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The Politics of Breastfeeding

An Advocacy Perspective

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INTRODUCTION

Politics may be defined as the practice of prudent, shrewd and judicious policy. Politics is about power. How, then, can politics have anything to do with breastfeeding? When health, profits and the empowerment of women are at stake, how could politics not be involved? Extraordinary changes in the way power is allocated in the world would be necessary for breastfeeding to flourish in this world. Many people believe such changes are impossible to make, that we have "advanced" too far into industrial capitalism to ever retreat into natural infant feeding regimes not based on profits. But even state policies influencing infant feeding practices can change, particularly when people begin to ask some very basic questions about child survival.

Advocacy on behalf of breastfeeding is incomplete and probably ineffective unless accompanied by a politically informed analysis of the obstacles to breastfeeding. These obstacles include the marketing practices of infant formula manufacturers, physician-dominated medical systems, and the relationship between industry and health professionals. This relationship has resulted in widespread misinformation about breastfeeding, including false claims of the equivalence between breastmilk and artificial substitutes, and the devaluing of women's knowledge about the management of breastfeeding.

The purpose of this paper is to trace the development of infant feeding as a public policy issue over the last few decades, to examine the role of non-governmental groups (NGOs) in influencing public policy, and to place breastfeeding within the advocacy debates on the promotion of commercial breastmilk substitutes, with the modest goal of putting the voices of industry critics more directly into discussions of the politics of breastfeeding. The paper concludes with a call for anthropologists to include advocacy discourses as a valid addition to other modes of understanding and interpretation.

THE DEVELOPMENT OF THE CONTROVERSY

Throughout history, women have substituted animal milks or wetnursing for maternal breastfeeding. This is, however, the first time in history when infants lived through these experiments long enough for others to measure the impacts on their health. This is also

the first time that huge industries have promoted certain options for women, and profited from mothers' decisions not to breastfeed or to supplement breastmilk with a commercial product. It is this historical and economic fact that requires us to place breastfeeding in a broad political context.

An early presentation on the problem of bottle feeding may be traced to a Rotary Club address made by Dr. Cicely Williams in Singapore in 1939 entitled "Milk and Murder." She argued that the increased morbidity and mortality seen in Singapore infants was directly attributable to the increase in bottle feeding with inappropriate breastmilk substitutes, and the decline of breastfeeding. And she dared to call this murder—not something that happens to poor people over there, but murder. Her words:

> If you are legal purists, you may wish me to change the title of this address to *Milk and Manslaughter*. But if your lives were embittered as mine is, by seeing day after day this massacre of the innocents by unsuitable feeding, then I believe you would feel as I do that misguided propaganda on infant feeding should be punished as the most criminal form of sedition, and that these deaths should be regarded as murder. (Williams, 1986:70)

Although conditions in other cities in the developing world may have been similar or worse than in Singapore, the voices of warning and reproach were hesitant, isolated, and easily ignored. Conditions in many inner city and Native communities in North America today way be little improved over the conditions Williams found in Singapore in 1939.

Occasionally, reports from missionaries and health workers would confirm the devastating effects of bottle feeding on infant morbidity and mortality. But these were single voices and never stimulated a social movement. And it was easy to assume that the "problem" was "over there" and thus was irrelevant to promotional practices of infant food manufacturers in developed industrial countries. Only recently has the full extent of the dangers of commercial infant formula been acknowledged or publicized (Cunningham, Jelliffe, and Jelliffe, 1991; Palmer, 1993:306–312; Walker, 1993).

From the 1930s, the promotion of breastmilk substitutes steadily increased, particularly in developed countries. In North America, competition between American pharmaceutical companies and the depression reduced the number of companies producing infant formula to three large firms—Abbott (Ross), Bristol-Myers (Mead-Johnson) and American Home Products (Wyeth) (cf. Apple, 1980). Food companies like Nestlé were already producing baby foods before the turn of the century. Both food and drug-based companies producing infant formula expanded their markets during the post–World War II baby boom, as breastfeeding halved between 1946 and 1956 in America, dropping to 25 percent at hospital discharge in 1967 (Minchin, 1985:216). By that time, the birth rate in industrialized countries had dropped, and companies sought new markets in the rapidly modernizing cities of developing countries. As industry magazines reported "Bad News in Babyland" as births declined in the sixties in North America, their sales in developing countries increased, with only isolated and occasional protests from health professionals and consumer groups.

Other points of resistance to the increasing collaboration between infant formula manufacturers and health professions in North America came from mothers who wanted to breastfeed their infants and met with resistance or lack of support from the medical

profession. These voices of resistance were not raised against the infant formula industry nor against the medical profession *per se*. Rather, they took the form of mother-to-mother support groups. The prime example is La Leche League, a group founded in 1956 in Chicago by breastfeeding mothers. The founding of La Leche League represented women's growing dissatisfaction with physician-directed bottle feeding regimes. While mother to mother support groups in some countries have lent support to infant food industry critics, it is important to remember that since its inception, La Leche League never directed its energies outward against infant formula companies, but rather inward toward the nursing couple. Only in recent years has the linkage been made between advocacy groups oriented towards consumer protests and mother support groups.

One phrase in a speech in 1968 by Dr. Derrick Jelliffe caught the attention of a much wider audience. He labelled the results of the commercial promotion of artificial infant feeding as "commerciogenic malnutrition." Like "Milk and Murder," this phrase grabbed headlines and became the focus for advocacy writing. By the mid-1970s, publications like the *New Internationalist* (1973) were bringing the problem to public attention. Reports such as Muller's *The Baby Killer* (1974) and the version by a Swiss group called *Nestlé Totet Babys* (Nestlé Kills Babies) prompted responses from Nestlé. In 1974, Nestlé filed libel charges in a Swiss court for five million dollars against the Third World Action Group for their publication *Nestlé Kills Babies*, leading to a widely publicized trial. The judge found the members of the group guilty of libel and fined members a nominal sum, but clearly recognized publicly the immoral and unethical conduct of Nestlé in the promotion of their infant feeding products. The libel suit and these popular publications provided focal points around which public opinion gradually developed, strengthening the efforts of advocacy groups in two complementary directions, the organization of a consumer boycott and drafting a code to regulate the promotion of baby foods (bottles, teats, and all breastmilk substitutes, not just infant formula).

STRATEGY FOR CHANGE: CONSUMER BOYCOTTS

Since the mid-1970s, a broad range of people from all walks of life, in many different parts of the world, have participated in a public debate known as the infant formula controversy, the baby food scandal or the breast-bottle debate. In North America, one catalyst for the "back to the breast" movement and a resurgence of interest in breastfeeding was a consumer movement organized by grass roots advocacy groups that drew attention to how the existence and advertising of commercial infant formula affected women's perceptions of their breasts, breastmilk and breastfeeding. They demonstrated that there was a direct and specifiable link between changes in infant feeding practices and the promotion of commercial infant formula in developing countries. The participation of ordinary people in North America in this debate was mostly through the direct action of a consumer boycott. Without the social mobilization of the consumer boycott, the work to promote a code for the marketing of breastmilk substitutes would not have been as effective.

Both boycott groups and promoters of a code to regulate the way infant formula was being promoted and marketed argued that the decline in initiation rates and the duration of breastfeeding could be linked to the expanding promotion of breastmilk substitutes, usually by multinational food and drug corporations, and to bottle feeding generally. The boycott against Nestlé's products, and eventually those of other infant formula man-

ufacturers, generated the largest support of any grass roots consumer movement in North America, and its impact is still being felt in industry, governments, and citizen's action groups around the world. Women were the primary supporters of the boycott against Nestlé and other manufacturers of infant formula, although the movement in North America was strongly male dominated. Nevertheless, many women gained experience in analyzing the relations between corporate power and public health through their experience of working on the boycott campaign.

The groups that took on the task of challenging the infant formula companies were for the most part small, underfunded and in many cases ran on voluntary labor. While they were not the only people to recognize the problems of bottle feeding, they were the first to effectively mobilize to challenge the industries promoting it. Their success against the forces ranged against them, including powerful governments and multinational corporations, is a study in the power of co-operative networking. The importance of these small, non-governmental groups cannot be overstressed.

IBFAN (the International Baby Food Action Network) is a single-issue network of extraordinarily dedicated people—flexible, non-hierarchical, decentralized and international in organization (Allain, 1991). IBFAN works to promote breastfeeding worldwide, eliminate irresponsible marketing of infant foods, bottles and teats, advocate implementation of the WHO/UNICEF International Code of Marketing of Breastmilk Substitutes, and monitor company compliance with the Code.

In North America and Europe, advocacy groups also formed around the issue—most notably the Interfaith Centre for Corporate Responsibility (ICCR), the Infant Formula Action Coalition (INFACT) in Canada and the United States, the Baby Milk Action Group in Britain, the Geneva Infant Feeding Association (GIFA), and the many groups in developing countries that formed part of the IBFAN network. Throughout the late 1970s and early 1980s, these groups provided evidence of the unethical marketing of infant formula in their communities. This evidence was critically important in convincing delegates to the World Health Assembly (WHA, the meetings of the World Health Organization) that a regulatory code of industry practices was necessary.

The New York based ICCR, formed in 1974, monitored multinational corporations, provided information to church groups on responsible corporate investments, and publicized cases such as the lawsuit filed by the Sisters of the Precious Blood against Bristol-Myers in 1976 for misleading stockholders about their infant formula marketing practices. Although the lawsuit was dismissed, information about the marketing of breastmilk substitutes circulated in church basements among groups interested in Third World development and justice issues, bringing a new constituency into the movement. Public education on the promotion of breastmilk substitutes often featured the 1975 film, *Bottle Babies*, a vivid portrayal of the tragic effects of bottle feeding in Kenya.

In 1977, several action networks began the campaign to boycott Nestlé products in North America. The American INFACT (now called Action for Corporate Accountability) grew out of a student group at the University of Minnesota, while the Canadian. INFACT groups developed around justice ministries of the Anglican and United Churches, first in Victoria, British Columbia. These groups were linked together through IBFAN to represent the views of coalition members at international health policy meetings such as the World Health Assembly.

It was through these groups that the general public in North America was made aware

of the infant formula controversy (or the breast-bottle controversy) through an increasingly sophisticated campaign involving public debates, newsletters, radio and T.V. shows, petitions, demonstrations, posters, buttons, and the first consumer boycott of Nestlé's products, which ended in 1984.

The advocacy position as defined by the boycott groups is quite straightforward. It argues that the makers of infant formula should not be promoting infant formula and bottle feeding in developing countries where breastfeeding is prevalent and the technology for adequate use of infant formula is absent. Advocacy groups claim that multinational corporations (like Nestlé), in their search for new markets, launched massive and unethical campaigns directed toward medical personnel and consumers that encouraged mothers in developing countries to abandon breastfeeding for a more expensive, inconvenient, technologically complex, and potentially dangerous method of infant feeding—infant formula from bottles. For poor women who have insufficient cash for infant formula, bottles, sterilization, equipment, fuel, or refrigerators; who have no regular access to safe, pure drinking water; and who may be unable to read and comprehend instructions for infant formula preparation, the results are tragic. Misuse of infant formula is a major cause of malnutrition and the cycles of gastroenteritis, diarrhea and dehydration that lead eventually to death. Advocacy groups place part of the blame for this "commerciogenic malnutrition" on the multinational companies promoting infant formula.

The boycott groups have never advocated a ban on the sale of infant formula, although some have advocated its "demarketing" (Post, 1985). Nor were women to be pressured to breastfeed against their will, although their critics represented their aims in this light. "Better to bottle feed with love than breastfeed with reluctance" is a cliché cited by many different people convinced that protecting mothers from feelings of guilt for not breastfeeding is more important than removing obstacles to breastfeeding. The intentions of INFACT and other boycott groups are clearly stated in their demands:

1. An immediate halt to all promotion of infant formula.
2. An end to direct product promotion to the consumer, including mass media promotion and direct promotion through posters, calendars, baby care literature, baby shows, wrist bands, baby bottles, and other inducements.
3. An end to the use of company "milk nurses."
4. An end to the distribution of free samples and supplies of infant formula to hospitals, clinics, and homes of new mothers.
5. An end to promotion of infant formula to the health professions and through health care institutions.

The infant formula companies responded to the boycott groups by modifying their advertising to the public, but they were slow to meet all INFACT demands and certainly never met the spirit of the demands, namely, to stop promoting their products. They simply promoted new products such as follow-on milks for toddlers, developed new marketing strategies, and hired public relations firms to answer their critics and to improve their corporate image.

Nestlé's efforts were concentrated on trying to improve their tarnished public image by hiring a prestigious public relations firm, sending clergy glossy publications about their contributions to infant health, and generally discrediting their critics as being merely

uninformed opponents of the free enterprise system (Chetley, 1986: 46, 53). Companies such as Nestlé continue their efforts to buy social respectability by sponsoring events at international medical and nutrition conferences, and events celebrating the Canadian Year of the Family, for example, in addition to funding research on infant feeding.

Food boycotts have been a successful tool for social mobilization. Like all mass action social movements, the rhetoric used by advocacy groups oversimplifies the issue and seldom provides the statistically significant evidence that both the infant formula industry and medical journals call for (cf. Gerlach, 1980). But that is the nature of advocacy communication used by all social mobilization groups. At one level of analysis, the issue is both clear and simple; it is only complicated by the many obstacles ranged against breastfeeding. Nevertheless, the words and sentiments voiced in the original advocacy documents still ring clear today, as North American hospitals continue to make lucrative deals with infant formula companies.

STRATEGY FOR CHANGE: CODE WORK

Another parallel stream of activities for advocacy groups concerned lobbying and attending drafting sessions on the development of a code to regulate the marketing of breastmilk substitutes. Health professionals called for establishing policy guidelines on infant feeding through United Nation groups such as the Protein-Calorie Advisory Group. In 1979, WHO and UNICEF hosted an international meeting to develop an international code regulating the marketing of breastmilk substitutes. That meeting enabled nine infant formula companies to form the International Council for Infant Food Industries (ICIFI) (Palmer, 1993:237), and to lobby UN agencies for guidelines least damaging to their profits. The code was drafted with the cooperation and consent of the infant formula industry and is very much a compromise, a minimal standard rather than the ideal.

North American advocacy groups in IBFAN " . . . had to divide their very scarce resources and energy between running a boycott of Nestlé and the expensive periodic visits to Geneva for the Code drafting sessions" (Allain, 1991:10). Work in the United States to document abusive marketing practices of infant formula companies was brought to a head in 1978 by the Congressional Hearings on the Marketing and Promotion of Infant Formula in the Developing Nations chaired by Edward Kennedy. During the hearings, Ballarin, a manager of Nestlé's Brazilian operations, claimed—to the amazement of the hearing—that the boycott and the campaign against the infant formula companies was really an "attack on the free world's economic system," led by "a worldwide church organization with the stated purpose of undermining the free enterprise system" (United States Congress, 1978:127).

In May of 1981, the World Health Assembly adopted a non-binding recommendation in the form of the WHO/UNICEF Code for the Marketing of Breastmilk Substitutes with a vote of 118 for, 3 abstentions, and one negative vote. The negative vote was cast by the United States, in spite of the fact that it was the United States Senate that had proposed the idea of a Marketing Code and had initiated and actively participated in the drafting process. The American delegate to the WHA had been an enthusiast for the Marketing Code until shortly before the vote, when direct orders from his government ordered him to vote against its adoption. The Reagan White House had responded to direct lobbying from the infant formula industry (Chetley, 1986). The delegate who was ordered to reverse his nation's stance did so, and then resigned his post.

The Marketing Code is not a code of ethics but a set of rules for industry, health workers and governments to regulate the promotion of baby foods through marketing. It covers bottles, teats and all breastmilk substitutes, not just infant formula.

The code includes these provisions:

- No advertising of any of these products to the public.
- No free samples to mothers.
- No promotion of products in health care facilities, including the distribution of free or low-cost supplies.
- No company sales representatives to advise mothers.
- No gifts or personal samples to health workers.
- No words or pictures idealizing artificial feeding, or pictures of infants on labels of infant milk containers.
- Information to health workers should be scientific and factual.
- All information on artificial infant feeding, including that on labels, should explain the benefits of breastfeeding, and the costs and hazards associated with artificial feeding.
- Unsuitable products, such as sweetened condensed milk, should not be promoted for babies.
- Manufacturers and distributors should comply with the Code's provisions even if countries have not adopted laws or other measures. (World Alliance for Breastfeeding Action, 1994)

AFTER THE CODE

Following the establishment of the Code, Nestlé and other infant formula companies publicly released special instructions to its marketing personnel to comply with the Code, and asked the International Boycott Committee, a subgroup of IBFAN groups who were working on the boycott, to call it off. However, the boycott continued until 1984 when some means of monitoring company compliance with the Code could be established, and WHO member countries could draft national codes.

The advocacy groups, in the absence of national machinery, continued their monitoring role, recording and publicizing noncompliance of the Code (IBFAN, 1991). WHO and UNICEF have never monitored Code compliance, although they occasionally have taken individual companies to task. UNICEF's executive board extracted a promise that manufacturers would end all free supplies of infant formula to hospitals by the end of 1992. This was not done.

In the Philippines, a law banning free supplies was passed, but was evaded by the company tactic of invoicing for milk supplies and not bothering to collect payment. In the face of this and other flagrant violations, a second boycott against Nestlé and American Home Products in the United States, and Nestlé and Milupa in Germany was launched in 1988 by groups who were part of the IBFAN network. To date (1994) the second Nestlé boycott has spread to 14 countries and is most active in Europe and Latin America. However, it has never gained momentum in North America, ironically, because it could never live up to the success of the first boycott.

Disagreements about Code interpretations were to be referred to WHO. By the late 1980s, it was clear that Nestlé and other baby food companies had diverted part of their marketing budgets from public promotion into expanding the tactic of placing large

quantities of free or low-cost milk in maternity facilities. Because of the inadequacy of medical training in breastfeeding management, health officials use these supplies for routine bottle feeding of newborns, which sabotages the successful establishment of breastfeeding.

In 1986, a World Health Resolution was adopted that acknowledged the detrimental effect of free or low-cost supplies and clarified the relevant Articles in the Code by banning such supplies. According to the resolution, free or low-cost supplies of infant formula were not to be given to hospitals. If supplies were donated to an infant, they were to be continued for as long as the infant required the milk. Hospitals that needed small quantities of infant formula for exceptional cases could buy them through the normal procurement channels. Thus, free supplies could no longer be used as sales inducements. Most of the major companies who were giving free supplies ignored the resolution, arguing that they would only stop distributing free supplies if governments brought in laws against them. However, the Code states that "Independently of other measures" manufacturers and distributors should take steps to ensure their conduct at every level conforms to the principles and aims of the Code.

At the World Health Assembly meeting in May of 1994, advocacy groups' successful lobbying reminded delegates that free and low-cost supplies of infant formula are marketing devices pure and simple, and not charity, a point made in 1989 by the Nigerian Minister of Health during the WHA. A few European countries including Ireland and Italy, and most forcefully, the United States delegation tried to defeat the resolution to end free supplies. But their efforts were thwarted by a block of African delegates and a very effective Iranian delegate who made it clear that the American position was the industry position as advocated by the International Association of Infant Food Manufacturers (IFM, the successor to ICIFI). The meeting ended with a consensus to withdraw all amendments and support the original text proposed by WHO's Executive Board to end donations of infant formula to all parts of the health care system worldwide. Once again, the question remains how such resolutions can be implemented and monitored. No doubt the advocacy groups will take up the challenge, or at least ensure that the issue does not quietly disappear from the world's conscience.

For all their rhetoric, and what some have decried their so-called confrontational tactics, the advocacy groups deserve great credit for bringing about what decades of clinical observations alone failed to accomplish: public awareness and concern about the dangers of breastmilk substitutes. This struggle for corporate accountability is often recounted in development education workshops as well as marketing classes (Post, 1985). For the first time, non-governmental organizations like INFACT, IBFAN and ICCR had a direct role in the deliberations at WHO and UNICEF in 1979 and in subsequent meetings regarding infant feeding policy. Chetley points out that in spite of industry's concerns about the "scientific integrity" of allowing popular organizations, mother's groups and consumer groups to participate, delegates to the international meetings were impressed with the contributions of the non-governmental organizations (1986:65–69). It is the NGOs that keep alive the underlying concern about corporate responsibility, human rights, and infant feeding as a justice issue.

THE UNHOLY ALLIANCE

Allain refers to the "unholy alliance" (1991:15) between the medical profession and the baby food companies. Certainly the medical profession and medical associations fol-

lowed rather than led the advocacy groups in their criticism of industry. Although there was resistance by some doctors to the promotion of commercial baby foods, only occasional voices of protest were heard from health professionals in the 1950s and 1960s, as infant feeding became more completely medicalized.

In the United States, continuing efforts by doctors like Derrick Jelliffe and Michael Latham continually brought the issue of breastfeeding and promotional practices of industry to the attention of health organizations. Internationally, the advocacy groups turned a number of physicians into more outspoken public advocates for breastfeeding, stimulating a medical consensus on the value of breastfeeding. But many university and medical school research projects on infant nutrition are funded by industry money. Doctors are beginning to speak out against practices in their own hospitals, but they may be criticized by the medical establishment for doing so. As researchers are increasingly being warned (Margolis, 1991), there is no such thing as a free lunch, nor do people bite the hand that feeds them.

In 1986, an international group of doctors at an IBFAN Conference in Thailand drafted and endorsed the "Doctors' Declaration on Breastfeeding." Among several statements of commitment to pro-breastfeeding practices the Declaration promises not to permit the use of feeding bottles, teats or pacifiers in hospitals nor to accept personal funding from an infant food company. UNICEF's Physician's Pledge simply asks doctors to do their part "to protect, promote and support breastfeeding and to work to end the free and low-cost distribution of breastmilk substitutes in our health care systems" (UNICEF news release, July 22, 1994). While individual health professionals around the world work to change practices in their hospitals, hospitals and medical research still depend on industry support.

BREASTFEEDING IN THE NINETIES

In 1990, a global initiative sponsored by a number of bilateral and multilateral agencies resulted in the adoption of the Innocenti Declaration, which reads in part:

> As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practice exclusive breastfeeding and all infants should be fed exclusively on breast milk from birth to 4–6 months of age. Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond . . . Efforts should be made to increase women's confidence in their ability to breastfeed. Such empowerment involves the removal of constraints and influences that manipulate perceptions and behavior towards breastfeeding, often by subtle and indirect means. This requires sensitivity, continued vigilance, and a responsive and comprehensive communications strategy involving all media and addressed to all levels of society. Furthermore, obstacles to breastfeeding within the health system, the workplace and the community must be eliminated" (Innocenti Declaration, 1991:271–272)[2]

This carefully worded statement is nothing less than a challenge to change the priorities of the modern world. The language stresses the empowerment of women rather than their duty to breastfeed, a change that should bring more advocates for women's health to support breastfeeding.

Later in 1990, UNICEF convened a meeting to review progress on breastfeeding pro-

grams and concluded that if the Innocenti Declaration were ever to be implemented, work would have to be done by NGOs rather than governments alone. This led to the formation of an umbrella group called the World Alliance for Breastfeeding Action (WABA). WABA is a global network of organizations and individuals who are actively working to eliminate obstacles to breastfeeding and to act on the Innocenti Declaration. The groups include those who approach problems of breastfeeding from different perspectives—from consumer advocates to mother support groups and lactation consultants.

As part of their social mobilization efforts to gain public support for implementing the Innocenti Declaration, WABA sponsors World Breastfeeding Week (August 1–7) to pull together the efforts of all breastfeeding advocates, governments, and the public. The first campaign, in 1992, focused on hospital practices, and was called the Baby Friendly Hospital Initiative (BFHI). This campaign established steps that hospitals should take to support breastfeeding and to implement the Innocenti Declaration, and was based on the WHO/UNICEF statement, Ten Steps to Successful Breastfeeding. By 1994, over 1000 hospitals worldwide had been approved as baby-friendly (BFHI Progress Report, April, 1994). The second campaign, in 1993, tackled the problem of developing Mother-Friendly Workplaces, where breastfeeding and work could be combined. The complexity of the integration of women's productive and reproductive work, and the relevant cultural and policy issues have been explored elsewhere (Van Esterik, 1992). In 1994, attention returns to implementing the Code for the Marketing of Breastmilk Substitutes in all countries to meet the goals of the Innocenti Declaration.

BROADENING SUPPORT FOR BREASTFEEDING

The public appeal of the infant formula controversy was that it was presented as a simple, solvable problem. People in North America were attracted to the campaign because it put many of their unspoken concerns about the power of multinational corporations into a clear, concrete example of exploitative behavior that could be acted upon. For some boycott groups, the solution to the problem of bottle feeding with infant formula was for multinational infant formula manufacturers to stop promoting infant formula in developing countries. When the companies agreed to abide by the conditions of the WHO/UNICEF Code and the boycott was lifted, this marked the end of the campaign, a victory of small grass roots organizations over huge corporations. As with other social movements, it was hard to sustain interest in the issue after a "victory" had been declared. But the advocacy groups and most breastfeeding supporters recognized that infant feeding decisions are not related to marketing abuse alone; rather, the issue was embedded in a set of problems that require rethinking broader questions about the status of women, corporate power over the food supply, poverty and environmental issues.

For example, the implications of bottle feeding have not been explored from an environmental perspective with the exception of the position paper by Radford (1992). The ecology and environmental justice movements have been slow to recognize breastfeeding as part of sustainable development and breastmilk as a unique under-utilized natural resource. The report of the world Commission on the Environment and Development, *Our Common Future* (1987), made no reference to nurturance or infant feeding, although economy, population, human resources, food security, energy, and industry are all discussed as part of sustainable development.

Sustainability refers to courses of action that continue without damaging the envi-

ronment and causing their own obsolescence. A sustainable infant feeding policy must consider the impact of decisions a number of years in the future, rather than simply examining conditions at the present. If we compare breastfeeding and bottle feeding as modes of infant feeding, each has very different implications for sustainability; breastmilk is a renewable resource, a living product that increases in supply as demand increases. It reinforces continuity with women's natural reproductive phases and is a highly individualized process, adapting itself to the needs of infant and mother. The infant is actively empowered and "controls" its food supply.

By contrast, the bottle feeding mode—most commonly associated with infant formula even in developing countries—is a prime example of using a non-renewable resource that uses even more non-renewable resources to produce and to prepare. It puts demands on fuel supplies and produces solid wastes—for every 3 million bottle-fed babies, 450-million tins are discarded. It is a standardized product that does not take into consideration individual needs (although in practice it is not really standardized; it is commonly adulterated in its industrial production with insect parts, rat hairs, iron filings and accidental excesses of chlorine and aluminum, or adjusted by the preparer to individualize it by the addition of herbs and sugar). The bottle-fed infant is passive, controlled by others, and becomes a dependent consumer from birth.

The issue of environmental pollution is critically important. A sustainable development policy for infant feeding must take careful note of the fact that women's capacity to breastfeed successfully is often a gauge for judging when our capacity to adapt to environmental stresses—air and water pollution, environmental toxins, radiation—has been overstrained. But women are not canaries or cows or machines. Breastfeeding promotion that treats women as merely milk producers is bound to fail, and the issue itself will be rejected by women's groups. Hence, an ongoing task for advocacy groups is to reposition breastfeeding so that it can be productively placed within the agendas of other advocacy groups, particularly environmental and feminist groups (cf. Van Esterik, 1994).

ADVOCACY AND ANTHROPOLOGY

Food advocacy is tiring work, and most anthropologists working in academic settings are not full-time activists or breastfeeding counsellors. Yet many of us have been drawn to research on breastfeeding by our personal experiences of mothering or by witnessing the commercial exploitation of women in different countries. Advocacy lessons are personal lessons because they require each and every one of us to put our values on the line—even occasionally to suspend academic canons of reserve and non-involvement, and respond emotionally to things we feel strongly about. In the study of breastfeeding, there is a convergence of different ways of knowing—a convergence of scientific knowledge, experimental knowledge, and experiential knowledge of generations of women, with moral and emotional values that all support action to support, protect and promote breastfeeding. Few areas of research in anthropology encourage such integration. Further, advocacy lessons are never far from us, as advocacy action permeates different parts of our lives and links diverse causes—from the women's movement to environmental concerns.

In this climate of reflexive anthropology and the increasing responsibility that the profession as a whole is taking in human rights debates, it is important that we clarify our relation to advocacy discourse and action as professional anthropologists and as citizens. Anthropology has a long history of applied work, but more recent and more

problematic is the commitment of individual anthropologists to advocacy work (cf. Harries-Jones, 1985). But advocacy anthropology is still suspect to some in the profession. Advocacy refers to the act of interceding for or speaking on behalf of another person or group (Van Esterik, 1986), or promoting one course of action over another. This takes us beyond presentations, analyses, and discussion of evidence to recommend particular alternatives. Advocacy work draws some anthropologists into taking action with regard to well-defined goals that may best be implemented outside of academic settings. What has made this position acceptable in anthropology? First, the increasing numbers of anthropologists who have become involved in "causes" such as the rights of indigenous peoples, famine, AIDS, and women's rights, have made such commitment more visible within the profession. At the same time, the increasing involvement of indigenous peoples and special interest groups in advocating on their own behalf has resulted in anthropologists working with or for these groups.

Second, these individual and collective initiatives occurred at the same time as theoretical work arguing that there is no such thing as "scientific objectivity," and that many past examples of applied anthropology were both paternalistic and supportive of the status quo.

Third, feminist anthropology's epistemological stance on the lack of separation between theory and action justifies and even requires advocacy stances. Feminist methodology calls for explicit statements of the positionality of the author. The feminist axiom "the personal is political" breaks down opposition between "emotional advocacy action" and "cool, detached scientific reasoning," and accepts experience and emotion as valid guides to moral stands. This is particularly true of food activism, where the line between objective and participatory approaches to food is blurred. But as advocacy groups remind us, it is politics that determine whose truth is heard.

Finally, the recent involvement of all branches of anthropology in human rights debates, the theme of the 1994 meetings of the American Anthropological Association, requires rethinking the relation between advocacy and anthropology.

Advocacy for breastfeeding is one enormous anthropology lesson. Breastfeeding is simultaneously biologically and culturally constructed, deeply embedded in social relations, and yet cannot be understood without reference to varying levels of analysis including individual, household, community, institutional and world industrial capitalism. As much a part of self and identity as political economy; as personal as skin and as impersonal as the audit sheets of international multinational corporations, breastfeeding research requires a synthesis of multiple methods and theoretical approaches. At a time when anthropology hovers on the brink of self-reflexive nihilism and fragmentation on the one hand, and greater involvement in studying global change, internationalism, and public policy on the other (cf. Givens and Tucker, 1994), breastfeeding provides a challenging focus for holistic, biocultural, interdisciplinary research.

NOTES

1. The most comprehensive history of the controversy is Andrew Chetley's *The Politics of Baby Foods* (1986) and *Baby Milk: Destruction of a World Resource* from the Catholic Institute for International Relations (1993). I also review the history in my book, *Beyond the Breast-Bottle Controversy* (1989), and am using this opportunity to update that discussion. Here, I trace the development of the controversy highlighting the focal points of the movement up to and including 1994. This update has benefited from the views and writings of G. Palmer.
2. "The Innocenti Declaration was produced and adopted by participants at the WHO/UNICEF

policy-makers' meeting on 'Breastfeeding in the 1990s: A Global Initiative,' co-sponsored by the United States Agency for International Development (A.I.D.) and the Swedish International Development Authority (SIDA), held at the Spedale degli Innocenti, Florence, Italy, on 30 July–1 August 1990. The Declaration reflects the content of the original background document for the meeting and the views expressed in group and plenary sessions. (Innocenti Declaration, 1991:273)

3. The detailed reports on the infractions of the Marketing Code by infant formula companies are mostly in "fugitive literature"—letters, newspaper advertisements, and brief reports in low budget newsletters in many languages. The violations are most accurately reflected in the "SOCs," red and blue folders published by IBFAN since 1988, documenting the State of the Code, by country and by company. The advocacy groups in individual countries are the best sources for these records, particularly ACTION for Corporate Responsibility in the United States, INFACT Canada, IBFAN in Penang, Malaysia, GIFA in Geneva, Switzerland, and the Baby Milk Action Group in Britain. Their files are treasure troves for studying a social movement, but are not easily made to conform to academic standards of citation.

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