardiovascular disease, and diabetes mellitus compared with mothers who have not breastfed.1,2 Numerous medical authorities—including the American Academy of Family Physicians, American Academy of Pediatrics, American College of Nurse-Midwives, American Congress of Obstetricians and Gynecologists,
American Dietetic Association, American Public Health Association, Centers for Disease Control and Prevention, US Department of Health and Human Services, US Surgeon General, and World Health Organization—recommend that infants be exclusively breastfed for the first 6 months of life and continue to be breastfed until they are aged 1 to 2 years.3-9

As leaders in preventive medicine and health promotion, osteopathic physicians should actively encourage such healthy behaviors as breastfeeding. However, female physicians themselves are becoming a high-risk group for low breastfeeding rates.10 Although female physicians with personal breastfeeding experience are more comfortable than other physicians in educating their patients about breastfeeding, and current literature suggests that female physicians initiate breastfeeding at a higher rate than women in the general population, they have lower rates of exclusive breastfeeding and abbreviated durations of breastfeeding compared with their age-, race-, and socioeconomic status–matched peers.10-15 The personal breastfeeding behaviors of physician mothers may impact the guidance on this matter that they provide to their patients.10,11

Osteopathic medical institutions can play a key role in increasing breastfeeding rates by actively supporting female osteopathic medical students, residents, and physicians who are breastfeeding. According to the United States Breastfeeding Committee—an independent nonprofit coalition of more than 40 health-related organizations—employers that provide breastfeeding support programs report improved employee recruitment and retention, increased employee satisfaction, and reduced employee absenteeism.1 Employers have also reported financial benefits as great as a 3-to-1 return on investment in breastfeeding programs.1,16,17

National health policies and recommendations to support breastfeeding in the workplace are improving. The Patient Protection and Affordable Care Act, which amended the Fair Labor Standards Act when signed into law in March 2010, includes a provision that requires all employers to provide reasonable unpaid break time and a private, nonbathroom location for nursing employees to express milk during the workday.18 In addition, Healthy People 2020 calls on the United States to increase the proportion of employers that have worksite lactation support programs from 25% (as reported in 2009) to 38%.19

An increasing number of universities across the United States are demonstrating that successful and supportive breastfeeding environments can be developed for students, faculty, and staff. For example, Virginia Polytechnic Institute and State University requires new construction on campus to include space for a lactation room in each new building.20 The University of Iowa, University of Michigan, Columbia University, Duke University, and Oregon State University each has more than 10 lactation rooms available on campus, and Harvard University and the University of California, Davis, each has more than 20 lactation rooms on campus.21-27 A number of allopathic medical schools—such as the University of California, Los Angeles; University of Massachusetts; Emory University; and Virginia Commonwealth University—provide lactation rooms for students, faculty, and staff.28-31 Breastfeeding education during allopathic medical school and residencies is also improving.32-36

However, improved breastfeeding support for students and faculty at osteopathic medical institutions is needed. Only 3 osteopathic medical schools currently provide lactation facilities or breastfeeding support services for women who are breastfeeding.37-39

Dedicated space, adequate time for milk expression, and supportive health policies are needed to encourage breastfeeding continuation within workplaces and academic institutions.12 Osteopathic medical schools can play a key role in increasing breastfeeding among female osteopathic medical students, residents, and physicians by actively supporting arrangements of time and space for breast milk expression. The following online resources provide information on developing institutional lactation support programs:


The provision of lactation support within osteopathic medical institutions would serve as an expression to the greater medical community of our commitment to the prevention of childhood illnesses and chronic disease and to the promotion of healthy lifestyles. Nearly one-third of practicing osteopathic physicians and nearly half of osteopathic medical students are women.40 Let us put our actions behind our beliefs in preventive medicine and the promotion of healthy behaviors by providing breastfeeding supportive services to osteopathic physicians, residents, and medical students. Such actions will have
a beneficial impact on the health of our patients and our communities.

Kelly L. Pfeiher-Dover, DO, MA  
East Carolina University/Pitt County Memorial Hospital, Greenville, North Carolina

References
18. Patient Protection and Affordable Care Act, HR 3590, 111th Cong (2009-2010).