Philadelphia Baby Foods Action Group

M Lear

March 8, 1976

Dear friend,

This mailing is to provide you with some background information and news of upcoming events regarding the issue of the promotion of infant formulas by multinational corporations in the third world. A group of us concerned about this issue met for the first time on Tuesday, February 24, and, as we had decided then, we have arranged a second meeting to which you are invited. The purpose of this meeting will be to see and discuss the film, "Bottle Babies"; to discuss the first draft of our Statement of Principle(a copy of this is enclosed, which should be read critically); to discuss possible actions by which we can implement the Statement of Principle; to form working groups.

The meeting will take place at Planned Parenthood, 1220 Sansom St., sixth floor, at 1:30 PM on Tuesday, March 16.

The tentative agenda for the meeting is as follows:

1.) Brief introduction and agenda review

2.) Movie, "Bottle Babies" (30 min.)

3.) Small group discussions of our personal reactions to the movie

4.) Discussion of the first draft of Statement of Principle

5.) Discussion of means for implementing the Statement of Principle

6.) Evaluation of #5 and formation of working groups as appropriate

7.) Setting dates for the first major public meeting and for the next meeting of this group

8.) Self evaluation

Enclosed you will find reprints of several excellent articles on the subject, and an annotated reference list should you wish to read further.

Thanks for your time & we'll see you on Tuesday.

Philadelphia Inquirer 08/01/1976

# Switch to bottle-feeding perils Third World babies

By Leonard Santorelli
*Reuters News Service*

LONDON, — A revolution without guns, flags, or slogans is profoundly changing the lives of many women and children in the Third World. It is the switch from breast to bottle-feeding.

The switch has freed Arab, African, and Asian women, especially city-dwellers, from the home and enabled them to take jobs, often overcoming deeply-ingrained cultural taboos to do so.

But it has also brought in its wake a pitiful toll of malnutrition and disease among infants whose mothers used dirty water in the mixture or cut down on milk powder to make the packet last longer.

The bottle is already firmly established in many cities and towns and is slowly taking hold in rural areas. Clearly, Western ideas on female emancipation and even on what constitutes a shapely figure are key factors.

But controversy has also been stirred by the role of the firms that sell the milk products. Attention has focused on their sales techniques in places where water is scarce, conditions unhygienic, and costs of the products high.

## *Dirt is the culprit*

In Berne, 13 young Swiss people have just been convicted of criminal libel against the giant Nestle Food Company for producing a pamphlet entitled "Nestle Kills Babies."

The booklet accused Nestle of responsibility for the deaths of thousands of children in developing countries by promoting powdered milk as preferable to breast-feeding. The court ruled that the title of the pamphlet was clearly defamatory.

"The death of small children is the fault of bad preparation of the products," the judge said. "I have come to this conviction. It is not the product, but the dirt, the germs."

But the judge, Juerge Sollberger, called on Nestle to make drastic changes in its publicity methods in the Third World, saying the misuse of its products had caused the deaths of children.

The defendants have said they will appeal.

A look at the background to the bottle-versus-breast debate in Asian and African countries shows that the bottle has gained a firm foothold, breaking down strong cultural and practical barriers in the process.

Many Asian women for instance, thought they would lose the love or respect of their infants if they went on the bottle. The average African child can spend up to two hours a day bringing home water that will be needed for mixing and sterilizing the baby formula.

## *Missionaries blamed*

Western ideas have had a big influence. One Kenyan social worker blames the "prudery" brought to Africa by colonial missionary doctors who discouraged the exposing of women's breasts and public feeding of babies.

The Western practice of putting a baby in a crib, he adds, instead of its mother's bed where it had a constant supply of milk has broken down feeding patterns, and often causes the mother's milk to dry up prematurely.

Even so, many Kenyan women will pay up to a third of their annual income on a product they could produce themselves and officials of international agencies in Nairobi say one of the reasons is that they believe this is the "modern way, the way of the white man."

The problem is that poor families will try to economize by using less powder. One U.N. Children's Fund official said: "If you buy a tin of milk powder for what is fundamentally a week's ration and stretch it to two weeks, the child is starving."

Most medical authorities agree that conditions in the majority of Kenyan homes are not conducive to the hygienic mixing of milk. The water, for instance, is sometimes brought straight from a muddy pond and few uneducated women would understand the need to boil it.

This, and over-dilution of powder result in a danger of bacterial infections and malnutrition.

In the Kenyatta national hospital, 125 to 200 babies arrive each month dying from dehydration and severe diarrhea. A doctor said that most of them were bottle-fed.

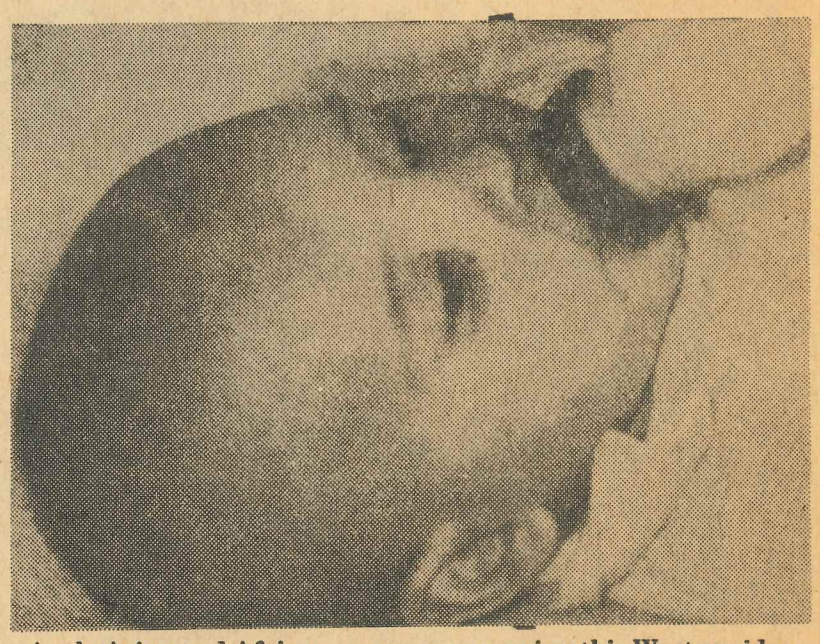
It would appear, he said, that their condition was the result of poor hygiene and mothers' failing to follow the manufacturer's instructions.

"There are suspicions that most of these babies would not be here in this state if they were not being fed with unsterilized bottles and probably over-diluted milk," said a doctor. "But we just do not have the data."

This resulted in a steady drain on the income of poorer families, he said. Mineral water, for instance, needed to mix with the milk powder, could absorb up to a tenth of the monthly earnings of such a family.

Although the breast versus bottle debate is a non-issue in most of India because of widespread poverty, there is a gradual switch to the bottle among the rich.

Advertisements describing powdered milk as "as good as mother's milk" brought a riposte in a leading women's magazine, Femina, extolling the virtues of breast-feeding and emphasizing the risk of contamination during the powdered milk's journey from cow to baby.



**Arab, Asian and African women are copying this Western idea**

Baby formula



The Philadelphia Tribune 4/24/76

# U.S. Companies Accused Of Deaths In Africa

By LEN LEAR
*(Of The Tribune Staff)*

A local group of health care activists told the Tribune this week that several large U.S. companies are causing widespread death and destruction in Africa and the Third World by the widespread promotion and sale of artificial infant formulas.

"Our specific goal," said Joanne Wolf, spokesperson for the Baby Formula Abuse Action Group of Philadelphia, "is to halt the promotion of infant formula in Third World by multinational corporations.

"We feel that the presence and actions of these corporations consistutes a destructive influence, resulting in death, disease and economic exploitation in the course of establishing a market for products whose value is highly questionable."

**THE FORMULA** Abuse Group (which can be reached at P. O. Box 12913, Commerce Station, Phila., Pa. 19108) last week showed a film at several locations here about formula abuse in the Third World, and they plan many more actions to make the public aware of their goals.

Medical experts are now agreed that a diet consisting solely of breast milk is the idal regimen for infants up to six months of age. The introduction of even supplmenetal bottle feeding exposes the infant to malnutrition and infection at af age when brain growth is particularly rapid and nutrition is crucial.

Studies have shown that early abandonment of breast feeding can be disastrous in low-income neighborhoods here but far worse in Third World countries.

**"PARENTS** there," Ms. Wolf explained, "cannot afford the high price of commercial infant formula, and they are poorly prepared to use it properly due to poverty, environmental conditions, and lack of formal education.

"Yet these people have been convinced that bottle-feeding is best for their babies. As a result, the infant often receives an overdiluted solution of formula, contaminated with bacteria from the local water supply.

"In addition, these infants are deprived of the natural protective effect of breast milk against infection. There is a strong association between early weaning and infant death under such conditons."

The severity of the tragedy was documented by the recently completed Inter-American Investigation of Mortality in Childhood, which checked the causes of 35,000 childhood deaths in 15 Third World communities.

**IT WAS** found that nutritional deficiency was by far the most common cause of death and that this deficiency was very widespread among babies who had been bottle-fed. This finding led the British charity, "War on Want," to label infant milk formula as a "baby killer" in the Third World.

In addition, the British publication, "The Guardian," said that "a year after warnings, about the danger of bottle-feeding African babies, milk companies are still promoting their products to communities which cannot use them safely. As a result, there has been an increase in infant malnutrition and death."

"Thus," Ms. Wolf explained, "bottle feeding in infancy has directly caused needless death and untold mental and physical damage to the infants of the Third World. Moreover, the economic impact of the sale of infant formula serves to deplete urgently needed resources from the nations of the Third World, while

## 2 Black Scouts Have Lunch At The White House

Two Black youths who won honors in the 1976 National Public Speaking Contest were feted in the Nation's Capital recently, and one of the highlights was lunching at the White House with a top Presidential aide.

**BILL CLAY,** 17, of Copperas Cove, Tex. and **David K. Butler,** 20, of Sacramento, Cal. won fourth and fifth place, respectively, in the semi-finals of the contest sponsored by the Boy Scouts of America and the Reader's Digest Association.

**THE DAY** after the semi-finals the two were invited to lunch at the White House by John Calhoun, Special Assistant to President Ford.

"My schedule is hectic," said Calhoun, "But I always try to find time to acknowledge achievement by our Black youth. In going as far as they did in

The Washington Star

WASHINGTON, D.C., FRIDAY, FEBRUARY 20, 1976

# The Baby Bottle May Be a Third-World Death Warrant

## Millions of dollars are at stake in a giant market

By Vernon A. Guidry Jr.
Washington Star Staff Writer

The picture of a robust healthy baby smiling from a poster or advertisement is an image few can resist, especially a new mother. But there is growing concern that such an image can contribute to malnutrition, disease and increased infant mortality when it is used to sell infant formula overseas to those who can neither afford it nor use it properly.

More and more nutritionists are raising an alarm over the spread of bottle feeding at the expense of breast feeding. Of particular concern, and sharp controversy, is the role of multinational giants that sell infant formula in the Third World.

Alan Berg, a nutritionist now with the World Bank, framed the issue this way in his book "The Nutrition Factor":

"An unusual depletion in the crude oil reserves of an oil-producing country of Asia or Latin America would be termed a crisis. Its economic and social implications would be so apparent that actions to reverse the trend would be awarded high priority.

"YET A COMPARABLE crisis, involving a valuable natural resource and losses in the hundreds of millions of dollars, is going virtually unnoticed in many of the poor countries of the world. The resource is human breast milk, and the loss is caused by the dramatic and steady decline of maternal nursing in recent decades," Berg wrote in the book, published three years ago by the Brpokings Institution.

Berg calls breast feeding the "ideal form of infant nutrition." And internationally known Cornell University nutritionist Dr. Michael C. Latham says women everywhere should breast-feed their infants unless there is a good reason not to, although authorities generally acknowledge that there is no striking difference between breast-fed babies and those infants who are bottle-fed properly.

But more to the point, Latham says that "it is now recognized that for about two-thirds of the world's population bottle feeding of infants is highly undesirable, and in many instances placing an infant on a bottle might be tantamount to signing the death certificate of the child.

THE REASONS that the authorities condemn bottle feeding among the poor of the Third World are both economic and hygienic. For one thing, mothers are unlikely to have the financial wherewithal to buy and use the formula at its recommended strength. Dilution of the formula results.

The other reason centers on contamination. When there is no clean water, no provisions for cleaning or sterilizing a bottle, no basic knowledge about the requirements of hygiene, Latham says, "It is incredibly difficult to provide a clean formula, let alone a sterile one."

"Breast-fed children in developing countries have a much lower incidence of diarrhea. Mortality statistics from most poor communities show that gastrointestinal infections are the single largest cause of infant deaths," says Latham.

A NUMBER OF factors play a part in the decline of breast feeding, few of them valid in the view of bottle opponents. Among those factors are increased participation in the work force by women, attitudes toward breast feeding in the medical profession and Western notions of fashion and sex appeal.

"In most developing countries, the greater the sophistication the worse the lactation," says Berg. "The bottle has become a status symbol."

And then there is the impact of commerce. "For many women, improved communication has brought knowledge of the alternatives to breast feeding," says Berg. "A leading Latin American nutritionist reports an immediate decrease in breast feeding as the unsophisticated Chilean mother learns of the existence of infant formulas via alluring advertising claims."

Latham puts his view more strongly. Advertising and marketing of products for bottle feeding "is possibly the single most important reason for the rapid decline in breast feeding in developing countries in recent years," he has written.

"THE CORPORATIONS that sell infant formula in the Third World run the gamut from prestigious American, Swiss, British and Japanese multinational corporations—such as Abbott, American Home Products, Bristol-Myers, Nestle, and Cow and Gate—to local fly-by-night manufacturers trying to cash in," says Leah Margulies of the Interfaith Center on Corporate Responsibility, an organization that has been working to bring pressure on publicly held corporations selling formula overseas.

Three years ago, Berg found an unwillingness on the part of national planners to tackle the issue. Now Berg does see some movement. He notes particularly the prodding of the United Nations' Protein Advisory Group that has resulted in the formation of something called the International Council of Infant Food Industries.

THAT BODY HAS so far come up with a code of ethics and professional standards for its members in marketing infant formula in the developing world. That code points up some of the chief complaints of bottle-feeding opponents about the tactics used to market breast-milk substitutes.

For instance, the code requires that members accept responsibility for spreading the word that breast feeding by healthy mothers should be the first choice. Further, product labeling should endorse breast feeding as the first choice.

The code specifies that nurses' uniforms—often a favorite visual aide for formula salespeople — will be worn only by those actually entitled to them.

Berg says its too early to tell if any of this will have any impact. Other anti-bottle activists have already concluded right now that it isn't adequate to restrain the search for new markets in the Third World to replace those in the industrialized world, where birth rates are shrinking.

CHIEF AMONG the criticisms is one that the code does not prohibit direct consumer advertising, the kind that can lead unsophisticated mothers to opt for a product they can neither afford nor properly use. That lack was too much for one U.S.-based firm, Abbott Laboratories, whose subsidiary, Ross Laboratories, makes the popular Similac.

For years, the company claimed leadership in trying to set up an international industry group. But when it was formed, Abbott bowed out. "Unfortunately, as they finally got together, they adopted a code of ethics not as strong as the Abbott code," says a spokesman.

Abbott, for its part, says it does no direct consumer advertising and has not advertised in a medical publication in more than a year. It does market to health professionals and to governments in the developing world, however.

BRISTOL-MYERS IS another firm that says it does not employ direct merchandising techniques in the developing world, although the company is exceedingly close-mouthed about where and how it does sell its products. Attempts to talk to a representative of American Home Products, whose infant food subsidiary is Wyeth Laboratories, were unsuccessful.

An absence of direct marketing does not appease all critics. "Infant formula products can be sold under carefully controlled and supervised conditions and still be misused because the existing social and economic conditions make proper usage virtually impossible," maintains Margulies.

The Center for Corporate Responsibility has had some success in forcing information about formula marketing from U.S.-based, publicly held firms with stockholder resolutions or the threat of them.

Another tactic has been to bring the foundations into the question. Both the Ford and Rockefeller foundations have had meetings with formula-making firms. Their attention was prompted by the potential incongriuty between their stated aims and the practices of the companies whose stocks are included in their extensive portfolios.

THE FORD FOUNDATION also has a study underway in Brazil in an attempt to determine whether there is a direct link between formula marketing and infant malnutrition.

Whether such a link can be established may be next determined in civilized Switzerland — in a court, not a clinic. It is there that Nestle, the Swiss-based food giant, has confronted the most explicit critics with a libel suit.

The court battle had its beginnings in 1974, when an organization called the Third World Group published a pamphlet entitled "Nestle Kills Babies." It was drawn from the work of a British journalist, and the republished version left out some qualifying facts and singled out the giant Nestle firm for condemnation.

There has been no decision yet. The Third World Group's strategy is to support its accusation by establishing a link between formula marketing and infant mortality.

Regardless of how the legal wrangle turns out, the question of new and expanding markets versus old and valuable nutrition is likely to be around for a while: There is so much at stake.

"Even modest improvements — an increase by a few percentage points of the proportions of mothers who elect to breast feed, or extention of nursing by a few weeks or months for those who already do — could be tranalated into millions of dollars and, more importantly, probably millions of lives," says Berg.

ACTION COUPON

IF YOU WOULD LIKE ADDITIONAL INFORMATION AND/OR TO CONTRIBUTE YOUR SUPPORT, PLEASE CLIP AND MAIL THIS COUPON.

BABY FORMULA ABUSE ACTION GROUP
P.O. Box 12913 Commerce Station
Philadelphia, Pa. 19108

☐ Please send me information.
☐ Enclosed is my contribution of $_____

Please PRINT

Name _____

Address _____

Zip _____

PHILADELPHIA BABY FOODS ACTION GROUP

REFERENCE LIST #1

March 1, 1976

## I. General reference: breast vs. bottle feeding in the Third World

These articles are all brief, complete, well-written reviews of the facts and history of the problem, as well as the role of multinational corporations. The emphasis in each article varies, but the same basic information is presented.

1. Consumers Union: Formula for Malnutrition. The Corporate Examiner, April 1975

   - Concentrates on the role of the multinationals and documents their methods of promoting their infant formulas.

2. Jelliffe, D.B.: Breast-Milk and the World Protein Gap. Clinical Pediatrics 7: 96-99 (1968)

   - An excellent summary of the causes and consequences of declining lactation in the Third World, with suggestions on how to reverse the trend.

3. Margulies, Leah: Baby Formula Abroad: Exporting Infant Malnutrition. Christianity and Crisis 35: 264-267 (1975)

   - A clearly-written explanation of how and why the multinationals export Western culture, the consequences for the people of the Third World, and what's being done about it.

4. Muller, Mike: Money, Milk and Marasmus. New Scientist, February 28,, 1974, pp. 530-533

   - A good summary of the problem, focuses on the economics of infant food production.

5. Wade, Nicholas: Bottle-Feeding: Adverse Effects of a Western Technology. Science 184: 45 (1974)

   - Good general review, touches all bases.

6. "Kicking the Bottle". The New Internationalist, March 1975

   - Focuses on advertising abuses by the multinationals.

7. "The Formula Flap". Time, February 16, 1976, p. 57

   - Not bad for Time, but it's inadequate, contains untruths, and ends on a typically misleading note.

8. "The Baby Bottle May Be a Third-World Death Warrant". The Washington Star, February 20, 1976, p. 1

   - Very good front-page story, summarizes the issue.

Longer, but well worth reading is:

9. Muller, Mike: The Baby Killer, 2nd edition. War on Want, 1975

   - A thorough, detailed report that helped spark the current controversy

II. Special aspects

10. Brown, Roy E.: Breast Feeding in Modern Times. American Journal of Clinical Nutrition 26: 556-562 (1973)

    - A study of the factors influencing the decline of breast feeding in the Third World, and the role of the multinationals.

11. Jelliffe, D.B.: Commerciogenic Malnutrition? Nutrition Reviews 30: 199-205 (1972)

    - A leading nutritionist details industry abuses and asks for corrective action. An excellent article by one of the most experienced and respected people in the field.

12. Jelliffe, D.B. and E.F.P. Jelliffe: Human Milk, Nutrition, and the World Resource Crisis. Science 188: 557-561 (1975)

    - Concentrates on the economics of the issue.

13. Jelliffe, D.B. and E.F.P. Jelliffe: The Urban Avalanche and Child Nutrition. Journal of the American Dietetic Association 57: 114-118 (1970)

    - Studies the impact of urbanization in the Third World on breast feeding.

14. "A Report on Some Aspects of the Sales Promotion of Proprietary Brands of Milk for Feeding Infants", Caribbean Food and Nutrition Institute, 1974.

    - An unpublished study of infant formula promotion in Jamaica. Data collected from interviews with milk nurses, mothers of young infants, company executives, and hospital personnel are presented, with some revealing abstracts from interviews with mothers.

III. Medical studies

These papers present data documenting the direct relationship between bottle feeding (early weaning) and death in Third World infants, and quantitate the gravity of the situation.

15. McLaren, Donald S.: A Fresh Look at Protein-Calorie Malnutrition. Lancet 1966, II, 485-488

    - Calls attention to the emergence of marasmus as the most widespread and serious form of protein-calorie malnutrition and implicates early weaning as a contributory factor.

16. Plank, S.J. and M.L. Milanesi: Infant Feeding and Infant Mortality in Rural Chile. Bulletin of the World Health Organization 48: 203-210, 1973

    - A study conducted in 15 rural Chilean communities. Infants given the bottle as supplement or replacement for breast in the first three months of life had a death rate three times higher than those exclusively breast fed during the same period.

17. Puffer, Ruth R. and Carlos V. Serrano: "Breast Feeding" in Patterns of Mortality in Childhood, Scientific Publication No. 262, Pan American Health Organization, 1973

- Presents data collected in 13 Latin American countries. Of the infants dying from nutritional deficiency in the 1 - 5 month age group, 34% had been breast fed and never weaned, whereas 50% had been weaned. In the 6 - 11 month age group, the comparable figures were 45% and 60%.

18. Scrimshaw, N.S., Taylor, C.E. and Gordon, J.E.: "Weanling Diarrhea: A Synergism of Infection and Nutrition" in Interactions of Nutrition and Infection, World Health Organization, 1968, pp.216-261

- Presents data collected in India and Guatemala relating diarrhea, death, and early weaning.

IV. Background information

19. Jelliffe, D.B. and E.F.P. Jelliffe: Symposium: The Uniqueness of Human Milk. American Journal of Clinical Nutrition 24: 968-1024 (1971)

- An outstanding review by a panel of experts on all aspects of the benefits of human milk: biochemical, anti-infectious, psychologic, and political.

20. Jelliffe, D.B.:"Nutrition in Early Childhood" in Food, Nutrition and Health. World Review of Nutrition and Dietetics 16: 1-21 (1973)

- On the critical importance of good nutrition in early infancy.

# Money, milk and marasmus

A trend away from breast feeding is worrying doctors and nutritionists in the Third World. In a report soon to be published, the British charity War on Want examines the role of the baby food industry in this decline. A more fundamental question is whether bottle feeding with commercial baby milks is an appropriate solution to the problems of nutrition in the Third World

**Mike Muller**
is the author of the forthcoming War on Want report "The Baby Killer"

Nursing mothers in Nigeria's East Central state are "crying out" over the spiralling cost of powdered milk for feeding babies, according to a front page report in the country's biggest daily newspaper last month. Apparently the cost is being pushed up by government restrictions on milk imports. So, during a baby show, the women appealed to the government "to arrest the situation and save them from the ordeal of continually breast feeding their babies."

Throughout the developing world, mothers are weaning their babies earlier in life. Often they then bottle feed them with the same commercial baby milks that are used in Europe and North America. Paradoxically, the immediate result of this is often disease, under-nourishment and clinical malnutrition. In the long term, the bottle feeding fashion may actually widen the so-called "world protein gap." Under the umbrella of the United Nations Protein Advisory Group (PAG) and individually, doctors and nutritionists are calling for urgent action to check the trend away from breast feeding. Many believe that bottle feeding is inappropriate in most communities in the developing countries.

The identification of early weaning as a nutritional problem is itself something of a milestone. Until recently the focus has been on prolonged breast feeding which, together with inadequate supplementary foods, can precipitate malnutrition manifested as kwashiorkor. But the pendulum is now swinging rapidly to the other extreme. The changing picture emphasises the need to develop coherent national nutrition strategies which are appropriate to the local environment needs and resources.

The situation that has developed in Chile highlights the consequences of early weaning. There, the move from breast to bottle is almost complete: 80 per cent of mothers now stop breast feeding before their babies are two months old. Twenty years ago 95 per cent were still breast feeding after one year. Although Chile has a well developed National Health Service by Latin American standards, its infant mortality rate is one of the highest in the continent—to the embarrassment of Chilean paediatricians.

A recent study found a close correlation between bottle feeding and infant mortality in 15 Chilean villages. There were three times as many deaths among infants given the bottle before they were three months old as amongst those who were wholly breast fed. There was also an incongruous rise in infant mortality along with indicators of a higher standard of living such as income, access to tap water, and electricity in the family home. This reflected the fact that infants were weaned earlier in the more affluent families.

The relationship between disease, death and bottle feeding is more correctly with the conditions in which bottle feeding is practised. Artificial milks are nutritionally adequate when made up in the correct proportions and are safe if boiled water and a sterilised bottle are used. But bottle feeding brings the infant into contact with a wider environment than he meets while at the breast. And in unhygienic conditions, both bottle and milk feed are potential reservoirs of infection. The majority of the people in developing countries live in conditions which are far from the optimum, and "weanling diarrhoea" is accepted as an epidemiological entity in these communities.

Another hazard of artificial feeding in the developing countries arises directly from the high cost of commercially available milks. In some countries, the cost of bottle feeding a six-month-old infant rises to more than 60 per cent of the minimum urban wage. In this situation, the temptation to "stretch" three days feed to last a week is strong. Although undernourishment is the root cause, it is often some form of infection which precipitates clinical malnutrition by hampering the absorption of what food is available. In poor communities, bottle feeding under squalid conditions, with the likelihood of the feed being stretched, is a formula for malnutrition.

## Anti-infective properties of breast milk

It is accepted that an infant can be quite adequately nourished by breast milk alone for the first four to six months of life, providing the mother has sufficient milk—and most do. Mother's milk has clear advantage over the available artificial substitutes. It is delivered hygienically and it also has well-established anti-infective properties. As a result, gastro-intestinal infections in breast-fed infants are rare. There are also substantial indirect benefits to both mother and child from the physical and emotional relationship involved in breast feeding. So the trend away from what is essentially the safest and most convenient form of infant feeding is ironic in communities which are still striving to attain minimal standards of health and nutrition.

The PAG has identified "sociocultural change", the effect of the health services, and commercial persuasion as three main factors causing the trend to early weaning. The trend is certainly most marked in urban communities. It seems that in the process of urbanisation, bottle feeding is often accepted as just another part of town life. Frequently it is the economic and social elite which initiates the practice and provides the dynamic for its penetration through the community.

In Nigeria, an examination of infant feeding practices found that in rural areas, nearly 100 per cent of mothers breast fed satisfac-

torily for the first months of their babies' life. In the city of Ibadan, the figure was 55 per cent for mothers in low income families; in upper income families it was 12 per cent while among the academic staff at the university it was less than 1 per cent. This situation led one doctor in Nigeria to suggest, not entirely tongue in check, that any campaign to promote breast feeding should begin with a poster showing General Gowon taking the salute at a military parade while his wife stood next to him breast feeding a baby.

There are, of course, numerous other factors at work in the city which discourage women from breast feeding. Women may have to go out to work; food is purchased rather than produced; the western image of breasts having a primarily cosmetic rather than nutritional function has insinuated itself world-wide. The extension of health services has also tended to promote artificial feeding and consquently early weaning in many areas.



Typical advertisement prepared by Nestlé for use in medical publications in Africa

Dr Derrick Jelliffe, one-time head of the Caribbean Food and Nutrition Institute, has been scathing about his fellow professionals. "Most health staff, including paediatricians, are relatively nutritionally innocent and untrained in this field, especially in the neccessity to adapt practices to the local culture and economics" he complains. While mothers may be advised to breast feed, they probably also encounter many routine medical practices which reinforce a contrary bias. Bottle feeding is often used in hospitals and clinics as a matter of convenience; doctors tend to discontinue breast feeding for the most minor indications; and in some countries free milk powders are actually distributed through the health services as food supplements but have a direct "displacement effect" on breast feeding. (In Chile, where the trend from breast feeding has reached avalanche proportions, the National Health Service began distributing milk 15 years ago. The intention is to reach all infants when they are weaned—but the result has been to encourage earlier weaning.)

Where milks are not distributed through the health services, their availability through commercial channels is a prerequisite for artificial feeding. The infant food industry has come under considerable criticism for the way in which it has been promoting baby milks and lately, canned weaning foods and baby cereals in the developing countries by advertising, direct sales and give-aways. In 1968, Dr Jelliffe, who had just completed a survey of infant nutrition in the tropics and subtropics for WHO, described what he called "commerciogenic malnutrition"—malnutrition caused by the ill-considered promotion of baby milks and weaning foods to communities which cannot afford to buy them in sufficient quantities and do not enjoy a standard of living which enables them to be used safely.

Underlying the straight-forward clash between the proponents of baby milks and those who are concerned with the impact of bottle feeding in the poor communities of the developing countries, is a more significant issue. Should the developing countries aim to adopt patterns of infant feeding similar to those being practiced in the west today, or is there a need for patterns more appropriate to local circumstances? The concept of appropriate technology has achieved a certain measure of acceptance. Is there room for appropriate nutrition strategies?

## Risks at weaning

Weaning is the critical point in child nutrition. When the supply of mother's milk is no longer adequate or when other foods are introduced, the infant is at risk. There is no longer any guarantee that the food he is given will be nutritionally adequate nor that it will have been hygienically prepared.

The present situation in the cities of the developing countries is in many ways comparable to that in Britain at the turn of this century so far as the problems of infant health are concerned. Then, the majority of city dwellers lived in wretched conditions; mothers had to return to work within weeks of giving birth; health care was limited. Infant mor-

tality rates were as high as those in many of the developing countries today, standing at 138 per thousand in the period 1901-05.

The nutritionist Dr Wallace Aykroyd believes that the most important factor behind the dramatic decline in infant mortality to the present day level of less than 20 per thousand has been "improvement in infant and child feeding associated with the introduction of safe milk, processed infant foods, mixtures based on cows milk and the education of mothers in hygienic feeding methods". He emphasises that the great improvement in infant health actually coincided with the decline of breast feeding "almost to vanishing point".

This experience has led to the suggestion that infant nutrition in the developing countries will improve in a similar manner as standards of living, education and health rise. But the options now open to the developing countries are not the same as those available in Britain in 1900. There is little chance of the developing countries attaining the same rapid economic growth that made improvements possible then. It will be many years before milk production can be developed on a large scale in many developing countries. And if the economic level of the community cannot sustain successful infant feeding with foods based on imported milks, there is a clear need for a local solution to the problem of the weaned infant.

## The manufacturer's view

The view expressed to me by Nestlé executives, when asked about the problems created by bottle feeding with their products, is that artificial baby milk should come into the picture after successful breast feeding, when there is the need for additional foods, because it is the best available sources of protein. They favour the distribution of milk products through the health services to minimise the cost and to ensure that mothers are given guidance in their use—although Nestlé at present engages in most forms of direct promotion.

But milk is not the only form of protein available—although over 50 years of assiduous promotion has endowed it with an almost mystical quality in British eyes. Its chief distinction is the high "quality" of its protein—that is, a balance between the various amino-acids approximating closely to the proportions in which the body can use them. In communities where milk and other forms of animal protein are too expensive to form a significant part of the diet, vegetable sources of protein are essential—and account for 70 per cent of the world's protein supply, according to one estimate.

Taken individually, most sources of vegetable protein are of limited nutritional value because of their amino-acid balance. Groundnuts, for instance, have, weight for weight, more protein than dried full-cream milk. But they have relatively low proportions of lysine, methionine, and cystine. Similarly, many grains are deficient in lysine. But if mixed with cowpeas or other legumes with a high lysine content more of the protein will be available for use.

The PAG has compiled a Manual on Feeding Infants and Young Children for health and nutrition workers in the developing countries. The manual explains how local feeds can be combined to produce nutritionally adequate weaning foods and transitional foods for the young child before he begins to eat the family diet. The PAG do not regard the use of these alternatives as simply a matter of preference. "The only avenue open for the vast majority of children is to find better uses for the locally available staples for the preparation of nutritious weaning foods in the home" says the manual.

There is a role for dried milks in weaning foods where they can be afforded—but cooked together with other foods rather than bottle fed as a main source of nourishment. Used in this way, skimmed milk can be substituted for the more expensive commercial brands of whole milk.

In the context of the world protein gap, the cost of alternative methods of infant feeding can be crucial for a developing country, particularly where that cost has to be met in foreign currency. Some figures from Jamaica on the cost of feeding an infant up to six months of age illustrate this point. The cheapest means of artificial feeding using skim milk powder with suitable additives cost $0.76 per week. Using commercial baby milk, the cost was $1.72. And these products would have to be imported, whereas maternal lactation could be supported by a local diet which in most countries would be far cheaper. There is an equally large differential between the cost of homemade weaning foods and commercial products. To gauge the impact of early weaning on national economies, the cost to a country like Nigeria of bottle feeding all infants up to six months old with imported milk would be in the order of £500 000 daily.

At present, the available protein sources in the developing countries are not being used to the full. This was highlighted by the British shopper who complained to Oxfam that she could buy Ethiopian lentils in her local supermarket, while appeals were going out for high protein foods to be flown in to famine areas there. The point is reinforced when one considers the large quantities of protein-rich groundnut meal exported from West Africa (nearly 200 000 tonnes from Nigeria alone in 1970). Most of this is processed by European cows, some to come back in the form of better quality but far more expensive protein products. (Nigeria imported 45 500 tonnes of processed milk at a cost of $19 million during the same period.)

Groundnut flour and similar local products are in fact the basis of a number of low-cost, high-nutrition food mixtures prepared for the developing countries. Mixtures like the Guatemalan "Incaparina" (based on cotton seed and corn flours and yeast) and the North African "Superamine" (wheat, chickpea and lentil flours with some skimmed milk) are formulated on the same basis that the PAG suggests for home made weaning foods. The fact that cost of processing, packaging and distribution have tended to make many of

these mixtures too expensive for the communities most in need, is only one more argument in favour of encouraging the use of homemade equivalents.

In developing countries that cannot rapidly expand milk production—probably the majority—continued use of processed milk products will be dependent on the continuance of irrational western dietary habits. Only while consumers in the West continue to pay high (and rising) prices for milk fat products, leaving the surplus skimmed milk to be used in the food industry, fed to pigs, given to charity, or exported, will the developing countries be able to buy powdered milk at the present relatively low prices.

It is against this background that the PAG has drawn attention to the "criticial importance" of breast feeding in the developing countries. Its statement No. 23 of July 1972 (issued in a revised form at the end of last year) on the Promotion of Infant Formula and Processed Protein Foods calls for "every effort to prevent the decline in breast feeding" through education, training, "and in the planning of a national food and nutrition policy". The PAG has also recently emphasised the need for integrating food and nutrition policies into overall national economic planning. (A good example of what can happen without this integration is afforded by recent reports that the high-yield cereals in the front-line of the "green revolution" are displacing legumes which were previously part of traditional crop rotations as well as essential protein staples. The new cereals apparently offer a better cash return and are not dependent on a legume rotation—although they are of course dependent on energy-intensive nitrogen fertilisers. The nutritional impact of this trend may eventually be compensated for by the development of high-lysine strains of cereal or high-yield legumes!)

Photo by courtesy of the Methodist Missionary Society

The problem confronting national governments is that establishing new cultural practices in infant feeding is not just a matter of offering alternatives. Positive action has to be taken to support desirable alternatives and to discourage those which are unsuitable. Here the PAG's position becomes somewhat ambivalent. Much of its work has been done in collaboration with the food industry. Statement 23 was, in fact, the product of joint industry/expert meetings. As with its parent bodies the PAG can be constructive only when it has the agreement of all parties and has gone to some lengths to avoid making unacceptable demands of industry.

So when one of the expert members, Professor Bo Vahlquist, called for a voluntary halt in the consumer promotion of "breast milk substitutes" by industry, he went unheeded. Meanwhile, Statement 23 calls for governments to "reduce fiscal burdens on processed infant formulas" and "consider subsidy programmes to provide nutritious infant formulas to the most vulnerable and the lowest income groups".

## Constraints needed over promotion

Elsewhere in the PAG's documentation, the likely consequences of a continued decline in breast feeding have been clearly spelt out: "The major overall need is to alert governments, health services, nutritionists and the food industry to the emergency situation likely to develop in the urban areas in the near future. Its implications are not only the certainty of rising mortalities from almost epidemic marasmus and diarrhoea but also the economic burden of curative services and of obtaining breast milk substitutes on a large scale . . ." concluded one Working Party.

It appears that some national governments have already drawn their own conclusions. There are murmurings from the Caribbean, and East and West Africa, about the likelihood of constraints being put on the promotional activities of the baby food industry as a first step toward stopping the decline of breast feeding. The commercial sponsors of baby shows and women who complain about "the ordeal of breast feeding" are likely to get short shrift in the future.

week Anaconda found a giant protector: it and Houston-based Tenneco Inc. announced plans for what would be one of the biggest mergers ever in terms of total revenues—if it can be brought off over Evans' opposition.

The merger would unite companies with annual sales of $6.7 billion. Tenneco, whose profits rose to a record $342.9 million on $5.6 billion in sales last year, is a natural-resources and gas-pipeline firm, with interests ranging from chemicals to shipbuilding. Anaconda mines and processes copper, aluminum and other metals and manufactures a wide range of industrial materials. Recently the firm has been buffeted by reverses, including the 1971 expropriation of its huge Chilean copper holdings, falling copper prices and a slump in demand for Anaconda's products. Result: a $39.8 million loss in 1975 on revenues of $1.09 billion.

**Two Bids for One.** Spotting a company that seemed ripe for takeover, Crane, which produces steel, valves and aerospace equipment and has sales of more than $1 billion a year, made its bid last fall. It offered a debenture with a market value of $17.58 paying 8% interest for each of 5 million Anaconda shares, or 23% of the total. Tenneco proposes to take all Anaconda stock in exchange for a new issue of Tenneco preferred, convertible into common. The terms work out to stock worth about $22 for each Anaconda share; Anaconda closed last week at $19.75.

The catch is that the deal needs approval by holders of two-thirds of Anaconda's stock—and Crane already has gathered in 18% of the shares, or more than half the amount needed to block the merger. Evans, a master of the takeover game, is no man to back away from a fight. "He loves a contest, thrives on it," says a onetime associate. "He's an asset player—buys them cheap." Predictably, Evans declared last week that he would vote Crane's shares against the Tenneco merger.

Analysts felt both the Crane and Tenneco offers too low. Many consider Anaconda a company with potential for a strong comeback. Copper prices are expected to rise because shipments from Africa are being disrupted by the Angolan civil war. The company will probably be acquired by somebody, but it may be neither Crane nor Tenneco.

FOOD

## The Formula Flap

Rightly or wrongly, multinational corporations have been accused of a multitude of sins: bribery, tax evasion, reaping outlandish profits, seeking to overthrow governments. Lately the list has grown to include a truly ghastly accusation. Nestlé Alimentana of Vevey, Switzerland, the mammoth (1974 sales: $5.6 billion) and venerable food company, is being charged by activists with responsibility for mass deaths of babies.


ADVERTISEMENT USED BY MULTINATIONAL NESTLÉ CO. IN AFRICA
*What is corporate responsibility in selling to the uneducated?*

Nestlé is a leading producer of powdered formulas for infant milk sold in less developed nations, where many mothers are uneducated and illiterate. Too often these women either prepare formulas in an unsanitary fashion or dilute them excessively in order to economize. In the first case, babies develop digestive disorders that can lead to malnutrition; in the second, they become malnourished directly. Either way, the malnutrition can cause death.

**Breast v. Bottle.** Two years ago, a British journalist named Mike Muller first suggested publicly that powdered-formula manufacturers contributed to the death of Third World infants by hard-selling their products to people incapable of using them properly. In a 28-page pamphlet, Muller accused the industry of encouraging mothers to give up breast feeding, but added the qualification that other factors, such as working at a job, influence women to switch to bottle feeding.

In May 1974 the Bern-based Third World Working Group (which lobbies in Switzerland for support of less developed countries) published Muller's report—with a few changes. Muller had criticized the industry as a whole, but the Bern activists titled their pamphlet *Nestlé Kills Babies.* They also omitted some of Muller's qualifying remarks and included a preface that singled out Nestlé for an accusation of "unethical and immoral" behavior. Nestlé sued for libel, and the trial began last November in Bern. The controversy has stimulated great interest throughout Switzerland, 80,000 of whose 6½ million inhabitants are Nestlé shareholders.

Both sides are passionate about the case. Says Hans Schmocker, 35, a Presbyterian minister who is a member of the Third World group: "Nestlé has known about this problem for 30 years and has done little about it." The powdered formulas, he adds, "should be provided in pharmacies or through doctors. They should not be advertised on the radio in native languages, such as Swahili, which are understood by illiterates." Counters Nestlé Managing Director Arthur Fürer: "No one has yet hit on the idea of demanding that wine be sold through doctors or pharmacies because hundreds of thousands of people get drunk on it and sometimes cause fatal accidents." Nestlé officials insist that their advertising has always stressed, as one billboard in Nigeria puts it, that BREAST MILK IS BEST. Often, however, mothers themselves are undernourished and must supplement their own milk with formula. Nestlé was also a principal architect of an ethical code recently adopted by nine infant-food producers. The code requires that promotional materials in the Third World adequately educate illiterate consumers.

Last week, after two months of recess, proceedings in the libel trial resumed as the Third World Working Group furnished the court with documents supporting its claim. The judge has yet to decide whether to call more witnesses, but both litigants have assembled camps of sympathetic experts.

**Growing Pains.** If Nestlé loses, its image will be sullied but it will be under no legal obligation to change its business operations. If Nestlé wins, the Third World group will probably have to pay a token fine or issue a public apology. Whatever the outcome, no definitive conclusions—either about the causes of death of Third World babies or about the limits of corporate responsibility—are likely to come out of the trial. The episode does bring to light a genuine problem faced by nations undergoing the growing pains of industrialization. Yet it is worth noting that in none of the 100 or so developing nations in which Nestlé sells its milk formula has there been any echo of the protests in Bern.

# THE BOTTLE BABY SCANDAL

## MILKING THE THIRD WORLD FOR ALL IT'S WORTH

By Barbara Garson

Photography by Ira Sandler

"In 1970, I visited a small town called Aliagua, in a very rural area of Luzon. . . . During my visit, an old friend of my family, who knew that I was a doctor, approached me and asked me to visit his newborn child, who was very ill. The baby was less than ten days old. He was burning with fever, dehydrated and suffering from severe diarrhea. I asked the mother how she had been feeding the baby and she replied that she was using Enfamil. She told me that this had been given to her on discharge from the hospital in Cabanatuan where she had delivered the child. The milk was given to her by a nurse who told her that her milk was 'inappropriate' for the baby."

So writes Dr. Jesus T. De La Paz, who practices obstetrics and gynecology in the Philippines. According to Dr. La Paz, 80 per cent of the sick infants in the pediatric ward at his country's San Pedro Hospital are bottle fed. Why?

Throughout the Third World, from Haiti to Venezuela to Nigeria to the Philippines, new mothers are leaving maternity wards with tins of powdered milk—free samples—supplied by American, Swiss and Japanese companies. In an attempt to do what's modern, what's best for their babies, they abandon breast feeding. And then, like the family in Aliagua, they try to reconstitute a powdered formula where they have no clean water, no suitable pot for sterilizing, insufficient fuel to boil their one bottle and nipple several times a day, and no refrigerator for the milk.

Above all, they do not have money to keep on buying enough formula. A laborer in Uganda would have to spend 33 per cent of the average daily wage to feed an infant on powdered milk. In Pakistan the figure is 40 per cent. In Haiti a secretary, a relatively well-paid worker, spends 25 per cent of her salary for substitute infant food. And so what happens is that poor mothers start to "stretch" the formula. In 1969 the National Food and Nutrition Survey of Barbados asked mothers of bottle-fed infants two to three months old how long a can of milk lasted. The can contains a four-day supply. But 82 per cent of the mothers said they made it last anywhere from five days to three weeks.

Some mothers who have run out of formula have been found mixing cornstarch with water to give the baby something that looked like milk. Others use cocoa, tea, or simply sugar water to stop the crying, at least temporarily. The British charity organization War on Want found a Nigerian mother feeding her baby water alone. She had seen the bottle and nipple pictured on a billboard and thought the manufactured items themselves provided the nourishment.

Unsterilized and diluted bottle formula exacerbates the two most common causes of infant sickness and death around the world: malnutrition and diarrhea. Actually, the two are "synergistic," as the doctors say: each makes the other worse. Underweight babies are prone to the infections that create diarrhea. And the baby with constant diarrhea receives less nutrition from what food it does get.

Since the late '60s, health officials in poor countries have been seeing these symptoms combined in a syndrome sometimes called Bottle Illness. In some hospitals in Africa these severely dehydrated babies are kept aside in beds labeled "Lactogen Syndrome" (Lactogen is the Nestlé Company's powdered formula). Dr. D. B. Jelliffe, a distinguished British pediatric nutritionist who now heads the UCLA School of Public Health's Division of Population, Family and International Health, has labeled the syndrome "commerciogenic malnutrition."

Whatever you call it, the syndrome involves no new diseases. The diarrhea results from the Third World's prevalent bacterial and amoebic infections, which can be contracted from drinking unboiled water. The malnutrition takes the form of marasmus (shown by the sunken eyes, prominent ribs, thin little

arms and legs we've seen in the Bangladesh posters) and kwashiorkor (puffy face and feet, anemia and apathy).

What *is* new about "Bottle Illness" is the early onset of these poverty diseases in children. Ordinarily mother's milk, *even of an underfed woman*, will provide adequate nourishment for at least the early months. For a year to 18 months more it can sometimes provide a good protein supplement. Of course it is good for the mothers to eat well, but, unless the mother is virtually starving, the baby gets nourished.

Furthermore, mother's milk provides immunities against various diseases—something all the more important in countries with few public-health measures. No matter what water the mother drinks, the baby receives breast milk relatively free of the local infections. When poor people breast feed, malnutrition doesn't usually appear until well into the second year of life. Recently the Inter-American Investigation of Mortality in Childhood, conducted by the Pan American Health Organization, a branch of the World Health Organization, checked into the causes of some 35,000 deaths in 15 areas of the world, mostly in Latin America. The researchers found that because of the decline of breast feeding, childhood deaths from malnutrition now peak in the third and fourth months of life.

Of course death is only the extreme result. Milk companies would find little profit in distributing those free samples if every infant was going to die in two or three months. But one of the horrible aspects of this new form of malnutrition is that protein deficiency in the early months seems more likely to lead to permanent brain damage. We won't know the full effects of malnutrition that begins at birth until 15 or 20 years from now, for it had been relatively rare in the world until widespread bottle feeding came along.

For ghoulish family planners, let me stop to point out that bottle-baby deaths are not an effective population control. Rather, they tend to *increase* population. Study after study has shown that, regardless of the availability of birth control, people do not start having smaller families until they feel secure that their children will live to adulthood. When children die, people go on having big families in the hope that at least one or two children will survive. Furthermore, the decline of breast feeding may increase population, because there is some truth to the old wives' tale that you don't get pregnant while you're nursing. It's not foolproof birth control, but lactating mothers do have children spaced farther apart than bottle-feeding mothers.

### "FOODS YOU CAN TRUST"

The bottle baby problem really began in the late 1960s. By then it had become clear the U.S. birthrate was heading for an all-time low. Figures from Europe told the same story. Baby-oriented businesses throughout the developed world knew that they had to think of a strategy to cope with the baby bust.

Some companies diversified, but the big push went into finding new markets in the Third World. Ross Laboratories, for example, is the subsidiary of Abbott Labs, which manufactures Similac and Isomil. In 1969 the overseas portion of Ross' pediatric sales was 14.3 per cent; by 1973 it had risen to 22.2 per cent, amounting to $31.3 million. Following the same strategy, Bristol-Myers (En-

## WHAT YOU CAN DO ABOUT THE BOTTLE BABY SCANDAL

**1. Boycott Nestlé.** Nestlé is the largest infant-formula distributor in the Third World. A boycott of the company's products has been under way for some time in Western Europe; one in the U.S. began on July 4, 1977. Don't buy:

Taster's Choice/Nescafé/Nestlé Quik/Nestlé Crunch/Nestea/
Libby, McNeill & Libby products (Libby's tomato juice, canned vegetables, etc.)

**2. Join the campaign.** As we go to press, active groups in more than a dozen American cities are working to spread the Nestlé boycott, distributing articles and a documentary film called *Bottle Babies*, speaking about the problem in churches and on talk shows, and so on. To find out how to link up with the campaign where you live, write or call:

Interfaith Center on
Corporate Responsibility
475 Riverside Drive
New York, NY 10027
(212) 870-2294

Third World Institute of
the Newman Center
1701 University Ave.
Minneapolis, MN 55414
(612) 331-3437

Earthwork
1499 Potrero Ave.
San Francisco, CA
94110

**3. Sound Off.** Clip or copy the coupon below and send it to:

*Name of Your Representative*
U.S. House of Representatives
Washington, DC 20515

*Name of Your Senator*
U.S. Senate Office Building
Washington, DC 20510

Send a copy of your letter to:

Bristol-Myers
345 Park Ave.
New York, NY 10022

Nestlé Co., Inc.
100 Bloomingdale Road
White Plains, NY 10605

Add a note to Nestlé saying that you are boycotting its products until it stops all promotion, advertising and free-sample distribution of infant formula in the Third World, and all distribution of formula anywhere where people do not have the money or the facilities to use it safely.

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Dear_____:

*The attached article details the growing problem of death and disease that results from aggressive infant-formula sales in the Third World. I am outraged by this practice. We need legislation that will bring it to a halt. Please inform me what you intend to do about this.*

Sincerely,

_____

Reproduced from Michael Lesy's Real Life

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_____ **I enclose $**_____ **for**_____ **gifts.**
_____ **Bill me.**

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**Gift to:**_____

**Address**_____

**City**_____ **State**_____ **Zip**_____

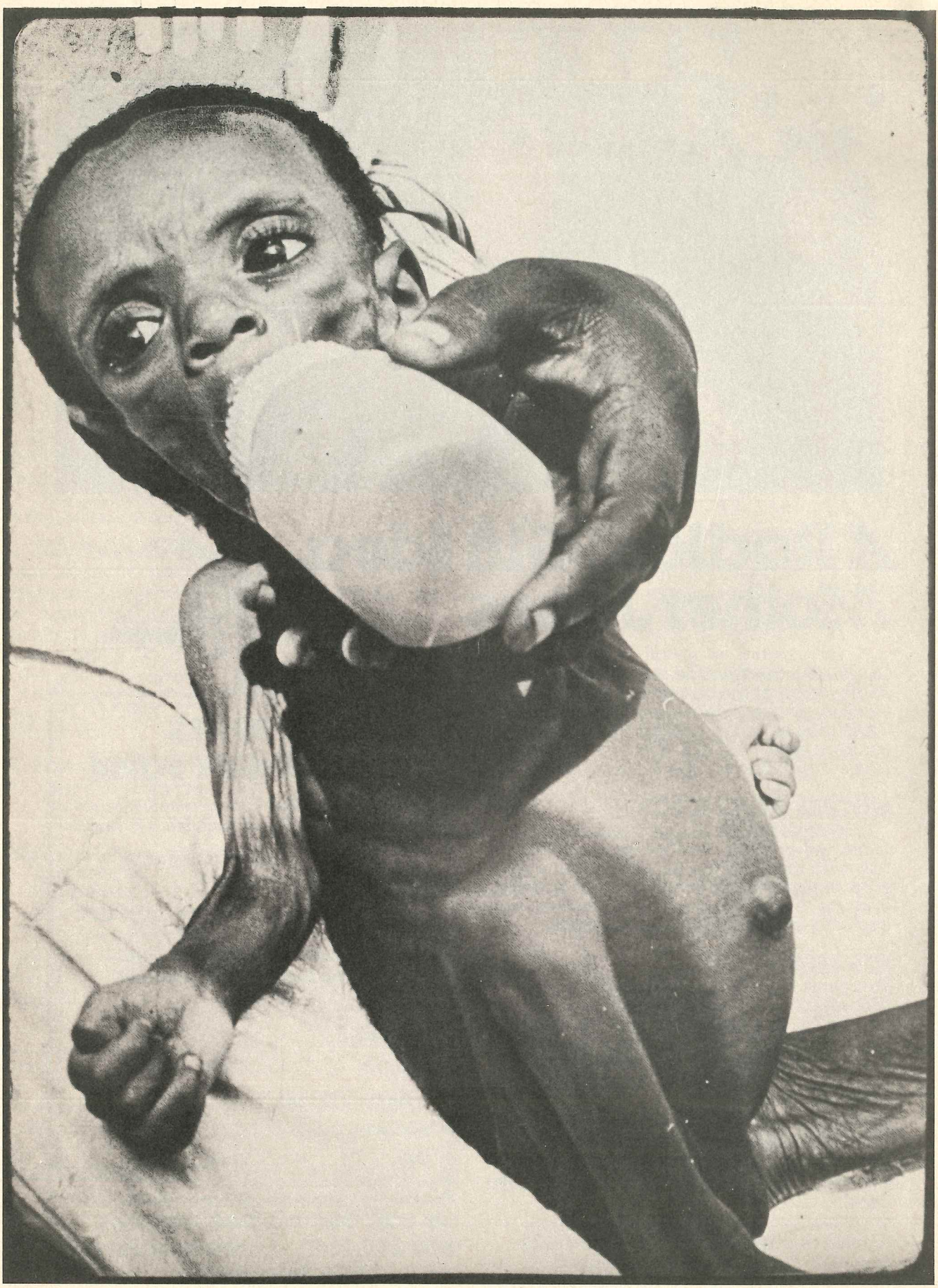
**From (Your Name):**_____

**Address**_____

**City**_____ **State**_____ **Zip**_____

2713Dec

**Or call our toll free number: 800-247-2160 (Iowa residents call 1-800-362-2860)**




Opposite page: *Baby with Bottle Illness.*

famil and Olac), American Home Products' Wyeth division (SMA, S-26, Nursoy) and, biggest of all, the Swiss corporation Nestlé (Lactogen) expanded like mad. Throughout Asia, Africa and Latin America, the airwaves and the billboards began filling with slogans like "Right from the Start—the Foods You Can Trust."

Soon nutritionists began to object. After a series of meetings organized through the U.N., the companies agreed to modify their approach. Now their signs said things like: "The Next Best Thing to Mother's Milk." Their pamphlets spoke vaguely about the times when breast feeding is "inappropriate" or "unsuccessful." More important, in the last few years the milk companies have almost entirely dropped billboards and radio spots. They concentrate now on the most effective and direct approach to the new mother. The majority of the companies give out free samples, pamphlets, posters and contributions of equipment directly to hospitals; they give services to and sponsor conferences for the doctors and nurses. Thus, the woman from Aliagua was given Enfamil by the nurse when she left the hospital. In some countries (Guatemala, for instance) "milk banks" connected with the hospitals sell a supply of formula to new mothers at cut rates, so it takes them a couple of weeks before they have to buy it on the open market and realize how expensive it really is.

But Nestlé, Bristol-Myers and some of the others don't stop with the hospitals. Bristol-Myers, for instance, has hired former consumer activist Bess Myerson as a consultant; her name and photo adorn a new publicity brochure. More important, some milk companies now hire their own special "milk nurses." Dressed in nurse-like uniforms, they travel around in countries such as Jamaica or Malaysia visiting new mothers, providing gifts and advice, weighing the babies—and leaving infant formula samples. These "mothercraft personnel" or "milk nurses," incidentally, may or may not be medically trained. Indeed, the use of fully trained nurses as saleswomen is probably the more harmful practice, since it depletes a developing nation's small supply of medical personnel.

Dr. Roy E. Brown is a nutritionist and pediatrician, now at Mount Sinai medical school, who has practiced abroad for 11 years, including time in the Bangladesh refugee camps. (There, incidentally, he used a simple and successful technique to promote "relactation" among mothers who had previously ceased breast feeding.) He told me about a pediatric nurse he knew in Ethiopia in 1963:

"She was a beautiful woman who was not only an Ethiopian nurse but a nurse tutor. She had been to Sweden, where she got advanced training to teach other nurses. She was married and had one child of her own. She left the hospital when a milk company offered her three times what she was getting paid as a nurse.

"I saw her again in 1974. She had two children and was still employed by the milk company. I had become increasingly disturbed by what I had seen of bottle feeding around the world, and I tried to talk to her about it. She said she understood my point of view, but she wanted to make a good living. Her defense was that she did not advise people to stop breast feeding; she simply gave them information if they 'couldn't breast feed.' Besides, people were giving up breast feeding anyway, so at least she would supply them with a wholesome product and instructions."

### MAKE YOUR BABY WHITE

Mary Lee, a housewife in Malaysia, wrote this letter: "On 23rd August, 1976, I had an interview with a Bristol-Myers mothercraft nurse by the name


*Milk company advertisements.*

of Mrs. Ho, who came to my house at my request. Mrs. Ho was wearing a white nurse's uniform and informed me she is a State Registered Nurse who trained here in University Hospital, Kuala Lumpur. On arrival Mrs. Ho presented me with a free sample tin of Enfamil powder infant formula without my asking for it. I told her I was thinking of weaning my baby from the breast, to which she said that Enfamil 'is just like breast milk.' She even pointed out on the sample tin the content 'choline,' which she assured me would make my baby's complexion beautiful and fair. In this community mothers feel it is very important to have fair skin. . . ."

Mary Lee happens to be a doctor's wife. She was not particularly impressed by the white uniform, nor was she intimidated when the nurse worriedly weighed her baby. And she doesn't seem interested in making her baby more white with Enfamil. But what about a poor and unsophisticated woman?

Or what about a not-so-poor and -unsophisticated woman? During World War II, my mother, otherwise honest and patriotic, bought black market lamb chops. This was because her pediatrician prescribed an exact diet for each baby he treated. Four ounces of lamb chop, two ounces of cereal, three ounces of mashed banana. And this I was fed (and re-fed) despite the fact that I threw up three times a day for three years.

Before I was ready for the scraped lamb chops and mashed banana, I was bottle fed with a formula that entailed much measuring, sterilizing and breaking of bottles. Worst of all, the doctor set me on a four-hour feeding schedule. My parents later told me how I cried stubbornly, sometimes for two and a half hours straight, while they sat in agony waiting for the scientifically determined moment when they could give me the bottle that would bring immediate silent satisfaction.

How could they do it? Why didn't they just pick me up and feed me the way their mothers had done? Well, my father's mother was dead and, besides, she had lost children while feeding the old way. And my mother's mother was an immigrant who spread newspaper on the floor after she washed it and kept live fish in the bathtub to make gefilte fish at Passover. I was going to get the best scientific chance in life.

And here's an even more sophisticated woman. When I was to deliver, I chose a hospital that allowed Lamaze and featured rooming-in. They brought me the baby after isolating her for 24 hours, and I nursed contentedly for a couple of days. Then the nurse said "The baby is not gaining any weight. Not an ounce after any feeding."

"But she's sucking," I insisted, "and she's not crying. Let me keep trying."

Then the doctor came in: "Not a single ounce."

I agreed reluctantly to let them start her on formula while I gave it a few more tries. But I knew the bottle would curtail the baby's sucking, and there wouldn't be too much hope after that.

While I was giving it that one more try, a woman who was cleaning the floor, with no white uniform, said to me: "That baby's not gettin' a thing."

"What do you mean?"

"Look," she said, pinching me roughly. "It's all clogged up." She showed me how to put a hot washcloth on my breast and squeeze hard. After an hour of hard work, milk started to flow. Apparently the 24-hour delay after the baby was born had caused the milk to "back up." I should have nursed right away or started squeezing the milk out by hand. If it weren't for the cleaning lady, I, like the woman in Aliagua, would certainly have found that under modern conditions I was one of the many who "couldn't nurse."

The same thing happens in the Third World. There, too, people are being cut off from their past, moving away from their families. The Green Revolution (*Mother Jones*, August 1977) sends former subsistence farmers off the land and into the *favelas*, barrios, and shanty towns in the city. There, with modern medical help, many will find breast feeding "unsuccessful" or "inappropriate." Some can't nurse because they work or hope to work. Most, however, will choose more freely not to nurse. What would they do if the baby cried on the bus? Some don't want to be bothered. But most want to do what's best for their babies. They want to give their children the start that will help them out of the *favela* and into the modern world. Like buying an encyclopedia.

In the scantiest slum store they will find the powdered milk prominently displayed. (A chart in the February 1977 issue of the Brazilian trade journal *Modern Supermarket* shows that baby formulas have a profit margin of 72 per cent. This is three or four times higher than the profit margin for most other items.) On the labels of these products are pictures of plump, smiling children. And so, healthy mothers are feeding their babies watered-down imported milk in contaminated bottles in the hope we all share—to do the best by one's children.

### THE NUNS GO TO COURT

The bottle baby problem has not gone unnoticed. Activists have been fighting Nestlé in Europe for some time, and in the U.S. the Interfaith Center on Corporate Responsibility (ICCR)—connected with The National Council of Churches—has been publicizing the issue widely, especially to church groups. Therefore, when the Sisters of the Precious Blood, a Catholic teaching order based in Ohio, realized several years ago that they owned stock in Bristol-Myers, they quickly made the connection.

The Sisters tried first to speak to corporate executives about the problem. They found Bristol-Myers more difficult to deal with than the other milk companies, who were, if nothing else, at least willing to talk politely. Eventually, unable to get satisfaction, the sisters submitted a stockholders' resolution asking for information about Bristol-Myers' sales policy abroad. In a proxy statement urging defeat of that resolution, the company said, among other things: "Infant formula products are neither intended, nor promoted, for private purchase where chronic poverty or ignorance could lead to product misuse or harmful effects."

Now it can in some cases be a viola-

—continued on page 60

## NESTLÉ MEN WATCH A BABY DIE

In an interview broadcast on West German radio stations in 1975, Dr. Elizabeth Hillman, a pediatrician on the staff of the Kenyatta National Hospital in Nairobi, described the following incident:

"A short while ago . . . the Nestlé representatives came to visit us at the hospital to ask if we had any opinion about the War on Want publication that had been translated in Switzerland and retitled, 'Nestlé Kills Babies.' They really wanted us to say that Nestlé did not kill babies. We discussed this at length with them, and were not able to say, of course, that Nestlé either does kill or does not kill, statistically speaking. But, to illustrate the point, I mentioned to these two gentlemen that there was a child over in our emergency ward . . . who was very near death, because the mother was bottle feeding with the Nestlé's product [Lactogen, a milk preparation], and I asked whether they would like to see the baby.

"I took the two representatives over into our emergency ward, and, as we walked in the door, the baby collapsed and died. I had to leave these two non-medical gentlemen for a moment . . . and help with the resuscitation procedure. It was unsuccessful. And, after the baby was pronounced dead, we all watched the mother turn away from the dead baby and put the can of Nestlé's milk in her bag before she left the ward. . . . It was a vivid demonstration of what bottle feeding can do—because this mother was perfectly capable of breast feeding. The two men walked out of that room, very pale, shaken and quiet, and there was no need to say anything more . . . ."

# Breast vs. Bottle vs. Breast vs. Bottle vs. Breast

Doctors and nurses are as vulnerable as new mothers to the promotional activities of the formula industries. Companies regularly finance air fares of doctors and health educators to domestic and overseas conferences. They donate medical equipment and underwrite medical congresses. "It is quite sad to see how the companies have had such an easy job using doctors for their promotional activities," says Dr. H. W. Kanis, medical superintendent of the Madwaleni Hospital in the Transkei.

In an effort to move member nations back toward breast feeding, UNICEF and WHO sponsored a week-long meeting in Geneva in October 1979. Representatives from governments, the UN, technical agencies, private organizations and the food industry reached a consensus that it was society's responsibility to actively promote breast feeding. They agreed that for most infants, supplementary bottle feeding should be avoided at least for the first four to six months. Industry promotion to health personnel was to be restricted to factual and ethical information, and the health care system was not to be used to promote artificial feeding.

Industry representatives even agreed to talk about an international code for all manufacturers for the marketing of breast-milk substitutes. It was a "remarkable concession for an industry like ours to make," Ian Barter of Britain's Cow and Gate commented. Nestlé Managing Director Arthur Furer said, "We do not feel restricted in any way in our commercial activities by the WHO recommendations. On the contrary, the gradual changes Nestlé has introduced in the past five years are completely in line with the recommendations."

The record since the Geneva meeting is not so benign. Nestlé had its uniformed "hospital visitors" promoting breast-milk substitutes to maternity patients in Honduras as recently as last March. It advertised its Cerelac weaning food over Kenyan radio and television for use three weeks after birth despite the four-to-six-month weaning age agreed to in Geneva.

Health centers in Malaysia were still getting free samples of formula early this year while the gynecology consultant's waiting room at the Penang Medical Center there had stacks of "educational" handouts promoting Nestlé's Nan and its Lactogen with Honey. In January, Milupa AG of West Germany was selling Aptamil in Hong Kong as "humanized milk formula" without stating that breast milk was best—part of the Geneva advertising agreement. In February, American Home Products was advertising "Formula 26 gives young gourmets a fine start in life" in two widely distributed Australian booklets for mothers, while giving free samples to South African pharmacies.

In late February Guthrie Trading advertised in Malaysia's *New Straits Times* for Mothercraft nurses to promote Snow Brand Milk Products made by a Japanese company. And mothers discharged from maternity wards in private Nairobi hospitals continue to receive free samples of Nestlé, Abbot/Ross, Wyeth and Cow and Gate formula. Nurses received gift certificates at Christmastime.

Almost all of these companies belong to the International Council of Infant Food Industries, representing 85 percent of the world's processed infant food manufacturers, which agreed to play by the rules in Geneva.

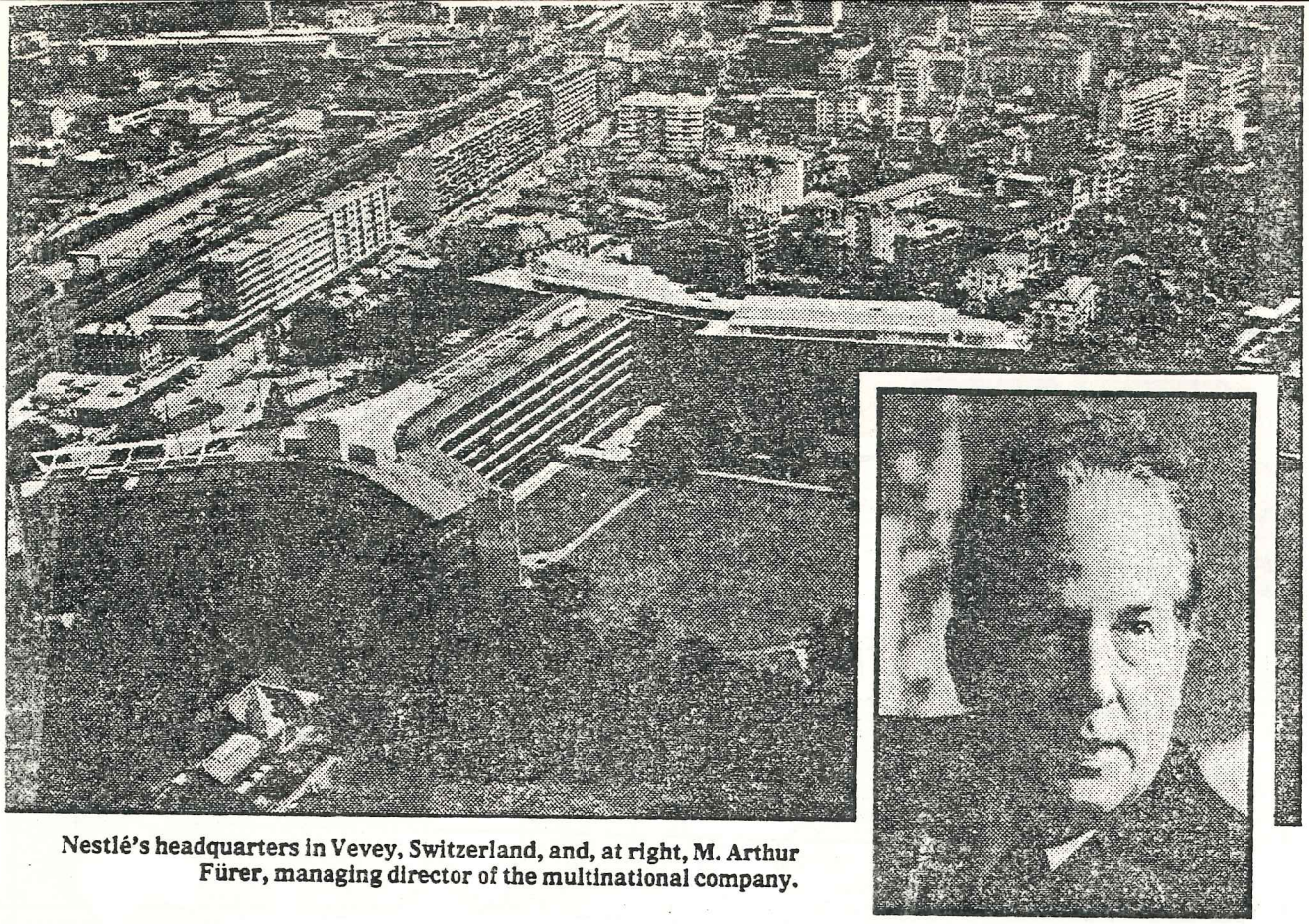
This past May, the thirty-third World Health Assembly endorsed the Geneva statement and recommendations, reaffirming that "breast feeding is ideal for the harmonious physical and psycho-social development of the child." The assembly directed WHO to prepare an international code of marketing breast-milk substitutes in consultation with member states and others, including scientists. The code will not go before WHO's executive board until January 1981 or to the World Health Assembly until May 1981.

Worse than the slowness of the process is the fact that intense lobbying by industry weakened the first draft of the marketing code. As WHO's Dr. R. C. Strudwick explains, "The WHO cannot bring any legal pressure on industry, only moral pressure. The real solution will come when various governments consult with their lawyers and see how the code can be turned into a legal instrument." Critics fear that the industry with its immense resources and experience may put undue pressure on Third World governments and thus weaken whatever marketing legislation is proposed.

Meanwhile, some governments have taken up advertising campaigns of their own. In Kingston, Jamaica, a third of the mothers in a 1976 survey had been advised to bottle feed by "nurses" employed by commercial milk firms who gave free samples to nearly 20 percent of them. The government then launched a highly successful "breast is best" media campaign. "It's a joy to see the quality of babies now," public health nurse Laura Donaldson told me on a recent visit there.

Despite the fact that deteriorating economic conditions have halted the government's campaign, the message has not been lost on Jamaican mothers. "My first two kids were breast fed and that's how it will be for the third," Joyce Blackwood told me after a visit to her village's health center. "Formula is expensive and now is often unavailable."

In Papua New Guinea, formula and feeding bottles are only available by prescription. The capital city of Port Moresby reported that the proportion of artificially fed children fell from 35 to 12 percent in just 20 months. Other efforts to promote breast feeding are underway in the West Indies, Brazil, Botswana, Indonesia, India, Kenya, Malaysia, the Philippines, Algeria, Sri Lanka, Sudan, Tanzania, Colombia, Yemen, Guatemala, Cuba and Thailand. The length of this list, which is itself incomplete, shows how serious the problem is. ■



**Nestlé's headquarters in Vevey, Switzerland, and, at right, M. Arthur Fürer, managing director of the multinational company.**

watch, mixing in-house growth with takeovers and ventures overseas. Under Nestlé processes or licensing agreements, more than 300 plants in 52 countries currently produce goods ranging from powdered milk to pharmaceuticals.

One chairman once called Nestlé "the most multinational of all worldwide companies." Thus, it is scarcely surprising that Nestlé has had its share of public relations problems over the years, subject, as it was, to one of the standard criticisms of multinationals — that they take profits out of poor lands for use in richer lands.

**Battle With Boycott**

Nestlé's longest-running battle involves the six-year-old attempt to organize a worldwide consumer boycott against Nestlé and other producers of baby formulas to pursuade them to drop promotion activities in the less-developed countries. The boycott supporters charge that these promotions induce mothers to switch from breast-feeding to using formula. They assert that infant deaths have resulted because water supplies in third-world countries used by mothers to mix formula are often contaminated and families lack access to adequate refrigeration to store formula or are unable to read directions.

In the United States, the boycott has been led by the Infant Formula Action Coalition, a Minneapolis-based group made up of women's organizations, church and labor groups. Douglas Johnson, national chairman, said the organization had about 450 local chapters. "The campaign is growing phenomenally," he said.

Nestlé asserts that the boycott has not influenced sales. With an undertone of frustration, officials ask: Why haven't developing countries asked the company to withdraw its infant formula? Why do aid groups ask the company for donations in times of disaster? They also stress that Nestlé has always sought to educate mothers in the use of its product.

"It is difficult to imagine," said Nestlé chairman, Pierre Liotard-Vogt, in a 1975 speech still used as company policy, "why a world company like ours would sacrifice what amounts to its integrity and raison d'être if these were to cost the lives of infants in the third world."

Part of the reason for the frustration at Nestlé might stem from the failure, in this case, of its attempts to differentiate itself from other multinational companies — an attempt that has, at times, been hindered by the company's sense of corporate privacy that is only now disappearing.

Company officials note that Nestlé was the only multinational not to have its Chilean operations nationalized by the leftist Allende Government there, that the company owns no crop-producing lands anywhere (thus it does not displace local owners) and that its officials are regular consultants in advising commodity-producing nations about price stabilization accords.

"We're not speculators; we're manufacturers," Mr. Fürer said of Nestlé's advocacy of commodity arrangements. "For our concerns, we'd like prices to be as stable as possible."

In the 1970's, that wasn't the case. But today, like most of Nestlé's operations, its commodities business is more centralized than it was at the beginning of the decade.

Under current procedures, the company's purchasing department, directed by Robert Muggli, sends each of Nestlé's companies monthly analyses, outlook figures and a purchase plan, which the various branches use in the markets for cocoa, coffee and sugar.

"Every purchase is a speculation in the sense of looking forward, and in that sense we do make speculative moves," Mr. Muggli said. "But it is always tied in with out overall requirements and reviewed by our managing director."

While keeping a watchful eye on the commodities markets, the prime task for Nestlé in the 1980's may well be to check the drift in its regional sales. In 1970, about 51 percent of sales were in Europe. By 1978, that portion had declined to 46.7 percent. Sales in the United States have remained constant at about 20 percent. The growth area has been in developing countries, where the share of sales grew to 33.1 percent in 1978 from 30.9 percent in 1976.

To check the drift, the company embarked on a heavy acquisition program in the 1970's, buying stakes in 10 companies, double the number of acquisitions it had made in the previous 40 years. Although somewhat cramped by antitrust limitations in major markets, the company plans to continue the program — within limits.

"We won't diversify outside of the area of know-how we have," Mr. Fürer said.

In addition, the acquisitions will have to meet another, perhaps more important, requirement in the 1980's: They must help stabilize the current 2-to-1 ratio of sales in developed countries to those in underdeveloped ones.

"I'd like to keep it that way," Mr. Fürer said.

# N-E-S-T-L-E-S Makes the Very Best?

*Multinational Corporations' Infant Formula Exports to the Third World Prove Deadly*

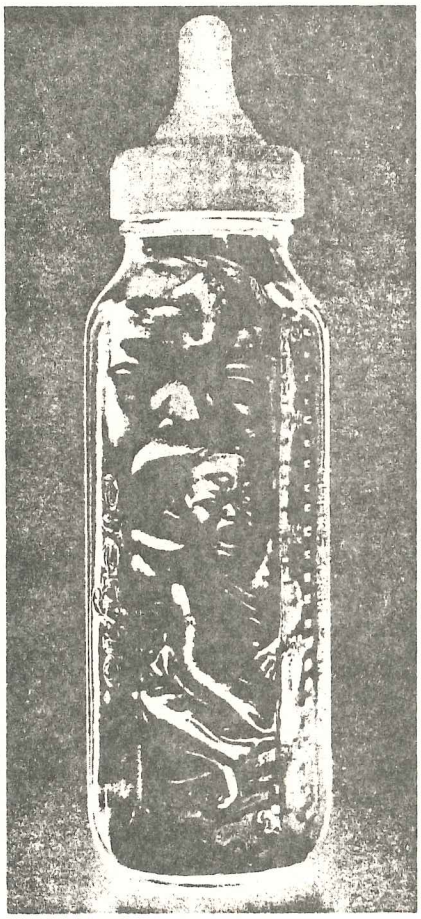
BY JILL NELSON

Having once dismissed Third World societies as "primitive," useful only as suppliers of slaves and raw materials, multinational corporations such as Nestle, Bristol-Myers, Abbott Laboratories and American Home Products have taken it upon themselves to bring developing nations "into the twentieth century" by exporting products that are unnecessary, unsolicited and, in the case of infant formula, deadly.

As the U.S. market for infant formula became saturated in the late 60s, manufacturers seized on the Third World, with its high birth rate, as an ideal area for expansion. Multinational corporations moved into hospitals and villages to convince health professionals and mothers of the superiority of powdered formula to breast milk—a superiority with no basis in fact.

The companies gave doctors and hospitals free formula and medical equipment, funds for conferences and, in the case of the Nestle Company, free supplies of Nescafe for the doctors' lounges. Company employees dressed in white nurse-type costumes and armed with free formula samples and instructions went to villages to convince women of the inadequacy of breast milk. Radio and television jingles celebrated the joys of bottle feeding; billboards and clinic walls were plastered with images of happy, fat, bottle-fed babies.

Many women began feeding their babies powdered formula which, even under the best of circumstances, is inferior to breast milk. But in the villages of Nigeria and Jamaica, circumstances were far from the best. Often unable to read directions on the formula tin, and in any case unable to afford to buy the quantity required for adequate nutrition, women watered down the formula, often stretching a three-day supply to last as long as three weeks. Without pure water, refrigeration or sanitary conditions, what babies usually got in their stomachs was watered down, bacterially infected and nutritionally worthless. The result has been severe malnutrition, chronic diarrhea, dehydration and, in the most severe cases, death. In a 1975 study of 37 Jamaican children hospitalized for malnutrition, 25 had received a brand-name infant formula. Five of these children died. This case, far from being an exception, is the rule.



The direct link between multinational corporations and infant mortality in the Third World went largely unnoticed until the early 70s, when War on Want, a British advocacy group, published "The Baby Killer" (later translated and retitled "Nestle Kills Babies") by journalist Mike Muller, an expose of multinational marketing practices and products and their impact on Third World families.

Since 1974 there has been a growing movement to curtail the exportation of infant formula to developing countries. According to Leah Margulies, director of the Infant Formula Campaign of the Interfaith Center for Corporate Responsibility: "We want the companies to stop promoting and marketing to people who clearly don't have the ability to use the product safely. We'd also like Americans to think and become more aware of the roles multinationals play, both abroad and at home, and their impact on health care and nutrition."

In 1975 the Sisters of the Precious Blood, a Catholic order of nuns, stockholders in Bristol-Myers and members of Clergy and Laity Concerned (CALC), another group involved in the infant formula issue, brought suit against Bristol-Myers charging "false and misleading statements" had been made by the company to its stockholders concerning marketing practices involving infant formula. After years and various setbacks, including dismissal of the suit, the Sisters can now claim a victory. In January, 1978, Bristol-Myers agreed to inform its stockholders of the impact of infant-formula sales abroad based on affadavits supplied by Third World activists and to halt direct promotion of these products to consumers.

While acknowledging a victory, Becky Cantwell of CALC and INFACT (Infant Formula Action Coalition), a national coalition of organizations involved in the infant-formula issue, is skeptical about its scope. "They'll probably continue to sell as much formula as they ever did," she says. "They'll probably further emphasize promotion through the medical profession." But the suit has successfully established stockholders' pressure as an option in forcing corporate responsibility.

INFACT is currently sponsoring a national boycott of Nestle products until it stops its marketing practices abroad. Nestle's profits in the Third World are conservatively estimated at one-third billion dollars annually. April 13 was national INFACT day, commemorated by demonstrations across the country and a parade and vigil at Nestle's headquarters in White Plains, N.Y.

The battle against Bristol-Myers, Nestle, Abbott and American Home Products for the marketing of infant formula in developing countries is certainly far from won, but the day when, as Margulies says, "Infant formula will be controlled and distributed by Third World governments according to their specific needs," is a bit closer. □

Illustration Courtesy of Tricontinental Films

# BABY FORMULA ABUSE COMMITTEE

WILL PRESENT

# FILM SHOWING

DATE

TIME

AT

LOCATION

# GROUP DISCUSSION

WILL FOLLOW

*Exposing the tragic consequences of the promotion of infant formula in the third world.*

P.O. BOX 12913 COMMERCE STATION
PHILADELPHIA PA 19108

# THE BABY FORMULA ABUSE ACTION GROUP OF PHILADELPHIA

## PRESENTS

# "BOTTLE BABIES"

A DOCUMENTARY FILM BY PETER KRIEG EXPOSING THE TRAGIC CONSEQUENCES OF THE PROMOTION OF INFANT FORMULA IN THE THIRD WORLD.

FILM WILL BE FOLLOWED BY DISCUSSION AND FORMATION OF WORK GROUPS AT ALL SHOWINGS.

## THREE SHOWINGS:

MONDAY, APRIL 12 AT 7:30 PM AND TUESDAY, APRIL 13 AT NOON

BICENTENNIAL WOMEN'S CENTER

PENN WALT BUILDING

3 BEN FRANKLIN PARKWAY (AT 17th)

AND

TUESDAY, APRIL 13 AT 7:30 PM

SWARTHMORE FRIENDS MEETING HOUSE

SWARTHMORE COLLEGE CAMPUS