CHRONOLOGY

THE INFANT FORMULA CONTROVERSY

The Early 1970's — DANGERS OF BOTTLE FEEDING IN THE THIRD WORLD BECOME KNOWN

A few voices (primarily in professional journals and at medical congresses) warn against the advance of the bottle and the danger of advertising campaigns by milk firms in the Third World.

In a widely discussed article entitled Commerciogenic Malnutrition?, Dr. Derrick B. Jelliffe, a well-known expert on infant nutrition, denounces the promotional activities of the baby formula companies and invites them to "dialogue." The aim is voluntary restriction of their activities.

The Mid-1970's — EXPERTS INCREASE CRITICISM, COMPANIES INCREASE PROMOTION

This "dialogue" drags on for several years and leads mainly to unfulfilled declarations of intent on the part of the milk companies. At the same time, they considerably increase their promotional activities.

Simultaneously, criticism within professional circles increases; it is reflected by a flood of publication whose tone grows sharper and sharper.

July 18, 1972 — U.N. AGENCY WARNS AGAINST PROMOTION OF INFANT FORMULA FOR "VULNERABLE GROUPS"

The Protein Calorie Group (PAG) of the United Nations issues a statement (No. 23) that emphasizes "the critical importance of breast feeding under the socio-cultural and economic conditions that prevail in many developing countries."

August 1973 — PUBLIC AWARENESS INCREASES AS INFORMATION GETS WIDER CIRCULATION

For the first time, a wider public is informed of the problem by the publication of an interview in the British development magazine New Internationalist with Dr. R. G. Hendrickse and Dr. David Morley, doctors of tropical medicine.

February 1974 — BRITISH GROUP PUBLISHES SHOCKING REPORT

The Baby Killer, a report on infant malnutrition and the promotion of artificial feeding practices in the Third World, is released by War on Want.

May 1974 — NESTLE' IS TARGET OF CITIZENS ACTION

The Third World Action Group translates the War on Want report and publishes it in Switzerland with the title "Nestle' Tötet Babies" (Nestle' Kills Babies). The aim of exposing Nestle' to the pressure of public opinion fails at first, since the brochure meets with only little response.

May 23, 1974 — WORLD HEALTH ASSEMBLY TAKES ACTION

The Twenty-Seventh World Health Assembly (WHO) passes resolutions strongly recommending the encouragement of breastfeeding as "the ideal feeding in order to promote harmonious physical and mental development of children." WHO calls for countries to "review sales and promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation where necessary."

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June 1974 — NESTLE' SUES

In Berne, Nestle' brings penal charges against the Third World Action Group for defamation.

September 1974 — CONSUMERS UNION SPONSORS INVESTIGATIVE STUDY

A study funded by the Consumers Union provides further evidence on the dangers of breastmilk substitutes. The report, called "Formula for Malnutrition," is published in Robert J. Ledogar's Hungry for Profits.

November 1974 — THE NESTLE' LAWSUIT BEGINS TO GENERATE MEDIA INTEREST

The Third World Action Group's court fight with Nestle' creates a real stir in the mass media, particularly in daily papers. Lengthy television programs are carried in countries around the world.

Winter 1974 — U.S. CHURCH GROUPS BEGIN TO ACT AGAINST AMERICAN MULTINATIONALS PRODUCING BREAST MILK SUBSTITUTES

The Interfaith Center on Corporate Responsibility (ICCR), the sponsor-related movement of the National Council of Churches which analyzes the social performances of major U. S. corporations, begins its own investigation of infant formula abuse in the Third World. In December, ICCR member groups file shareholder resolutions with U.S. formula companies, requesting information on sales and promotional practices.

January 1975 — EVIDENCE PROVIDED IN NESTLE' TRIAL

The Third World Action Group submits an extensive dossier of evidence to the court on Nestle's advertising in the Third World.

FACT-TO-FACE MEETING HELD WITH BRISTOL-MYERS MANAGEMENT

ICCR member groups meet for the first time with the management of the Bristol-Myers Company, who disclaim any responsibility for formula misuse.

April 1975 — INSTITUTIONAL INVESTORS ARE SYMPATHETIC TO ACTION OF THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY MEMBERS

The Ford Foundation joins with other shareholders in support of a church-sponsored resolution calling for a report on sales and promotional practices of Bristol-Myers.

Dr. John Knowles, president of the Rockefeller Foundation, writes to Mr. Gavin K. MacBain, chairman of Bristol-Myers, pointing out the hazards of infant formula use in less developed countries (LDC's). He states: "It is a misconception to visualize the use of such preparations in LDC's as in any way comparable to the feeding of middle class infants in this country." The letter concludes with a request for the "publication of all relevant information to the outer limits permitted by competitive considerations."

August 7, 1975 — BRISTOL-MYERS ISSUES A REPORT ON ITS MARKETING PRACTICES

In response to increasing pressure, Bristol-Myers issues a 19-page report entitled, "THE INFANT FORMULA MARKETING PRACTICES OF BRISTOL-MYERS COMPANY IN COUNTRIES OUTSIDE THE UNITED STATES."

August 7, 1975 (continued)

ICCR calls the report "an attempt to obfuscate the issue" and seeks responses to it by experts in infant nutrition. Dr. Derrick Jelliffe, from UCLA's School of Public Health, condemns the report, calling it "inadequate and evasive."

Winter 1975

MEETING TO CHALLENGE THE ACCURACY OF THE REPORT ISSUED BY BRISTOL-MYERS

Over 20 church representatives are joined by staff members of the Rockfeller and Ford Foundations in a meeting with Bristol-Myers management.

Key sections of their report are challenged; advertisements of Enfamil and OLAC in Jamaica and Barbados are presented to the company representatives in response to the company's claim that they do no mass media advertising.

November 1975

THE NESTLE'CASE DRAWS EXTENSIVE WORLD-WIDE PRESS COVERAGE

First hearing of the Nestle' case in Berne arouses great interest in Switzerland and abroad.

FORMULA COMPANIES CREATE INTERNATIONAL COUNCIL TO COUNTER INCREASINGLY BAD PUBLICITY REGARDING THEIR ACTIVITIES

A number of large baby milk companies, led by Nestle', form the International Council of Infant Food Industries (ICIFI). ICIFI finally announces plans to implement the self-restrictions demanded by the U.N.'s Protein-Calorie Advisory Group (PAG). Two days before the Nestle' case opens, after five years of delaying tactics, ICIFI proclaims the publication of a "Code of Ethics" for formula promotion. The code is released two days after the Nestle' hearing ends, despite the fact that even membership in the Council has not yet been settled. The text of the "Code" is so vague and meaningless that it is disputed even within the baby foods industry. Abbott and Bristol-Myers, two of the largest formula marketers, refuse to join ICIFI. Two months later, the PAG releases an internal document highly critical of ICIFI's "Code."

December 1975

CHURCH GROUPS REFILE PROXY RESOLUTION WITH BRISTOL-MYERS ASKING FOR CORRECTION OF "MISSTATEMENTS"

ICCR member groups file a 1976 resolution with Bristol-Myers which requests the correction of the Company's August 1975 report. The resolution states: "Several doctors as well as lay specialists have indicated that the report distorted important facts concerning the sales and promotion of Bristol-Myers formulas."

January 1976

GERMAN GROUP INITIATES INFANT FORMULA CAMPAIGN

The Action Group for Social Economic Problems (ASOP) of Cologne, West Germany, begins a campaign against the formula promotion practices of Nestle'. In the months that follow, the German Nestle' Company repeatedly harasses the efforts of ASOP.

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February 1976 — SECOND HEARING IN NESTLE' CASE

At the request of the Third World Action Group, the British nutritionist, Professor Derrick B. Jelliffe, gives evidence lasting three hours.

March 1976 — BRISTOL-MYERS ISSUES PROXY STATEMENT

Church groups and other ICCR supporters are shocked to discover that Bristol-Myers claims, in its 1976 proxy statement, that it has been "totally responsive to the concerns (of ICCR members) in the 1975 and 1976 resolutions." The company also claims "infant formula products are neither intended, nor promoted for private purchase where chronic poverty or ignorance could lead to product misuse or harmful effects." Feeling sure this is grossly inaccurate, the Sisters of the Precious Blood, ICCR members and co-filers of the 1976 resolution, seek legal counsel.

April 14, 1976 — AFTER A WEEK OF INTENSE NEGOTIATIONS WHICH FAIL, THE SISTERS OF THE PRECIOUS BLOOD FILE LAWSUIT

Bristol-Myers is charged with making "misstatements" in its proxy, i.e. breaking a U.S. Federal Law. The suit argues that the Company's allegedly false and misleading statements were aimed at defeating the Sisters' proxy resolution. The suit calls for "a resolicitation of proxy vote, free from the taint of fraud."

June 1976 — NESTLE' LAWSUIT SETTLED

Nestle' drops three of the four libel charges on the day before the verdict is announced. The judge then rules on the remaining charge regarding the title of the Third World Action Group's booklet "Nestle' Kills Babies," saying that since it cannot be shown that Nestle' directly kills infants -- the mother who prepares the formula is a third party intermediary -- the title must be considered libelous.

But the judge also says, "This verdict is no acquittal," serves the Action Group with minimal fines and calls on Nestle' to "fundamentally rethink" its advertising policies. The Group celebrates a major victory.

July 1976 — GROUPS WORKING TO END FORMULA ABUSE HOLD INTERNATIONAL MEETING IN BERNE

"Bottle Baby" activists from eight countries meet in Switzerland to discuss strategies. They issue joint statements condemning the ineffective codes of marketing ethics and proclaim their commitment to continue fighting unethical sales and promotion policies.

August 26, 1976 — THE UNITED STATES CONGRESS BEGINS LEGISLATIVE ACTION

Twenty-nine members of Congress, led by Representative Michael Harrington of Massachusetts, co-sponsor a resolution calling for an investigation of the United States formula companies and calling upon A.I.D. to develop a nutrition education component in relation to breast-feeding.

CHRONOLOGY 5

October 1976

EXTENSIVE EVIDENCE OF FORMULA ABUSE PRESENTED IN THE SISTERS' LAWSUIT

The Sisters of the Precious Blood submit massive documentation in the U.S. Federal District Court, documenting their charge that Bristol-Myers lied in its proxy statement to shareholders. The company claims, for example, that it did not sell where there was "chronic poverty." Affidavits from more than 15 Third World countries prove that Bristol-Myers formulas are readily available to poor people from the barrios of Santo Domingo to the squatters' camps of Kuala Lumpur. In Haiti, investigators found can labels in English and Spanish despite the fact that literate mothers there read French and Creole.

Affidavits from the Philippines include charges that the company engages in unethical practices aimed at inducing doctors and hospitals to use Bristol-Myers' products exclusively. A local company representative denies such practices.

December 1976 - January 1977

STOCKHOLDERS FILE NEW RESOLUTIONS WITH U. S. MULTINATIONALS

Church-related stockholders submit new proxy resolutions to American companies. These resolutions call for specific changes of practices, including the end to widespread free samples, the termination of nurses to distribute baby feeding products, and clear warnings on cans.

CITIZENS ACTION GROUP FORMED IN U.S.

INFACT (Infant Formula Action Coalition) is formed to begin a national campaign aimed at changing the practices of the American companies and the Swiss giant, Nestle'.

February 1977

BORDEN VOLUNTARILY CURTAILS PROMOTION

After church groups file a resolution requesting sales and promotion information, Borden agrees to withdraw all promotion of KLIM milk to infants. Management instructs over-seas operations to clear all KLIM advertising with the home office.

March 1977

A SECOND COMPANY CHANGES ITS MARKETING PRACTICES

Abbott Laboratories agree to numerous policy changes, as well as making seven revisions in their Code of Marketing Ethics. The changes include the elimination of nurses' uniforms being worn by company saleswomen, and an end to the term "Mothercraft Nurses."

May 1977

JUDGE DISMISSES BRISTOL-MYERS LAWSUIT

U. S. District Court Judge Milton Pollack rules in favor of Bristol-Myers' request for a dismissal of the suit. In dismissing it, the judge declines to rule on the accuracy of Bristol-Myers' proxy statement, saying the Sisters were not caused "irreparable harm" by the statement. The text of the decision implies that since a shareholder resolution is "precatory," i.e., not binding on management, it isn't relavant whether a company fails to tell the truth in responding to a shareholder proposal.

May 1977 (continued)

SISTERS PLAN TO APPEAL THE JUDGE'S DECISION

The Sisters of the Precious Blood announce their decision to appeal Pollack's dismissal of the lawsuit. They state that the ruling, "does not address the merits of the charges and makes a mockery of Securities and Exchange Commission laws requiring truth in corporate proxy statements." The Sisters ask other church and institutional investors to join the appeal by filing Friend of the Court briefs. The S.E.C. agrees to submit such a brief if the Sisters go ahead with the appeal.

July 4, 1977

MINNESOTA INFACT CALLS FOR NESTLE' BOYCOTT

Believing that Nestle' has not responded sufficiently to pressure from critics, the Minnesota chapter of INFACT initiates a boycott of Nestle's products, making the following demands:

1. Immediately stop all promotion of Nestle' artificial formula.
2. Stop mass media advertising of formula.
3. Stop distribution of free samples to hospitals, clinics, and homes of newborn.
4. Discontinue Nestle' milk nurses.
5. Stop promotion through the medical profession.
6. Artificial formula should be prevented from getting into the hands of people who do not have the means or facilities to use them safely.

Other INFACT members join the boycott. INFACT publishes its first newsletter announcing the boycott and further publicizing the issue.

July 1977

CONGRESS ACTS ON BABY FEEDING PRACTICES

An amendment to the International Development and Food Assistance Act of 1977, introduced by Rep. Michael Harrington, urges the President, through U.S. A.I.D., to develop a "strategy for programs of nutrition and health improvements for mothers and children, including breast-feeding."

The report accompanying the House version of the amendment states that "businesses involved in the manufacture, marketing or sale of infant formula have a responsibility to conduct their over-seas activities in ways which do not have adverse effects on the nutritional health of people of developing nations."

September 1977

SISTERS BEGIN NEW ROUND OF NEGOTIATIONS WITH BRISTOL-MYERS

Under pressure from the appellate court, the Sisters again enter into negotiations with Bristol-Myers in order to reach a satisfactory out-of-court settlement. The Sisters seek changes in corporate practices and an accurate report on Bristol-Myers' formula promotion in the Third World. Plans for the appeal continue, however, in case negotiations break down.

CHRONOLOGY 7

September-October 1977

NESTLE' TRIES TO STOP U. S. BOYCOTT

Nestle' officials travel across the United States attempting to persuade critics to drop the Nestle' Boycott and other forms of public criticism. A spokesperson from Vevey, Switzerland headquarters emerges as the primary Nestle' negotiator. In a series of meetings, Nestle' dialogues with representatives of the National Council of Churches, ICCR, INFACT, the United Presbyterian Church, Clergy and Laity Concerned, La Leche League, the Ford Foundation, medical professionals and others. The meetings clarify the differences between Nestle' and its critics.

September 1977

NESTLE' FINALLY AGREES TO MEET WITH GERMAN CRITICS

For the first time, Nestle' headquarters in Switzerland agrees to talk with the German ASOP group which has been submitting petitions to Nestle' for several months. The breakthrough is credited to the impact of the U. S. Nestle' Boycott.

November 2-4, 1977

INFACT MEMBERS CONVENE IN MINNEAPOLIS

A National INFACT conference draws over forty-five medical professionals, church representatives, hunger action organizers and others for three days of self-education and strategizing. The major decisions of the meeting include:

1. The Nestle' Boycott will continue as a major INFACT strategy.
2. A National INFACT Clearinghouse will be established in Minneapolis to coordinate local and regional infant formula action efforts.
3. INFACT will encourage and support shareholder activity, legislative work, domestic and Third World research, and breastfeeding advocacy programs.

November-December 1977

MAJOR MEDIA COVER BABY FORMULA CONTROVERSY

In November, the Canadian Broadcasting Corporation airs a new documentary, The Formula Factor, filmed in Jamaica. The film exposes violations of government policy by formula companies and explores the attempts made by Jamaican health workers and government agencies to control the problem of bottle feeding. U. S. distribution of the film is planned.

Mother Jones magazine carries a major article in its December issue which draws nationwide attention to the bottle baby problem. The article follows an August Mother Jones advertisement announcing the Nestle' Boycott.

December 17, 1977

MINNESOTA'S MAJOR POLITICAL PARTY ENDORSES NESTLE' BOYCOTT

The Democratic Farmer-Labor Party adopts a resolution calling for a boycott of Nestle' products. The DFL also sends letters to the American formula companies urging them to restrict their formula promotion in the Third World.

Additional shows of support start to flow in, including endorsements from Ralph Nader, Dr. Derrick Jelliffe, numerous state and local church agencies, and many others.

CHRONOLOGY 8

January 1978 — BRISTOL-MYERS LAWSUIT SETTLED OUT OF COURT

After several months of negotiations, Bristol-Myers agrees to send a report to its stockholders which includes Third World evidence gathered by the Sisters of the Precious Blood. The Sisters' documentation details the sale of Bristol-Myers formula in poverty areas and describes the medical problems thus caused. Bristol-Myers also agrees to halt the use of all consumer-oriented advertising and to withdraw its milk nurses from Jamaica where they have violated government health regulations.

The Sisters agree to withdraw their appeal of the May 1977 summary judgment. The settlement closely follows the Securities and Exchange Commission's filing of a Friend of the Court brief which supports the Sisters' request for stockholder rights.

Church groups file new resolutions with American Home Products and Carnation.

February 1978 — THE BOYCOTT GROWS: NESTLE' REACTS WITH NEW ROUND OF MEETINGS

Nestle', feeling the pressure of the Boycott, initiates a second round of discussions with critics. On February 14th, Nestle' meets in New York City with representatives of Clergy and Laity Concerned, Church Women United and several medical professionals. Five days later in Chicago, the INFACT Midwest Policy Council sits down with the U.S. and Swiss Nestle' officials. Nestle' calls the Boycott "an irrational action;" INFACT, CALC and CWU stress that the Boycott will continue to grow until Nestle' makes substantial policy changes.

March 1978 — CHURCHES WAGE PROXY FIGHT WITH AMERICAN HOME PRODUCTS

In an attempt to pressure American Home Products to change its promotion practices, church groups solicit the support of institutional investors. The proxy statement, prepared by ICCR and filed with the SEC, documents the criticized promotion strategies. Bottle-feeding action groups around the country contact local AHP shareholders, such as universities and pension funds, requesting their support.

April 13, 1978 — INFANT FORMULA ACTION DAY ACROSS THE UNITED STATES

Local groups across the country organize demonstrations, leafletting, letter-writing, fasts and other public events to increase pressure on the infant formula corporations. Boston INFACT sponsors a Boston Nestea Party; New York INFACT demonstrates at Nestle's U.S. headquarters; other groups organize similar events, send telegrams to their congressional representatives in support of hearings on the baby bottle industry, and write letters to the American formula companies.

CHRONOLOGY 9

April 26, 1978 — AHP REVIEW COMMITTEE RECEIVES STRONG STOCKHOLDER SUPPORT

A stockholder resolution filed with American Home Products by ICCR members requesting an infant formula review committee receives 5.28% of the vote, a strong display of dissent with management. Institutions favoring the resolution include the Ford and Rockefeller Foundations, Harvard University, the Minnesota State Board of Investments and the General Life Insurance Company.

May 23, 1978 — U.S. SENATE HOLDS HEARINGS ON FORMULA PROMOTION

The U.S. Senate Subcommittee on Health and Scientific Research, chaired by Sen. Edward Kennedy (D, MA), hears testimony on the infant formula problem from Third World health professionals, church representatives, international medical and marketing authorities and industry officials.
Third World doctors and nurses describe the detrimental impact of formula promotion and use in their countries, and church representatives note the industry's inadequate response to criticism. Company officials deny responsibility for socioeconomic conditions in the Third World, but admit that they have no evidence for their claims that formula is used only by the well-to-do.

Dr. James Post of Boston University observes "For eight years, the industry's critics have borne the burden of proving that commercial marketing practices were actually contributing to infant malnutrition and morbidity...From this time forward, the sellers of infant formula must bear the burden of proving that their products..actually serve a public purpose in the developing world."

May 24, 1978 — WORLD HEALTH ASSEMBLY RESOLVES TO SUPPORT BREASTFEEDING

The 31st World Health Assembly overwhelmingly passes a resolution recognizing breastfeeding as "the safest and most appropriate way to feed infants" during the first months of life. High priority is given to breastfeeding promotion programs and regulation of "inappropriate sales promotion of infant foods."

June 16-18, 1978 — SECOND NATIONAL INFANT CONFERENCE HELD

Individual members and representatives from INFACT chapters across the U.S., Canada and Europe convene to discuss strategy and plan the future actions of INFACT. Sen. Dick Clark (D, IA) endorses the boycott after his speech at the conference.

July 5, 1978 — CBS REPORTS AIRS FORMULA DOCUMENTARY

Over 9 million people view "Into the Mouths of Babes", Bill Moyers' half-hour documentary which focuses on health problems caused by formula use in the Dominican Republic. Moyers also reveals a kickback scheme involving the formula companies paying a percentage of formula sales revenues to the Dominican Medical Association.

July 1978 — INVESTIGATORS UNCOVER VIOLATIONS OF BRISTOL-MYERS MILK NURSE POLICY

A Bristol-Myers milk nurse pays a home visit to a Singapore mother on July 19, in clear violation of BM's May 23rd Senate testimony that "all of our mothercraft nurses have been discontinued." In the Philippines, an ICCR investigator discovers that 8 or 9 "milk nurses" discontinued by BM were immediately rehired as "medical representatives" to promote formula to the medical professionals.

CHRONOLOGY 10

August 27 - September 1, 1978

NUTRITIONISTS CALL FOR END TO NESTLE PROMOTION

Over 200 prominent nutritionists at the 11th International Congress of Nutrition in Rio de Janeiro, Brazil, sign a petition urging that Nestle immediately "discontinue all promotion of milk formulas for the use of children below the weaning age..." The Brazilian press also reports that U.S. nutritionist is detained by the Brazilian police for circulating the petition. A Brazil Herald editorial notes that "such an occurence demonstrates little attention to the rights of persons. What (the nutritionist) did was not illegal; illegal was her arrest."

September 1978

W.H.O. AGREES TO SPONSOR INFANT FORMULA CONFERENCE

Acting on a request from Sen. Edward Kennedy, the Director General of the World Health Organization announces that the WHO will sponsor a conference on infant formula promotion, marketing and use. Nutrition experts, Third World officials, industry representatives and industry critics will attend. ICCR, INFACT and other industry critics welcome the conference as a sign of the impact of public pressure, but recognize the limitations of such conferences, since similar symposia held after 1970 have had little effect on corporate practices.

October 1978

"SPOOK NESTLE" HALLOWEEN PLANNED IN U.S.

INFACT organizers spark education programs to persuade Halloweeners not to buy or accept Nestle candies. Leafletting at grocery stores and film showings help to spread the word from Hartford to Colorado Springs to Los Angeles.

October 28,1978

N.C.C. FACILITATES INFACT/NESTLE MEETING

A four-hour meeting between INFACT representatives and Nestle SA vice-presidents is moderated by National Council of Churches President William Thompson. INFACT participants view the session as productive and note that the Boycott is having a clear impact on Nestle. But while Nestle shows more flexibility than in previous discussions, it does not agree to the INFACT demand and INFACT concludes that the Boycott must continue in full force.

Summer/Fall 1978

BOYCOTT ENDORSEMENT LIST GROWS

Boycott endorsers include the Presbyterian Church in the U.S.; the American Medical Student Association; Cesar Chavez of the United Farmworkers; Dr. Michael Latham (Director of Cornell University's International Nutrition Program); Maryknoll Fathers and Brothers; 15 Conferences of the United Methodist Church; Washington State's Democratic Party; Harvard U., Penn and Wellesley College Food Services; Sen. James Abourezk; the California Nurses Association; .....

November 3, 1978

N.C.C. OVERWHELMINGLY ENDORSES NESTLE BOYCOTT

The Governing Board of the National Council of Churches endorses the Nestle Boycott by an overwhelming majority. The endorsement move was recommended by outgoing President William Thompson who had met with various top Nestle officials in July, August and October to discuss Nestle's role in the infant formula problem,

CHRONOLOGY 11

November, 1978 — NESTLE HIRES PUBLIC RELATIONS FIRM

Nestle hires Hill & Knowlton, the world's largest public relations firm, which represents Argentina and other repressive regimes, and aids in corporate takeovers by discrediting opposing management. Under its tutelage Nestle sends out the Nestle statement to the National Council of Churches plus a cover to nearly every (est. 300,000) pastor/minister in the country. Claire Randall of the NCC responds strongly to Nestle's distortions of the events at the NCC Governing Board meeting.

December, 1978 — RESPONSE TO CARTER'S EXPORT PLAN

President Carter receives letters from Members of Congress, Minnesota state elected officers and members of the public urging that he put infant formula on the list of hazardous substances in his proposal to assist American companies in increasing exports.

Winter, 1978-79 — NESTLE ACCELERATES PUBLIC RELATIONS ATTEMPTS

Nestle mails PR packets to business & health professionals, academics, Congresspersons and citizens who write in.
The company puts two fulltime staff on Capitol Hill; their schedules are coordinated by Hill & Knowlton.
Nestle's Office of Corporate Responsibility consents to more public debates on the issue as groups all across the country set up public forums.
Stouffer Corp., in talks with the Greater Cleveland Interchurch Council, ties a possible Boycott endorsement to continuation of a longterm dialog about its minority hiring practices--blackmail. The opening of a Stouffer hotel in Cedar Rapids is picketed by 50 INFACT supporters.

INFACT SUPPORTERS HARASSED

Hill & Knowlton "investigators" begin to harass local INFACT chapters & US government employees (incl. a chief HEW pediatrician) by intensive questioning, personal investigations and implied threats.
Research West, noted for plumber-type activities, is hired to investigate INFACT anonymously.

January, 1979 — GROCER BOYCOTTS NESTLE; MORE NESTLE VIOLATIONS

A grocer in Duluth, MN, decides that it is not in his best economic interest to restock Nestle products and refuses a delivery of Nestle promotional materials. Boycott supporters educate his customers by extensive leafletting.
INFACT researchers in Central America find many violations of Nestle policy regarding product labels and visits by milk nurses. They also find new Nestle "weaning-soups" at high prices and with similar rehydration problems as infant formula.

Jan 13, 1979 — BOYCOTT ORGANIZER IS ARRESTED

Cynthia Kokis of Eugene, OR, CALC is arrested for distributing Boycott literature during an International Year of the Child exhibit at a shopping mall. The pretext for her arrest is that her material is political--yet other groups with political pamphlets on display are not asked to leave.

Feb 12, 1979 — BOTTLE BABIES ON PUBLIC TELEVISION

WCDB, public TV in Maine, airs Bottle Babies as part of a series on controversial issues which have received inadequate national attention. The infant formula controversy is #2 on a list of 10 such issues, accordin to the Christian Science Monitor and Washington Post. Bill Moyers, host of the CBS documentary Into the Mouths of Babes, comments in a press intervie that American formula makers pressured CBS to squelch the documentary.

Feb-April 1979 — CLIP NESTLE QUIK CAMPAIGN

Boycott supporters throughout the U.S. collect piles of discount coupons for Nestle products, sending them back to Nestle with the message "No matter what the price, we won't buy Nestle!" The CNQ campaign culminates during INFACT week April 19-26 with local celebrations. Nestle Express trucks carrying coupons, protest letters and picket banners converge on Nestle headquarters in White Plains, NY after stops in major cities coast-to-coast.

May 15, 1979 — BILL TO CONTROL FORMULA SALES INTRODUCED IN U.S. HOUSE

The Infant Formula Export Bill (H.R. 4093) is introduced by Representatives Ron Dellums and Richard Miller (both D, Ca.) Over 70 congressional representatives co-sign the bill which would halt all formula promotion and require industry to prove that its formula was being marketed only to those who could use it safely. The move is accompanied by congressional letters to President Carter urging the exclusion of infant formula from Carter's plans to increase U.S. exports.

May 30-31, 1979 — PRESBYTERIAN CHURCHES ENDORSE NESTLE BOYCOTT

Despite aggressive lobbying by Nestle public relations specialists, both the Presbyterian Church in the U.S. and the United Presbyterian Church of the U.S.A. endorse the Nestle Boycott at their May convention. Nestle's selective and unauthorized quotation of letters from Presbyterian clergy backfires and demonstrates company disregard for honest treatment of the problem.

Sept. 11, 1979 — FIRST MEETING OF THE INTERNATIONAL NESTLE BOYCOTT COMMITTEE

To intensify the Boycott and guard against industry's divide-and-conquer tactics, twenty-two national Nestle Boycott endorsers meet in New York to form a unified negotiating team. As the International Nestle Boycott Committee, major organizational endorsers extend a united invitation to Nestle to meet after the October WHO/UNICEF Meeting on Infant and Young Child Feeding to resolve remaining differences. In October, Nestle refuses the invitation and INBC members renew their commitment to building the Boycott.

Oct. 9-12, 1979 — INDUSTRY SUFFERS DEFEAT AS WHO/UNICEF MEETING CALLS FOR HALT TO PROMOTION

The World Health Organization and UNICEF jointly sponsor a Meeting on Infant and Young Child Feeding in Geneva, Switzerland. The meeting includes 150 representatives from governments, industry, U.N. system and non-governmental organizations. Along with broad recommendations on the encouragement of breastfeeding, education of health personnel,

improvement of women's status and development of weaning foods, meeting participants call for severe restrictions on infant formula marketing, including:

a) a halt to all sales promotion to the public;
b) a halt to the promotional distribution of free samples;
c) a halt to the use of company personnel in the health care system; and
d) the limitation of promotion to health workers to factual and ethical information.

Dr. Fred Sai, chairperson of the meeting, says of the recommendations, "there is enough specificity in what we have done for industry not to carry on business as usual."and industry agrees to abide by them.

Although industry officials agree to abide by the recommendations, non-governmental organizations participating in the meeting form the International Baby Food Action Network (IBFAN) to maintain international citizen pressure on the baby food industry.

Jan. 30 - Feb. 11, 1980 INDUSTRY RETRACTS PLEDGE ON PROMOTION HALT AT SUBCOMMITTEE HEARINGS

Nestle and the three major U.S. formula firms admitted their unwillingness to fully abide by WHO/UNICEF marketing recommendations at hearings before the U.S. House Subcommittee on International Economic Policy & Trade. Called to discuss "the purposes and results of the WHO/UNICEF meeting, the hearings include represenatives from the industry, consumer and church organizations, the U.S. government and the scientific community.

Nestle and AHP refuse to come to the January 30 hearings and attend a February 11th session only under threat of Congressional subpoena. Industry officials admit that they won't abide by WHO's interpretation of the October meeting recommendations. Asked what practices Nestle would change as a result of the meeting, Nestle's official states "we're not sure any changes need to be made."

March 7-11, 1980 STOUFFER SUBSIDIARY BECOMES MAJOR BOYCOTT FOCUS

Nestle-owned Stouffer hotels and restaurants will become prime targets of Nestle boycott organizing, resolve delegates at the fourth national INFACT conference in Washington, DC. Organizers in some 40 cities with Stouffer and Rusty Scupper facilities pledge to picket them and to cut back convention business.

Keynote speakers at this strategic conference include Ralph Nader, Ladonna Harris (President of Americans for Indian Opportunity) and Ray Rogers (chief strategist for the J.P. Stevens boycott.)

March 20, 1980 INDUSTRY LOBBIES U.S. GOVERNMENT ON WHO MARKETING CODE

American Home Products attempts to subvert the U.S. government policy-making process by hiring a former Under-Secretary of State to arrange a private meeting between AHP and the government officials who will draft the U.S. policy on a WHO formula marketing code. AHP lobbies for a weak code and in the absence of input from other concerned and knowledgable groups, government officials form a policy sympathetic to indus

April 28, 1980

CHURCH AND CONSUMER GROUPS PROTEST AHP ACTION; CAUSE U.S. GOVERNMENT TO REASSESS POLICY ON MARKETING CODE

Overwhelmed by letters and telegrams of protest from major church, labor and consumer organizations, the U.S. government agrees to meet with representatives of th International Nestle Boycott Committee (INBC). INBC members urge government officials to provide leadership in the development of a strong WHO code to protect infant lives. Government pledges to involve citizen groups in all future deliberations on the issue.

May 1980

WORLD HEALTH ASSEMBLY ENDORSES OCTOBER RECOMMENDATIONS; CALLS FOR CODE

A strong resolution calling for the development of an international code of marketing for breastmilk substitutes is passed by the World Health Assembly in Geneva. The resolution endorses "in their entirety" the recommendations of the October 1979 WHO/UNICEF meeting on infant feeding. Although the U.S. and other industrialized, milk-exporting nations attempt to weaken the resolution, delegates from the Third World and some First world nations overcome opposition to a strong stand. WHO will develop the code in consultations with concerned parties, submit it to the WHA Executive Board in January 1981 and forward it to the WHA in May 1981 for discussion and adoption.

IBFAN DOCUMENTS CONTINUED INDUSTRY PROMOTION OF INFANT FORMULA

The International Baby Food Action Network - a world-wide coalition of grassroots organizations formed after the October WHO/UNICEF meeting to coordinate research and action on the formula industry - provides WHA delegates with documentation of over 200 violations of the October meeting recommendations by 19 formula companies in 33 countries. This information fuels delegate demands for a strong code of marketing conduct.

May/June 1980

STOUFFER CAMPAIGN INTENSIFIES

Recognizing that only continued citizen pressure can force industry to change its marketing, INFACT organizers coordinate Stouffer Stay-Away and Nestle Boycott actions throughout the U.S. In major cities such as Denver, Chicago, St. Louis, Minneapolis and Toronto, Boycott supporters organize marches, demonstrations and Stouffer's pickets. University of Minnesota student Rick Hoye loses 38 pounds during a 34 day water-only hunger strike to protest University officials' decision to keep Libby's products on campus. Major conventions cancel reservations at Stouffer's facilities in Ohio, Georgia and elsewhere.

August 28/29
Sept. 25/26, 1980

WHO HOLDS CONSULTATIONS ON MARKETING CODE

In August meeting, non-governmental organizations join with industry and scientific experts to discuss third draft of formula marketing code. Comments from this meeting are forwarded to government representatives who continue the discussion in September consultations with WHO staff. which will then draft a fourth draft of the code.

October-
November 1980

FALL CAMPAIGN FOCUSES ON HALLOWEEN AND THANKSGIVING NESTLE PRODUCT SALES

Church and school boycott organizers concentrate on Nestle's Halloween candy sales and Thanksgiving Libby's sales in their fall campaign efforts. Grocery store leafleting, church bulletin notices and local newspaper articles alert the public to the need for continuing the boycott during these holidays.

November 1980 — SRI LANKA GOVERNMENT BANS ALL ADVERTISING OF INFANT MILK FOODS

Following recommendations by the World Health Organization to discourage the use of artificial infant milk products, the government of Sri Lanka has banned all forms of advertising of the products. Also banned is the sale of infant milk products in containers not clearly stating "Breastfeeding is Best."

January 1981 — WHO EXECUTIVE BOARD ENDORSES MARKETING CODE FOR BREAST-MILK SUBSTITUTES

In an unanimous vote, the World Health Organization's Executive Board agreed to draft an international code of marketing breast-milk substitutes and recommended its adoption by the forthcoming 34th World Health Assembly in May. As a recommendation, it is seen as the first step in dealing with what the Board publicly acknowledges to be a major health hazard and cause of infant mortality.

March 1981 — U.S. FORMULA INDUSTRY DECLARES WAR ON W.H.O. MARKETING CODE

The three major U.S. formula manufacturers launch a massive lobbying effort to convince the U.S. government to oppose the WHO marketing code at the 34th WHA.

May 21, 1981 — WHA OVERWHELMINGLY ADOPTS INTERNATIONAL BABY MILK MARKETING CODE

The United States is the only country in the world to vote against WHO's International Code of Marketing of Breastmilk Substitutes at the 34th World Health Assembly. The final vote: 118 for, 1 against, 3 abstain. The President of the WHA praises citizen groups for their close cooperation in the Code's development and passage.

May 24-26,1981 — IBFAN HOLDS FIRST INTERNATIONAL CONGRESS

Ninety people from 40 countries attend the first international IBFAN Congress, in Geneva, Switzerland. IBFAN groups pledge to maintain pressure on the international infant food industry and to work for country-by-country implementation of the international WHO Code.

June 1981 — PUBLIC ADVOCATES PETITION PRESENTED TO FOUR GOVERNMENT AGENCIES

Public Advocates, a San Francisco public interest law firm representing thirteen church, professional, health, women's and civil rights groups, presents a petition charging that informula use is a problem in the United States. The petition is based on an extensive one-year study and revealed that health and nutrition problems related to formula use are more acute in the illiterate, the poor and those who do not speak English.

June 1981 — ERNEST LEFEVER FAILS IN BID TO HEAD HUMAN RIGHTS OFFICE

Ernest Lefever was defeated in his nomination as Reagan's Assistant Secretary of State for Human Rights. This followed revelation that the Ethics and Public Policy Center, a conservative pressure group which he heads, had obtained $3[illegible]0 from Nestle for an attack against

June/July 1981 COUNTRIES TAKE STEPS TO IMPLEMENT CODE; INDUSTRY FIGHTS BACK

Countries the world over act to implement the WHO Code. Most form drafting committees. Several, including Tanzania, Sri Lanka and Mozambique adopt the entire code immediately. But industry forces the governments of several countries: Kenya, India, Malaysia and Trinidad, among others, to delay decisions. In the U.S., citizens launch major protests against President Reagan's anti-Code vote.

July 12, 1981 INFACT-US PLEDGES TO INTENSIFY BOYCOTT; FOCUS ON U.S. BOTTLE PROBLEM

At its fifth national conference, INFACT commits itself to intensification of the Nestle Boycott to ensure Nestle's compliance with the WHO Code. U.S. companies and the U.S. infant formula disease problem will become top areas for INFACT action.

July 1981 NESTLE LEADERS ADMIT THEY WON'T FOLLOW W.H.O. CODE

In a meeting with church officials, Nestle chairman Arthur Furer admits that Nestle will not adopt the WHO Code and will follow its provisions only if forced to do so by national legislation. Furer also admits that Nestle will continue to lobby governments to adopt weak marketing codes.

September 1981 CONGRESSIONAL BILL INTRODUCED TO PENALIZE WHO CODE VIOLATOR

Representative Tom Harkin (D-IA) introduces H.R. 4535 to eliminate business tax write-offs by infant formula manufacturers for marketing practices that violate the World Health Organization's International Code of the Marketing of Breastmilk Substitutes.

September 1981 ACTRESS LINDA KELSEY DENOUNCES NESTLE AS MISS AMERICA SPONSER

In an open letter to the fifty candidates for Miss America, Ms. Kelsey urged that they disassociate themselves from the Nestle Co. She also said that the endorsement of Nestle by the new Miss America would be "a terrible injustice" in light of the formula controversy.

September 1981 NORTH CAROLINA GROCERY STORE PARTICIPATES IN BOYCOTT

Fowler's Food Store in Chapel Hill bagan distributing 400 grocery bags a week bearing information on the Nestle boycott to become the first grocery store in the nation to pledge participation.

October 1981 DEMONSTRATION ON NESTLE U.S. HEADQUARTERS IN WHITE PLAINS, N

About 250 citizens demonstrated on Halloween Day at Neslte's White Plains, N.Y., complex to mark a new escalation of the boycott. Simultaneous rallies were held in numberous other U.S. cities in solidarity with the White Plains demonstration.

November 1981 — AMERICAN PUBLIC HEALTH ASSOCIATION ENDORSES BOYCOTT

In an unanimous vote, the APHA became the largest professional health organization in the U.S. to offer its endorsement to the Nestle boycott. The APHA also cancelled out of its 1985 scheduled convention site at a Nestle-owned subsidiary - Stouffer's Hotel in Cleveland.

January 1982 — ZIMBABWE BOOKLET IS CRITICAL OF NESTLE'S MARKETING

A report released on January 15, 1982, by the Zimbabwe Ministry of Health claims that Nestle, with a virtual monoply of that country's formula market, actively distributes free samples and promotional materials throughout the country. The report was to have been published in July, 1981, but Nestle's objections to the Zimbabwe Attorney General's office postponed publication until this year.

January 1982 — STOUFFER'S RESTAURANT LIQUOR LICENCE DRAWS PUBLIC DEBATE

When Nestle-Stouffer's-owned restaurant, the Cheese Celler, applied for a liquor licence in Oak Park, IL, it faced opposition from members of the INFACT Stop-Stouffer campaign. In light of a local requirement that liquor licensees be "of good reputation," the group, largely local residents, argued that the restaurant's parent company, Nestle, is charged with unethical marketing practices. The Board of Trustees voted 3-2 favoring the licence after a four-and-one-half hour long public debate. The Stop-Stouffer campaign says it may now appeal the decision in court.

February 1982 — ED ASNER URGES UNION LEADERS TO SUPPORT BOYCOTT

Ed Asner addressed over 40 people, representing some 18 national unions, at the home of former Sen. Dick Clark in Washington, D.C. He stressed that the unions are structured and organized enough to make a significant difference in the strength of the boycott.

CHRONOLOGY 18

March 1982

NESTLE PROMISES TO ABIDE BY WHO CODE

Nestle announced publicly new guidelines for marketing their infant formula products which their claim are in keeping with the WHOUNICEF Code, passed early one year ago. While boycotters can clearly claim the company's new initiative as a victory, no settlement has been reached to end the boycott. Nestle's sencerity will be judged on their willingness to meet with the negotiating team of the International Nestle Boycott Committee. No meetings have yet been scheduled.

DRAFT

CRITERIA FOR THE NESTLE BOYCOTT DEMANDS

Background

The demands of the Nestle boycott are based on thorough research of the infant formula problem; they were formulated in consultation with several of the world's foremost medical experts on the problem, and reflect the recommendations of international health agencies such as the WHO, International Pediatrics Association, UNICEF, Food & Agriculture Organization, etc. In 1978 over 200 international health and nutrition experts signed a petition to Nestle calling for the same demands. In a more immediate sense, the demands were based on shareholder resolutions filed by U.S. church organizations.

The demand were chosen to meet several criteria:

1. Achievability. The demands are seen as minimal protection for the vulnerable infants of the third world. They are a realistic step that Nestle could take... and one that could be measured. Specific demands promote better public understanding of the issues and what we are seeking to achieve.

2. Protection. The boycott demands were never viewed as a final "solution" to the problem, there is general international agreement that the cessation of promotion is a necessary condition to reverse the dangerous bottle-feeding trend.

3. Integrity. In order to be effective, the demands make an integrated whole. Eliminating mass media advertising, for instance, without also ending promotion to the medical profession, does not have much effect and may in fact increase the money available for intensive promotion to the medical profession. Full compliance with all parts of the demands is essential to protect lives and health.

The demands proscribe promotion, but do not deal with the issue of wide-

spread availability to "at-risk" consumers. This issue is better addressed by the Dellums-Miller legislation, which both outlaws promotion and seeks to restrict product availability to those who can use it safely.

Since the inception of the boycott there has been no substantial change in the demands. INFACT stand ready at all times to:

1. meet with Nestle to negotiate an end to the boycott;
2. call off the boycott when the demands are met via honorable negotiations.

It must be noted that INFACT will only consider demands to be met when they are coupled with realistic and fair monitoring and enforcement system.

Discussion of Demands

The Overall Demand: IMMEDIATE HALT TO ALL PROMOTION

Promotion is designed to create a need for the product, and if the product is a health hazard under prevailing conditions of use, then it is important to stop its promotion. The demands articulate specific forms of promotion. The demands articulate specific forms of promotion that need to be halted. The legitimate uses of infant formula necessitate that it be available to those with real needs. While the boycott demands do not articulate how best to reach those needs, we believe they can best be met through non-promotion distribution methods.

Section I:

STOP ALL DIRECT PROMOTION TO THE CONSUMER

The Problem:

Sophisticated mass consumer marketing techniques have been widely used throughout the Third World for over twenty years. These techniques have come under intense criticism for a long time and are the least justifiable form of

promotion. The stopping of mass media advertising is an absolutely minimal demand, and the easiest with which to comply. In July 1978, Nestle agreed to suspend mass media promotion (which is narrower than direct consumer promotion). They have not (1) agreed to stop other forms of direct consumer promotion (2) agreed to make the cessation of mass media a permanent policy decision (they say it is being evaluated by management) (3) agreed to independent monitoring of this policy.

Pan American Health Organization, 1970

"Strong action should be taken to prevent advertising of commercial milk products on government premises, especially hospitals, health clinics, and schools by the distribution and use of calendars, diaries, (and) posters..."

WHO Regional Office for Europe, 1978

"The advertising of food for nursing infants or older babies and young children is of particular importance and should be prohibited on radio and television. Advertising for mothers' milk substitutes should never be aimed directly at the public or families..."

Restrictions include:

a. Mass media advertising such as ads on radio, television, magazines, newspapers, billboards, signs and posters, baby shows, store displays, delivery van signs.

b. Promotion through the hospitals systems such as posters, gimmicks, decals, bottles, diapers, name tags, booklets, feeding schedules baby clothes, films, and slides and other items designed to carry the bottlefeeding concept and corporate logo directly to the consumer.

Section II:

STOP DISTRIBUTION OF FREE SAMPLES

The Problem:

The distribution of free infant formula samples sabotages breastfeeding. Early introduction of bottlefeeding inhibits the successful establishment of lactation. Newborns started on bottlefeeding miss the special immunological and psychological benefits of breastfeeding in the early days of life. Futhermore, routine bottlefeeding in the newborn nursery communicates a powerful implicit medical endorsement to patients who are anxious to follow medical advice. Free samples encourage hospitals to adopt a bottlefeeding routine; if the hospitals had to pay for those supplies, many would opt to promote breastfeeding for economic reasons alone.

Companies also donate bottle sterilizers, bottles and other equipment to facilitate bottlefeeding in the hospitals. Marketing studies have shown that mothers overwhelmingly buy the same brand of formula as that they were given in the hospital; thus the companies fight it out among themselves to get their products into the hospitals. Free samples can compromise the integrity of health workers, since they are routinely given up to a year's supply for their own babies. Free samples are in no way "charity", since if the mother is poor enough to need one or two free cans, she is too poor to be able to afford routine formula use. Samples are intended to introduce and reinforce the bottlefeeding habit; the fact that the companies continue to spend millions of dollars on free samples is proof that they are effective.

Section III:

STOP THE USE OF MILK NURSES

The Problem:

Milk nurses hired by formula companies to promote product sales. The

higher salaries and other benefits offered by infant formula companies draw nurses away from national health services where they are desperat ' y needed. Milk nurses have in the past visited mothers in their homes shortly after delivery. They now visit maternity wards; are known to conduct "nutrition classes" and the like to expectant mothers; and promote within the health institutions to health personnel. Until recently milk nurses were paid on a commission basis like other salespersonnel. Nestle says they no longer use commission sales; have changed the color of their uniforms; and have added company insignia.

History includes:

1. Pan American Health Organization, 1970.

"strong action should be taken to prevent...access of 'commercial milk' nurses to government premises, especially hospital wards, health centers, and schools."

2. Several countires have banned milk nurses from public hospitals and clinics including Jamaica, Malaysia and Singapore.

Restrictions include:

1. visits to mother's home, whether or not presolicited.

2. visits to hospitals, clinics and maternities, public and private;

3. any other personnel who perform a similar function, but who may have a different title.

Section IV:

STOP PROMOTION THROUGH HEALTH PERSONNEL AND INSTITUTIONS:

The Problem:

Promotion of infant formula to the health professions and through health care institutions makes it difficult for doctors to form objective, informed medical opinions and recommendations concerning proper infant feeding. Medical promotion is actually designed to develop and imply medical endorsement of the

product. There is no surer way to introduce bottlefeeding than to introduce it at the hospital itself where mothers are most vulnerable to what doctors and nurses, and midwives recommend.

There are two basic methods of medical promotion:

1. Gifts and "incentives" are intended to elicit cooperation from the medical professions in recommending their product to the public. Certain medical equipment given to hospitals makes it easier to establish bottle feeding routines and harder to resist the use of free samples and other company products.

2. Doctors receive infant feeding information primarily from the companies who naturally enough fail to give appropriate attention to the health hazards or their product and the health benefits of breastfeeding.

History includes:

1. Dr. Leonor Barrion, Chief of Clinics, St. Paul's Hospital, Phillipines

"Health professionals who other wise know the benefits of breastfeeding often succumb to the gimmicks of milk advertisments... Milk companies sponsor scientific meetings, research awards and material support to health or nutrition projects. They also give generous samples to pediatricians... Because Filipinos have a strong trait of indebtedness for favors done, called "utang na loob", these health professionals feel that inner constraint to advertise or prescribe milk even against their better judgment."

2. Dr. S.C.E. Abraham, Senior Consultant Pediatrician, General Hospital, Kuala Lampur, Malaysia

"The milk companies have gained access to the health services in Government and private sectors with advertising and promotional material ... These are difficult to resist because they are given free and to inexperienced health staff, and seem only to be offers of much needed help... milk companies have be-

come skilled at what is to them lowcost moulding of professional opinion." Restrictions include:

1. the cessation of gifts and individual incentives to health workers or health institutions related directly or indirectly to formula use.

2. restrictions on support for research, meetings, conferences, parties,etc.

3. strict regulation of the nature and format of "information transfer" by the companies including personal selling, printed literature, audio-visual materials, etc.

MONITORING AND IMPLEMENTATION

To be successful, these demands must be coupled with an adequate monitoring and enforcement procedures. These could be developed and implemented either by 1) enlisting the help of recognized international helalth instituations or agencies 2) setting up of an independent monitoring and enfo r cement service supported by various public funds at international, national and local levels. Direct use of corporate funds for this prupose may be inappropriate. It is realistic to assume that there is a natural time limit to such monitoring and enforcement,i.e. after 3-5 years during which time Nestle has complied with boycott demands, it may be that monitoring and enforcement is no longer necessary. In some countries, national legislation may be developed to make compliance legally bindiing.

This paper has been prep ared from previous documents provided by National INFACT and the Interfaith Center on Corporate Responsiblity.

September 11, 1079

unicef

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July 16, 1993
Nut/UJ/93-145

To: Regional Directors
Representatives and Assistant Representatives

From: Urban Jonsson
Senior Adviser, Nutrition

Subject: AN END TO THE AMBIGUITIES: All Marketing Practices Which Disrupt Breastfeeding Should Be Stopped

I highly recommend the attached analysis of those sections of the International Code of Marketing of Breastmilk Substitutes and World Health Assembly Resolution 39.28 which deal with the issue of free and low-price sales of breastmilk substitutes.

Many governments that have adopted official measures ending free and low-cost supplies to hospitals and maternity facilities are now turning their attention to enforcement and monitoring. In addition, a number of countries are in the process of elaborating national laws enacting the International Code of Marketing of Breastmilk Substitutes. As a result, questions have arisen concerning which products are covered in these actions, what definitions to use, and related legal problems. This paper provides field offices with the necessary analysis of WHO/UNICEF policies to advocate for the most protective policies.

The ultimate goal is the enactment of strong national laws implementing the International Code and relevant World Health Assembly resolutions in all countries, which is the best way to ensure legal enforcement of marketing restrictions. I trust you will find this paper useful in your advocacy efforts towards this goal.

If you have questions or seek additional advise, in my absence from Headquarters, please contact Leah Margulies, Legal Advisor, BFHI.

cc: Division Directors
Geographic Section Chiefs
Executive Staff
Director (Copenhagen, Florence, Geneva, Tokyo, & Sydney)

BFHI, Nutrition Section
UNICEF New York
July 1993

AN END TO THE AMBIGUITIES:
All Marketing Practices that Disrupt Breastfeeding Should Be Stopped

I. INTRODUCTION

As part of their commitment to the Baby Friendly Hospital Initiative, many governments have enacted official measures ending the distribution of free and low-cost supplies of breastmilk substitutes in hospitals and maternity facilities. This paper analyzes the original intent and textual meaning of the various WHO/UNICEF policy recommendations on infant and young child feeding, with special reference to Article 6.6 of the International Code of Marketing of Breast-milk Substitutes and World Health Assembly Resolution 39.28 concerning free and low-price supplies, to provide technical support to UNICEF offices as they advise governments in implementing and enforcing such policies.

II. BACKGROUND

The widespread availability of breastmilk substitutes, provided free or at low-cost, interferes with the initiation and duration of breastfeeding. In almost all circumstances of infant and young child care, breastmilk is the medically indicated food of choice. An exclusively breastfed infant, in most situations, has a significantly increased chance of survival and a significantly decreased incidence of morbidity. It is imperative, therefore, to end practices in the health care system which undermine breastfeeding, such as the routine use of breastmilk substitutes and feeding bottles.

Following the adoption of the International Code of Marketing of Breast-milk Substitutes (the Code) in 1981 by the World Health Assembly, over the course of several years of Code implementation experience, it became apparent to Member States that Article 6.6 of the Code needed further amplification. Article 6.6 permits donations or low-price sales of breastmilk substitutes only for "infants who have to be fed on breast-milk substitutes."

It was the consistent intention of WHO, UNICEF and the experts involved in developing the Code to keep the exception for "infants who have to be fed on breast-milk substitutes" as narrow as possible, i.e., to be restrictive rather than permissive, in recognition of the danger posed to infant health when the health care system is used as a forum for the commercial marketing of a product which competes with breastfeeding. This intention is underscored by the last line of the Article, that "such donations or low-price sales should not be used by

manufacturers or distributors as a sales inducement". Any such donations should be voluntary acts of charity; thus, the following Article 6.7 calls upon donors of supplies to ensure that supplies are continued for as long as the infant concerned needs them.

But what had been intended as a narrow window for exceptional cases resulted in the continued widespread distribution of free supplies as a sales inducement. Acting to reclose the window, the World Health Assembly requested WHO and UNICEF to convene a joint consultation (December 1985) which resulted in "Guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes" (WHO A39/8 Add.1, 10 April 1986) (the Guidelines). These Guidelines were then submitted to the 39th World Health Assembly in May 1986. Basing its action upon them, the Assembly adopted World Health Assembly Resolution 39.28 (16 May 1986)(WHA39.28), which urges governments to purchase any necessary breastmilk substitutes and eliminate the marketing practice of providing free or low-price supplies of breastmilk substitutes.

Since both the Code and WHA39.28 are resolutions, adopted under Article 23 of the WHO Constitution, authorizing the World Health Assembly to "make recommendations to members with respect to any matter within the competence of the Organization", they carry equal authority. They represent an international consensus on recommended health practices for infant and young child feeding which governments have been consistently urged to adopt at the national level. The necessity of reading together the Code and relevant World Health Assembly Resolutions was recognized in the 1990 Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding, which included as one of its four 1995 Operational Targets that:

> "All governments by the year 1995 should have taken action to give effect to the principles and aim of all Articles of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety."

The Innocenti Declaration was made the basis for UNICEF policy and action by its Executive Board in 1991 (ICEF/1991/CRP.22). The Innocenti Operational Targets were adopted by the World Health Assembly in May 1992 (WHA 45.34) and by the UNICEF Executive Board in 1993 (ICEF/1993/CRP.15).

III. POLICY SUMMARY

It is clear from the original intent and textual meaning of the Code, WHA39.28 and the Guidelines, taken together, that the marketing practice of donating, or offering at low-price, supplies of infant formula and other products under the Scope of the Code is effectively ended. Any necessary breastmilk substitutes should be purchased in a manner consistent with the normal food procurement policies of the health care system.

Stated succinctly, under all ordinary circumstances, including prematurity and most illnesses, donations or low-price supplies of infant formula or other products within the scope of the Code should not be permitted in the health care system in any country. In two exceptional conditions, supplies may be given:[1]

1) in the case of an infant with a specifically diagnosed rare metabolic disorder where breastfeeding is not advisable and where a uniquely and especially formulated breastmilk substitute is required,

2) in the case of orphaned and abandoned infants in orphanages and in disaster relief operations.[2]

In these instances, the responsibility of manufacturers and distributors to provide for the full period of need of the infant, as called for in Article 6.7 of the Code, should be heeded. Any donation of such supplies for the full period of need is permitted as an act of charity, and is not considered a sales inducement.

The position outlined above is based on the analysis of the Code, WHA39.28 and the Guidelines, which follows.

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[1] The few conditions in which individual infants may require fluids or foods in addition to or in place of breastmilk are summarized in WHO/UNICEF BFHI - PART II HOSPITAL LEVEL IMPLEMENTATION, Annex to The Global Criteria, (New York:WHO/UNICEF, August 1992).

[2] UNICEF and other emergency relief organizations have adopted special guidelines relating to the distribution and use of breastmilk substitutes during emergencies. UNICEF policies are available from Nutrition Section, UNICEF New York.

IV. ANALYSIS

A. International Code of Marketing of Breast-milk Substitutes

1. Universality of Application.

The Code applies to all countries, industrialized and developing. This is evident from its title and text. The universality of the problems the Code addresses was underscored in the preambulatory paragraphs, including:

> "Recognizing further that inappropriate feeding practices lead to infant malnutrition, morbidity and mortality *in all countries*, and that improper practices in the marketing of breast-milk substitutes and related products can contribute to these major public health problems;" (Emphasis added.)

Similarly, the preambulatory paragraphs of WHA39.28 include:

> "Recognizing that the implementation of the International Code of Marketing of Breast-milk Substitutes is an important contribution to healthy infant and young child feeding *in all countries.*" (Emphasis added.)

2. Scope of Products Covered.

The Code applies to all products listed in Article 2, Scope of the Code. Article 2 is quoted here in its entirety:

> "The Code applies to the marketing and practices related thereto, of the following products: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast-milk; feeding bottles and teats. It also applies to their quality and availability, and to information concerning their use."

Article 6.6, which deals with restrictions on free and low-price sales, applies to "infant formula or other products within the scope of this Code". No exceptions are listed.

The question has arisen as to whether so-called "follow-up" formulas are covered under the Scope of the Code. Follow-up formulas, also known as second stage or "deuxieme âge" formulas are marketed for infants and young children from the age of 4 - 6 months.

It should be noted that follow-up formulas were not a significant part of the market at the time the Code was adopted. Subsequently, manufacturers have introduced a wide range of

"follow-up" formulas. In some instances, the follow-up formula brand name is the same as the infant formula, with the only distinction being the use of the number -1 or -2 after the brand name. Marketing and advertising which shows or recommends use of a feeding bottle may also be confusing to mothers. Follow-up formulas are being marketed in many countries where average breastfeeding duration exceeds 6 months. In these countries, the products will replace breastmilk in infant diets if used as directed on their labels.

The Director-General of WHO addressed the issue of the inclusion of follow-up formula in the Scope of the Code in his report to the Forty-fifth World Health Assembly (WHO A45/28 - 6 April 1992). From a purely legalistic viewpoint, inclusion depended on how a particular product was marketed, since the Code's Scope includes "bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast-milk." This purely legalistic definition may exclude from coverage some products which ought to be included since, as a result of the definition in the Code, some manufacturers market follow-up formulas as "compliments" to breastmilk rather than as "replacements". However, the Director-General continued,

> "taking into account the intent and spirit of the Code, there would appear to be grounds *for the competent authorities in countries* to conclude otherwise in the light of the way a follow-up formula is perceived and used in individual circumstances; such perception and use could serve as a measure of the extent to which it maybe 'otherwise represented to be suitable' according to the Code's article 2." (Emphasis in original)

The Director-General pointed out that the World Health Assembly had adopted the International Code as a "minimum requirement" and that expansion of its Scope at country-level implementation would not "be incompatible with either the Health Assembly's previous declarations concerning appropriate infant-feeding practices, or the principles and aim of the Code and the spirit in which it is being implemented in countries."

It should also be noted that subsequent to adoption of the Code, both WHO and UNICEF developed infant feeding recommendations which endorse sustained breastfeeding up to two years and recommends that complements to breastfeeding be locally available family foods.

Under these circumstances, governments should be advised to end the marketing practice of distributing free or low-cost bottlefed complementary foods and follow-up formulas to hospitals. The issue of follow-up formulas is also addressed by WHA39.28, and will be discussed further in the analysis of WHA39.28 in this paper.

3. Applicability to Health Care Systems.

Article 6 of the Code provides instructions for "Health care systems". The health care system is defined in Article 3 of the Code as follows:

"governmental, nongovernmental or private institutions or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets."

It follows that the terms of Article 6.6 apply to the health care system thus comprehensively defined, and are not restricted in application to maternity services only.

4. The Code Restrictions on Donations and Low-Price Supplies

Read together, Article 6.6 on supplies, Article 2 on Scope, and the definition of the health care system in Article 3 state plainly that in all countries no part of a health care system should use or distribute donations or low-price sales of infant formula or other products within the scope of the Code. The only exception is in the case of "infants who have to be fed on breast-milk substitutes."

This exception, for "infants who have to be fed on breast-milk substitutes" was defined narrowly by WHA39.28. A detailed discussion of this exception follows.

B. "Infants who have to be fed on breast-milk substitutes", pursuant to WHA39.28.

1. Intent of the Guidelines.

The fifth preambulatory paragraph of WHA39.28 expresses great satisfaction with the WHO/UNICEF Guidelines, A39/8 Add.1, and recognizes the Guidelines as explanatory of the main health and socioeconomic circumstances in which infants have to be fed on breastmilk substitutes as applied "in the context of Article 6, paragraph 6, of the International Code". Guidance should be taken, therefore, from the Guidelines for all circumstances addressed by the Guidelines but not specifically addressed in WHA39.28.

Emphasis is placed on paragraph 47 of the Guidelines, which is the only paragraph from the Guidelines specifically quoted in the preamble of the Resolution:

"Since the large majority of infants born in maternity wards and hospitals are full term, they require no nourishment other than colostrum during their first 24-48 hours of life - the amount of time often spent by a mother and her infant in such an institutional setting. Only small quantities of breast-milk substitutes are ordinarily required to meet the needs of a minority of infants in these facilities, and they should only be available in ways that do not interfere with the protection and promotion of breastfeeding for the majority."

Particular guidance should be taken from this highlighted paragraph. First, because it makes the important distinction between the majority of infants who are full term and should only need colostrum during their short stay in the hospital or maternity ward and the minority of newborns who for one reason or another may require a breastmilk substitute. And second, because it states clearly that any breastmilk substitutes required for the minority should be made available in ways that do not interfere with the protection and promotion of breastfeeding for the majority. This preambulatory paragraph sets the context for the new restriction introduced in operative paragraph 2.(6) in the body of WHA39.28. Moreover, it clarifies that decisions with respect to infant feeding must be based strictly on the health and nutrition requirements of the infant and mother, and not on the routine, custom or convenience of the health facility or health professional.

2. Paragraph 2.(6): Neither the Majority Nor the Minority of Newborns Should Receive Free Supplies.

As stated above, solely with respect to newborns, a distinction is made between the majority of infants and the minority of infants. This distinction is made explicit in paragraph 47, quoted above.

The majority of infants born in maternity wards are full term and clearly fall within the provisions of Article 6.6 of the Code, i.e., that health care systems should not use or distribute "donations or low-price sales of infant formula or other products within the scope of this Code" for these infants.

World Health Assembly Resolution 39.28, however, imposes a new restriction regarding the minority of newborns who have to be fed on breastmilk substitutes. This minority of infants also are not to be the recipients of free or subsidized supplies. Paragraph 2.(6) of WHA39.28 is quite explicit in this regard. Member States are urged:

> "to ensure that the small amounts of breast-milk substitutes needed for the minority of infants who require them in maternity wards and hospitals are made available through normal procurement channels and not through free or subsidized supplies". (Para 2.(6))

3. Conditions and Circumstances Where Breastmilk Substitutes May Be Required.

The Guidelines analyze a wide variety of conditions and circumstances in which an infant might be identified as one who has to be fed on breastmilk substitutes. In most situations, breastfeeding remains the medically indicated feeding of choice, based on health and nutrition considerations. Generally, neither prematurity nor hospitalization are among the situations requiring the use of breastmilk substitutes.

Pre-term and or low-birth weight infants are among the minority for whom WHA39.28 explicitly bans supplies and for whom breastfeeding remains the medically indicated feeding. If a breastmilk substitute is required for a particular infant, it should be made available through normal procurement channels, i.e., be purchased.

Infants with a specific rare hereditary metabolic disorder (incidence less than 1 in 20,000) may not be able to tolerate breastmilk and cannot tolerate other usual milk-based preparations such as an ordinary infant formula. The necessary specialized formulation may be donated or provided at low cost for the infant concerned. It should be noted that all such formulations are products within the scope of the Code. Since these infants will need the appropriate specially formulated breastmilk substitute for at least the first sixth months of life, and probably longer (since they cannot be weaned onto any common milk-based preparation), it is important to bear in mind the terms of Article 6.7 of the Code - the responsibility of manufacturers and distributors to provide for the full period of need of the infant.

For infants in paediatric services or other special services for sick infants, guidance is provided by paragraphs 48, 49 and 50 of the Guidelines. Mothers should be encouraged to continue breastfeeding when their infant is hospitalized, and hospitals should provide facilities for this purpose. It is important not to increase risk to the infant's health when illness makes the infant more vulnerable. Special attention should be given to infants who are hospitalized as a result of bottle feeding. Efforts should be made to encourage and support the mother to initiate breastfeeding or relactate, which could help to prevent recurrence of illness. For infants who need breastmilk substitutes, paragraph 50 of the Guidelines is quoted below in its entirety:

> "There will, of course, always be a small number of infants in these services who will need to be fed on breastmilk substitutes. Suitable substitutes, procured and distributed as part of the regular inventory of foods and medicines of any such health care facility, should be provided for those infants."

Similarly, there also are a very small number of circumstances in which a mother is critically ill and/or is being treated with drugs and chemical compounds that may affect breastmilk. Breastmilk substitutes may be required for her infant. These infants therefore are also among the minority for whom an alternative safe diet needs to be "made available in ways that do not interfere with the protection and promotion of breastfeeding for the majority".

4. Orphaned or Abandoned Infants.

For orphaned or abandoned infants, or in times of acute social disruption where infants may be separated from their mothers, appropriate breastmilk substitutes may be used. (See paragraphs 38, 39 and 52 of the Guidelines). Organized disaster relief programs have developed guidelines for ensuring that breastmilk substitutes are distributed only for infants who require them, for as long as they require them, and that any required breastmilk substitutes are prepared

and administered correctly. The return to breastfeeding should remain the priority health objective in disaster relief since this is the best way to ensure infant nutrition and prevent illness under very precarious health conditions. In these circumstances, particular attention should be given to Article 6.7 of the International Code which instructs donors to bear in mind their responsibility that to ensure that donations be continued as long as the infants concerned need them.[3]

5. Products Other Than Infant Formula.

With respect to follow-up formulas or other complementary foods, guidance is provided by the definitions and terms of the International Code, WHA39.28 and the Report by the Director-General on Infant and Young Child Nutrition (WHO, A45/28 - 6 April, 1992). As discussed earlier, the terms of Article 6.6 and WHA39.28 that restrict donations and low-price sales are applicable to these products. Additional guidance is provided by the terms of WHA39.28 which warn about the problem of early supplementation and the proliferation of unnecessary products, and "specifically direct[s] the attention of Member States and other interested parties to the facts that:

> (a) any food or drink given before complementary feeding is nutritionally required may interfere with the initiation or maintenance of breast-feeding and therefore should neither be promoted nor encouraged for use by infants during this period;
>
> (b) the practice being introduced in some countries of providing infants with especially formulated milks (so-called 'follow-up' milks) is not necessary."

As stated previously, the Guidelines recommends purchase of breastmilk substitutes for the small number of hospitalized infants. Hospitalized infants from 6 to 12 months of age will share the same paediatric services or other special services for sick infants with infants younger than 6 months of age. As discussed in section IV.A.2. above, and based on the additional concerns expressed in WHA39.28, governments who act to ban free and low-cost supplies of breastmilk substitutes should be advised to include follow-up formula in the scope of the ban. It would certainly be inconsistent and confusing to permit free supplies of follow-up formulas for infants over 6 months of age hospitalized in the same services that ban free supplies of breastmilk milk substitutes for younger infants.

6. Other provisions of WHA39.28.

Like the Code, WHA39.28 addresses all member states. All Member States are equally

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[3] A compilation of guidance documents addressing the use and distribution of breastmilk substitutes during emergencies, including the United Nations High Commissioner for Refugees policy, endorsed by UNICEF, is available from the Nutrition Section, UNICEF New York.

urged to implement the Code and to restrict supplies as instructed in WHA39.28. Member States are also urged to ensure that the practices and procedures of their health care systems are consistent with the principles and aim of the International Code.

Finally, WHA39.28 urges Member States to make the "fullest use" of health professional bodies, nongovernmental organizations, consumer organizations, and manufacturers and distributors in implementing the Code, and monitoring compliance with its provisions. In particular, they are urged to seek the cooperation of manufacturers and distributors in providing the information necessary for monitoring implementation of the Code.

C. Conclusion

Read together, WHA39.28 and Article 6 of the Code restrict the distribution and use of donated or low-price sales of infant formula and other products within the Scope of the Code in almost all cases. The overall intent is to ensure that breastmilk substitutes are "not marketed or distributed in ways that may interfere with the protection and promotion of breastfeeding".[4] Obtaining free a product which is normally purchased will induce its use and is a marketing strategy. Prohibiting such donations of breastmilk substitutes to health care systems properly discourages their overuse and misuse. Their purchase, when necessary, ensures that they do not compete with breastfeeding.

Infants who are not breastfed for any reason constitute a risk group. Health services and personnel appropriately aim to reduce, to the extent possible, the number of infants at risk. UNICEF and WHO have estimated that over one million infant lives would be saved annually by effective breastfeeding. The ultimate preambulatory paragraph of the International Code recognizes this reality:

> "In view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breast-milk substitutes, the marketing of breast-milk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products."

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[4] International Code of Marketing of Breastmilk Substitutes, WHO, Geneva 1981. Preamble, p.10.

MILESTONES

ICCR Brief
May 1983

Ten Years of Struggle to Prevent "Bottle Baby Disease"

"We allowed the companies to touch the lives of our babies, not because we did not care, but because we did not realise the consequences of granting such a privilege.

How to change all that? How to break the 'friendly' stranglehold that we had allowed the milk companies to have on our hospital?

I closed the door of the nursery to the milk companies. We stopped giving our babies the starter dose of infant formula. Down came the colourful posters and calendars; in their place we hung the 'baby killer' posters which show an emaciated baby inside a dirty feeding bottle. Would the milk companies sue me, I wondered. Everything that was conducive to bottle feeding was removed not only from the nursery, but from everywhere else in the hospital. I myself rejected samples and donations from the milk companies. How else could we be credible?"

— **Dr. Natividad Clavano**, Chief of Paediatrics
Baguio General Hospital, The Philippines

The struggle to prevent "bottle baby disease"—the infections and malnutrition that result from improper bottlefeeding of infants, actually began with a speech called "Milk and Murder" by Dr. Cicely Williams in Singapore in 1939. The most intense activities have taken place over the last decade with the increasing involvement of churches, consumer groups and citizens' organizations in both developing and industrialized countries. Major milestones of this campaign are highlighted below.

1973

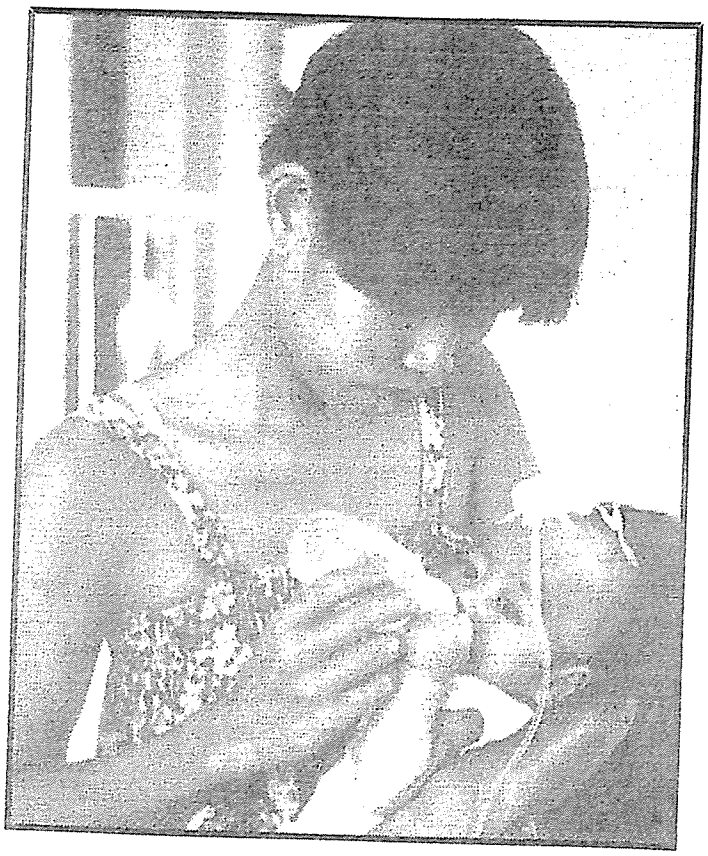
* First Public Exposure

British development magazine **The New Internationalist** publishes first popular account linking promotional practices of the infant formula industry with infant malnutrition and infectious disease.

1974

* Major Report Published

The Baby Killer, which documents the negative effects of aggressive infant formula marketing on infant health, is published in England. The report focuses on Nestle.



This Filipino baby—bottle-fed from birth—is now hospitalized for severe diarrhea.

* Nestle Kills Babies Appears in Switzerland

Third World Working Group publishes German translation of **The Baby Killer** called **Nestle Kills Babies.** Nestle immediately sues for libel, and the resulting trial catapults the issue into an international controversy.

* Churches Demand Disclosure by U.S. Companies

Church groups affiliated with the Interfaith Center on Corporate Responsibility (ICCR) file shareholder resolutions with U.S. formula makers asking for disclosure of key marketing data.

1975

* Bottle Babies Film Released

Bottle Babies, the film Nestle called the "cornerstone" of the Nestle Boycott, is made in Kenya by West German filmmaker Peter Kreig.

An ICCR Brief appears in each edition of The Corporate Examiner, a monthly newsletter on corporate social responsibility. Each brief highlights a particular social area and focuses on one or more corporations. It also provides information about action options and resources for issues studied.

* Industry Lobby Group Formed
In reaction to bad publicity generated by the Nestle trial, industry forms a lobby called International Council of Infant Food Industries (ICIFI) to manage its defense. Its voluntary "code of ethics", published two days after the first hearing in the Nestle trial, is widely seen as a public relations ploy.

1976

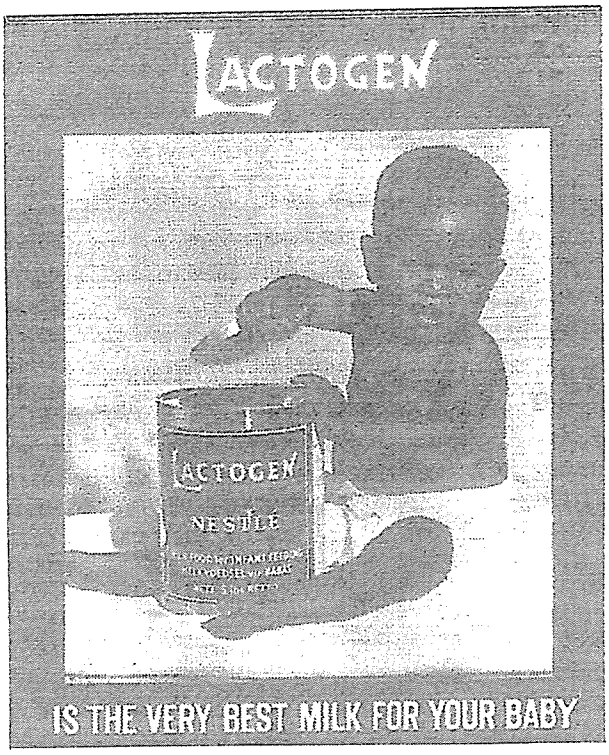
* Churches Sue Bristol-Myers
Sisters of the Precious Blood, a Roman Catholic Order, sues Bristol-Myers for allegedly lying about its formula marketing practices in statements to its shareholders. Data gathered by churches from 15 Third World countries solidify churches' commitment to work to prevent "bottle baby disease".
* Nestle Trial Concludes
Nestle drops three out of four libel charges. The judge rules that the title **Nestle Kills Babies** is libelous because Nestle doesn't kill babies **directly**, but the judge issues stern warning to Nestle that the ruling is "no acquittal" and that Nestle must "fundamentally re-think" its formula marketing policies.

1977

* INFACT Founded to Mobilize Public; Launches Nestle Boycott
The Infant Formula Action Coalition (INFACT) is founded in New York. On July 4, Minnesota INFACT initiates the Nestle Boycott, calling on Nestle to stop all forms of promotion for infant formula.
At its first national conference, INFACT decides to mount a major grassroots organizing drive to bring the Nestle Boycott to American communities.
* Media Coverage of the Infant Formula Issue Intensifies
Canadian Broadcasting Corporation's TV documentary **The Formula Factor** exposes Bristol-Myers "milk nurses" promoting directly on the wards of Jamaican government hospitals in violation of Ministry of Health policy. **Mother Jones** publishes landmark article on the controversy.

1978

* Bristol-Myers Lawsuit Settled
The case is settled out of court, with the company agreeing to send a report to shareholders prepared by the plaintiff, The Sisters of the Precious Blood.
* Kennedy Hearings Air Industry Role
Senate Subcommittee on Health and Scientific Research chaired by Senator Edward Kennedy hears testimony from Third World health professionals, church representatives, marketing experts, World Health Organization, and infant formula industry executives. Companies admit that they do not know who uses their products or what health effect they have. WHO testifies about the link between marketing practices and the decline of breastfeeding.



Nestle has been forced to withdraw this blatant promotional poster from South Africa.


International pressure forced Nestle to stop using "milk nurses" in 1982.

severity of the bottle baby problem in the Dominican Republic, and the role played by aggressive promotion especially by U.S. companies. 9 million Americans view it.
* Health Professionals Endorse Demands of the Nestle Boycott
Over 200 prominent nutritionists and physicians sign a petition at the International Congress of Nutrition in Brazil, calling for Nestle to stop all promotion for infant formula.
* Nestle Boycott Endorsements Grow
Endorsers in 1978 include National Council of

* Churches Initiate Study of Infant Formula Problems in the U.S.
Recognizing that conditions which make formula hazardous in developing countries exist in the U.S., ICCR and the National Council of Churches undertake a study in five poor communities in the U.S. Abbott Laboratories (largest formula seller in the U.S.) improperly uses confidential survey documents to disrupt study.

1979

* International Nestle Boycott Committee Formed
Representatives of more than twenty national organizations which have endorsed the Nestle Boycott agree to form the International Nestle Boycott Committee (INBC) to coordinate negotiations with Nestle and work on the Boycott. (By 1983, more than eighty national and international organizations participate in the INBC.)

* International Meeting Calls for Halt to Promotion
WHO/UNICEF Meeting on Infant and Young Child Feeding in Geneva brings together health professionals, governments, experts, UN agencies, infant formula industry, and consumer groups for the first time. Recommendations include a ban on all sales promotion to the public, samples, and use of company personnel in the health care system. WHO and UNICEF are asked to develop a detailed international code of marketing.



Promotion continues in urban slums of Indonesia (1982) with free samples of Lactogen (Nestle), S-26 bottles (Wyeth) and a local company's milk powder.

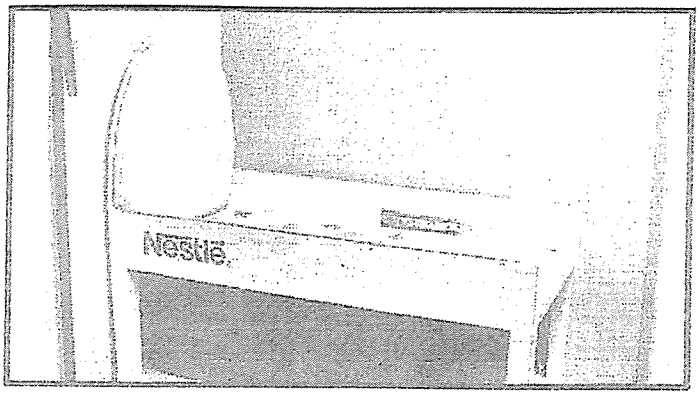
* IBFAN Formed to Link Third World, First World Advocates
International Baby Food Action Network (IBFAN) is established to coordinate monitoring, pressure campaigns on infant formula companies, and efforts to promote breastfeeding among consumer, health, church, labor, women's and community groups around the world.

1980

* Nestle Boycott Launches Stouffers Focus
To increase the economic impact of the Nestle Boycott, organizers target Stouffers hotels and restaurants. Pickets and demonstrations occur in forty cities, resulting in the cancellation of major convention contracts

* IBFAN Exposes Industry Violations
In a series of publications, IBFAN exposes the continuing unethical promotional activities by infant formula companies that violate both the recommendations of the October 1979 meeting and industry's own self-regulatory codes.

* U.S. Companies Pressure U.S. Government to Weaken Code
With high-priced lobbyists, the U.S. infant formula industry tries to persuade the U.S. government to weaken the draft code. Citizen groups demand equal time with U.S. policymakers.



To promote their image and products, companies often donate free equipment, like this Nestle crib in a Singapore clinic (1982).

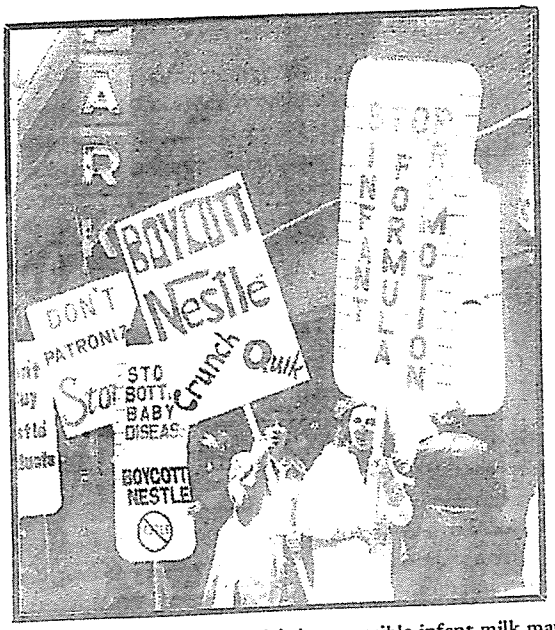
1981

* Secret Nestle Memo Exposed; Nestlegate Scandal Erupts
A top secret Nestle memo is exposed by the Washington Post revealing the extent and expense of Nestle's battle against the boycott. "Third party" spokespersons such as Fortune Magazine and conservative think tanks are used to play key roles in the public relations strategy.

* International Code of Marketing Overwhelmingly Endorsed by World Health Assembly
118 governments vote to adopt the code in dramatic roll call vote. Only the United States votes "no". U.S. public and Congress are furious that the Reagan administration puts "profits before people".

* IBFAN's First Congress Unites Groups from 40 Countries
Citizens' groups from all over the world meet in the aftermath of the World Health Assembly to plan their work in fighting industry marketing abuses and supporting implementation of the International Code.

* Petition Submitted to U.S. Government for Domestic Formula Policy
On behalf of 13 national organizations, Public Advocates law firm files administrative petition with U.S. government calling for far-reaching policy improvements affecting infant formula promotion and use in



Citizens in the USA protest Nestle's irresponsible infant milk marketing.

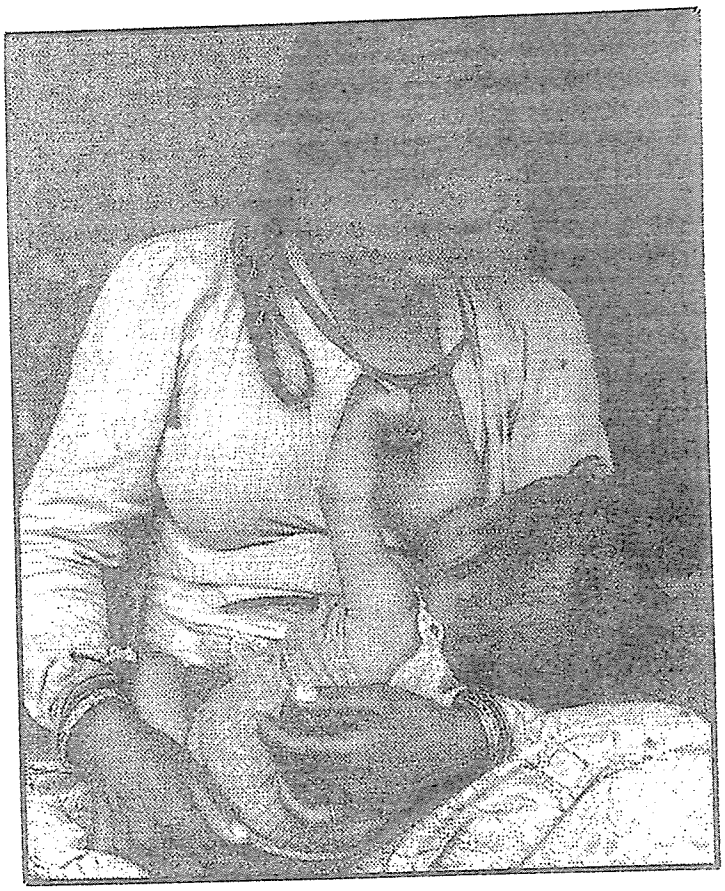
* Lefever Shamed into Withdrawing from State Department Post
Ernest Lefever, Reagan's nominee for Assistant Secretary of State for Human Rights, is forced to withdraw his name following disclosure that his think tank received at least $47,500 plus other services from Nestle, Bristol-Myers and Abbott Laboratories for attacks on action groups.
* Nestle Boycott Marches on Nestle Headquarters
Hundreds of Nestle Boycott supporters demonstrate their anger at Nestle's continued refusal to clean up its marketing practices by marching on Nestle U.S. headquarters in White Plains.

1982

* Zimbabwe Government Publishes Baby Feeding Despite Nestle Pressure
The government of Zimbabwe publishes a hard-hitting report of infant formula promotion in its nation's health services. Publication was delayed for six months by threats of legal action by Nestle, whose marketing practices are singled out for criticism.
* Nestle Issues "Commitment" to Follow Code, but Instructions are Flawed
In March, Nestle pledges it will follow the International Code by way of "instructions" to its field staff. But those instructions are condemned by UNICEF and others as inaccurate and inadequate. Revised instructions issued in October are only slightly better. The Nestle Infant Formula Audit Commission is set up, selected, and funded by Nestle to investigate complaints about its marketing practices. Nestle hires former U.S. Senator Ed Muskie to head it.
* Nestle Boycott Spreads Internationally
With the addition of France and Germany to the list of boycotting countries, the Nestle Boycott is now active in eight countries. The others include: U.S.,

1983

* Nestle Boycott Focuses on Taster's Choice
To step up economic clout of the boycott once more, boycott organizers launch major initiative targeting Taster's Choice instant coffee, Nestle's most profitable U.S. product. The goal is bring about real compliance by Nestle with the International Code.
* Internationalization of the INBC
The International Nestle Boycott Committee (INBC) moves to build unity and effectiveness by inviting representatives of every boycotting country to join INBC's Steering Committee.
* IBFAN Regional Conferences Train Advocates
Regional meetings in Third World countries are organized by IBFAN to train local groups in the techniques of monitoring industry behavior, advocacy for the International Code, and public education work for the promotion and protection of breastfeeding.



A Nepalese mother gives her baby the best start in life.

Conclusion

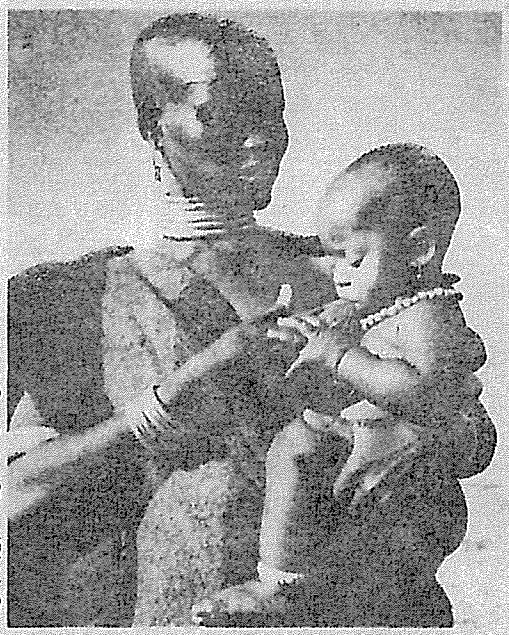
Ten years is a very short time in which to reverse the dangerous trend from breast to bottle; a lot has been accomplished and much more remains to be done. The major achievement of this decade is the recognition that efforts to promote breastfeeding will never fully succeed until there is simultaneous curtailment of marketing of products that compete directly with breastmilk. Helping people during this decade to challenge industry's role in shaping infant feeding practices sets the stage for estab-

INTERFAITH CENTER ON CORPORATE RESPONSIBILITY
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HEALTH

INTO THE MOUTHS OF BABES

Bottle feeding brings healthy profits to some transnational corporations and malnutrition to many Third World infants.



Constance Stuart/Black Star

A South African mother feeding her baby breast milk, the "original convenience food."

BY LEAH MARGULIES

Every day, health workers in Kenyatta National Hospital in Nairobi struggle to save the lives of approximately thirty desperately dehydrated babies; nine out of ten have succumbed to "bottle illness" syndrome. The symptoms are severe diarrhea and dehydration, which often lead to fatal malnutrition.

"Bottle illness" syndrome is contracted from the inadequate preparation of infant formula—a product now being vigorously promoted all over the developing world. A cemetery in Zambia bears poignant witness to the tragedy: the graves are decorated with empty formula tins and bottles which the mothers believed to be their children's most valuable possessions.

Bottle feeding is a relatively safe process in the developed world, but it can become deadly in countries where existing social and economic conditions make proper usage virtually impossible. In these areas, the infant mortality rate for bottle-fed babies is reportedly double that of breast-fed infants.

The reasons are straightforward: over-dilution by mothers who cannot afford to buy an adequate amount of formula; dirty water; lack of refrigeration; inadequate means for sterilization for bottles and nipples, and misuse or mispreparation by mothers who cannot read directions—such as the Nigerian who bottle-fed her baby with water, thinking that the bottle and nipple by themselves had magical qualities. In Chile, an investigation in 1973 revealed a bottle contamination rate of 80 percent.

Advertising Barrage

The recent, rapid rise in this "commerciogenic malnutrition" is linked to the aggressive advertising and marketing strategies of the multinational companies who produce p epared infant formulas. The decreasing birth rate in the developed countries, as well as an increasing trend toward breast feeding, have made the vast and still largely untapped market in the Third World more attractive than ever. So far, mothers there have proved highly vulnerable to an advertising barrage which

Leah Margulies is a program associate of the Interfaith Center on Corporate Responsibility.



Herbert Lanks/Black Star

Villagers in Jamaica, where "mothercraft workers" are actively promoting infant formula.

includes radio and TV spots, calendars, billboards, baby contests, and widespread distribution of free samples. The product is presented as an accessible symbol of Western sophistication and affluence—even though the formula can still cost as much as a third to a half of the family's monthly income.

Perhaps the most insidious merchandising technique is the practice of hiring "mothercraft workers"—outfitted in crisp white nurses' uniforms — to visit mothers, doctors, clinics, and other health workers in order to promote the product. In one Jamaican hospital, for example, nearly one-fifth of the mothers have been visited shortly after delivery by these commercial representatives, officially not even permitted in the hospital, and given samples. Their employers say that they are providing health care, but in fact these companies are draining the real health-care resources of the country by hiring trained health-care personnel, at higher salaries than public-health facilities can afford, to sell commercial products.

The corporations currently active in pushing infant formula in the Third World range from such international giants as Bristol-Meyers, Abbot, and American Home Products (the three major American companies), the Swiss giant, Nestlé, and several other large multinational corporations to local fly-by-night manufacturers eager to cash in on a burgeoning and largely unexploited market.

The opposition to the marketing practices of these companies has recently become increasingly vocal. In the United States, a study by Consumers Union has been followed by a campaign coordinated by the Interfaith Center on Corporate Responsibility (ICCR). Participants include the National Council of Churches and the Ford and Rockefeller Foundations. The ICCR has recently organized the filing of shareholder resolutions by 15 religious groups (including such large Protestant denominations as the United Methodist Church and Roman Catholic orders) with the American Big Three—which also control 96 percent of the U.S. market—asking for full disclosure of all information regarding foreign sales.

The companies have had various responses. Bristol Meyers has denied using any mass advertising, although the ICCR has revealed an ad published in Barbados which features a nurse and reads, "The Mead Johnson [a subsidiary of Bristol Myers] family of formula products answers every infant's feeding needs." Similarly, after claiming for over a year to do no general public advertising, American Home Products was discovered to be promoting itself on television in Taiwan. Abbot is not involved in mass advertising, but does market extensively to medical professionals, which many argue is far more efficient.

In Switzerland, Nestlé, the largest manufacturer, is embroiled in a libel suit against the Third World Action Group, publishers of a pamphlet entitled "Nestlé Kills Babies." To Nestlé's dismay, news of the trial has taken considerable prominence in the European press. In addition, the Action Group, with the assistance of the World Council of Churches in Geneva and the Baby Foods Action Group in London, is distributing *Bottle Babies*, a documentary film on Nestlé's business practices.

Prepared formula, when used correctly, can provide sufficient nutrition for infants. It is a highly processed food which, in the more expensive products, is patterned after mother's milk in fat content, protein, and sugar source, although of course it has neither the antibodies nor the digestibility of the real thing. Sometimes the product is sold premixed, but more often, especially overseas, it is sold as a powder that requires measured amounts of pure water for proper reconstitution. Sterilized bottles and nipples are also necessary.

Breast milk, on the other hand, has been described as the "original convenience food." Besides supplying the proper quantities of protein, fats, etc., it protects the infant from disease by providing antibodies important to the development of the baby's immunization system. —*L.M.*

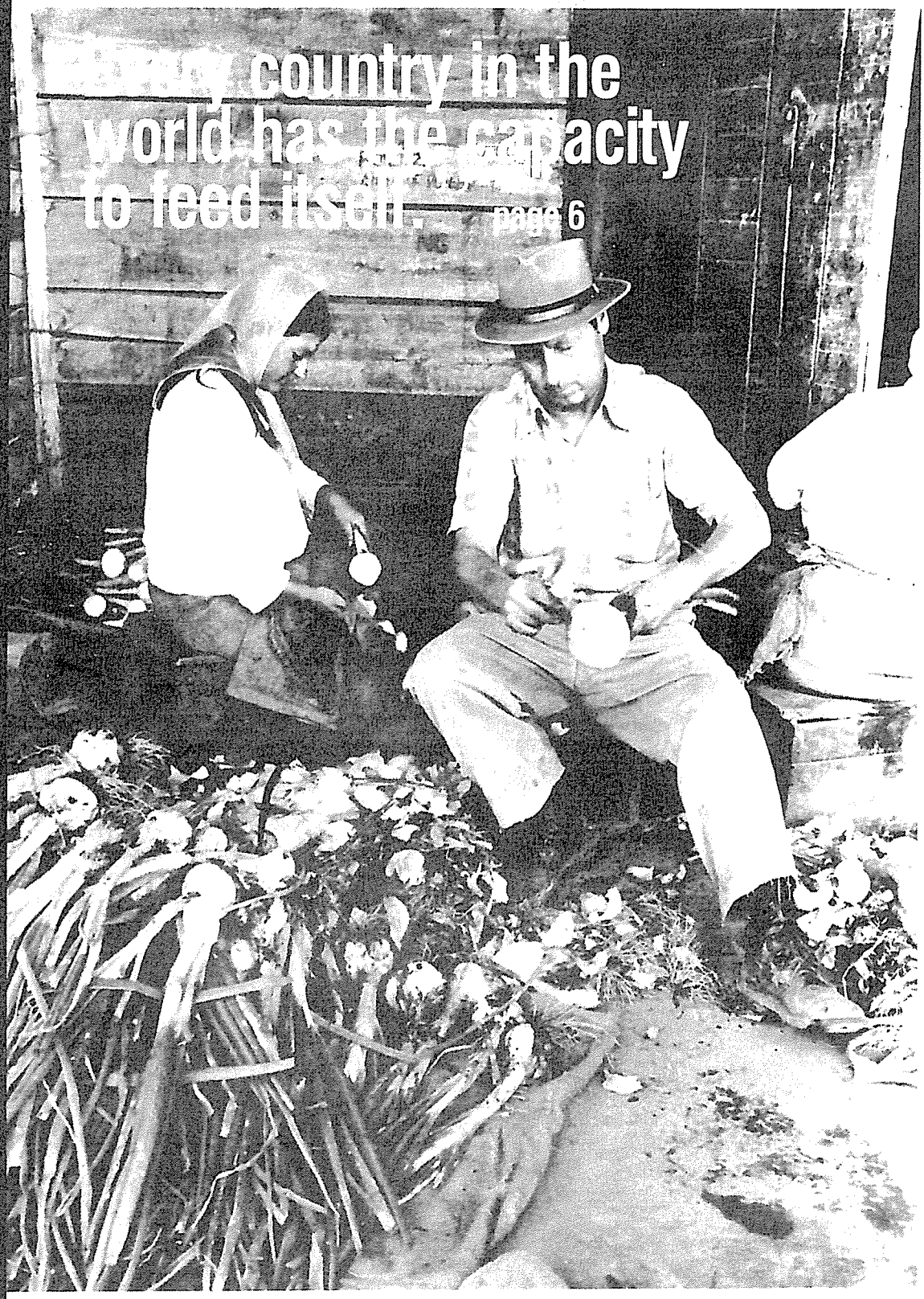
Company Efforts

In response to the mounting tide of criticism, the companies have presented several different "Codes of Marketing Ethics." However, compliance remains problematic, and none of the codes really represents significant progress. The most-subscribed-to code does not even mention advertising and all codes specifically legitimate the use of mothercraft personnel, merely requiring that the company insignia be displayed somewhere on their uniforms. During the next month, challenges will be mounted at stockholder meetings of the American Big Three in Chicago and Wilmington. In addition, various protests are planned for those cities and by the Infant Formula Abuse Action Group of Philadelphia.

The vital first step is to stop the marketing of infant formula in developing countries. However, the problem does not end there. The damage already done will be with us for years to come, since even if a baby survives early infancy, malnutrition takes a devastating toll on later development. □

FoodMonitor

Information, Analysis & Action on Food, Land & Hunger



In this issue:

On the Food Line
by Harry Chapin

The Infant Formula Scandal

Why Food First?
by Frances Moore Lappé and Joseph Collins

From the Editors

Dear Readers:

You are reading the first issue of *Food Monitor,* a new magazine about food and hunger, co-published by World Hunger Year and the Institute for Food and Development Policy.

***Food Monitor* exists to investigate, analyze and publicize the economic and political roots of hunger. It will focus attention on the human dimensions of patterns of control over the world's food producing resources. We hope *Food Monitor* will become a link between the diverse groups of people working to improve food and end hunger, the people who share a commitment to food self-reliance and social justice.**

Over the coming months we will publish a wide range of articles written by amateurs and experts: how people eat and why they eat that way; what science is doing to improve, and destroy, our food in the field and in the lab; how land is used, and abused, by farmers, speculators, corporations and governments. These are some of the issues that challenge us to think beyond the myths and stereotypes that are our common informational heritage.

We welcome your response and invite your criticism, suggestions and contributions.

The Editors

LETTERS

Dear Editors,

Hawaiian sugar lands are currently said to be on the verge of phasing out for the interests of higher profits/labor exploitation of the Philippines. Thus, Hawaii finally throws off its century-old curse and primary land drain to the profound detriment of the hard-pressed Philippine labor force and peasants.

Please, more articles on such ever-neglected spots as the Philippines, Mexico, Puerto Rico, Cuba, Jamaica, Latin America and our own San Joaquin, California struggles. The American press has ignored these flammable issues.

Paul A. Johnson
Kukuihaele, Hawaii

Dear Editor,

An area that you may wish to consider for future publication is the rather confusing proliferation of materials, programs, projects, etc., in the area of world hunger. Somehow, we in this country have a way of getting on every bandwagon that comes along, and join the chorus of those who shout a cause. How can all this be coordinated?

Also, an area for the future is Demythologizing World Hunger. There are many myths associated with hunger, sometimes to the point of romanticizing the tragedy in other countries. For example, people lack food because they have funny religious ideas; or, people are hungry because they are lazy, etc., etc. Having traveled around the world and seen first-hand much of the tragedy due to hunger, I realize that many of these myths are perpetuated in order to cloud our own understanding of the tragedy.

Edward Gunther
Hunger Office
American Baptist Church
Valley Forge, PA

Dear People,

Thank you for putting together the Food Monitor prospectus. I find it is speaking to issues that are of great importance to me. I am working locally with nutrition and food education in our community, doing volunteer work in nutrition education, helped plan Food Day '77 in New Haven, and am trying to start a collective Vegetarian restaurant.

The principles of self-reliance and cooperation are integral to a wholistic understanding of the situation. I believe that our system of land tenure is at the heart of our problems with food and many other things. I would look forward to input on this, as well as on collective and cooperative enterprises. Thank you for your forthcoming publication.

Eric Triffin
New Haven, Conn.

Dear Editor,

One of the first topics I would like to see explored is the effect that overseas branches of multinational corporations have on the ability of an indigenous population to feed itself, eg., what effects do American coffee companies have on Columbian Indians? Do banana plantations increase living standards by providing work for unemployed people or do they decrease food resources for low income people by increasing land values and exporting resources to Americans? What about flowers grown on South American land and imported to the U.S.?

I think these are important questions and the answers may not make us comfortable.

John Hofer
Ames, Iowa

Who We Are

World Hunger Year (WHY) is a non-profit education and resource organization dedicated to developing people's awareness of the root causes of hunger so they may then take appropriate action to bring about change. It provides resource and curriculum materials for classroom use, sponsors progressive educational radio marathons, and helps organize community groups around issues of food, land and hunger. WHY: P.O. Box 1975, Garden City, NY 11530.

The Institute for Food and Development Policy (IFDP) is a research, documentation and education center. It examines and reports on the impact of food, agriculture and foreign policies of governments and agribusiness corporations. It strives to convey the successes and difficulties of people throughout the world working for food self-reliance. It has a speakers' bureau, maintains a resource library, and produces numerous articles and pamphlets in addition to the book *Food First* (Houghton-Mifflin, July 1977). IFDP: 2588 Mission, San Francisco, CA 94110.

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AID photograph

Costa Rican farmers harvesting their own crop.

On the Food Line

By HARRY CHAPIN

Hunger—from our early years, we all heard about the starving people in China—"Eat your soup, there are people starving out there." Guilt, right from the beginning. And guilt is something we soon learn to lose behind a screen of unconsciousness.

Somehow, in the following years, the hunger question did indeed get lost among other concerns, things that we thought were more important or closer to home. Segregation down South—we didn't know then in our smugness up North that the race problem was in all of us who are white. Then The Draft—it coalesced a whole generation around what was happening in Vietnam and the Environment—it was the hot thing for an Earth Day or two.

Of course, there were moments when something specific on hunger would surface. Sometime around Woodstock Summer I read a *New York Times* article on Calcutta. It talked about that troubled place as a metaphor for the End of The City and of our Civilization as a whole—people living in the streets, the water supply and the sewer system being one and the same, and finally the wagons that came every morning to collect bodies from the curbs. Hunger again, and the guilt reawakened. Especially since I was seeing in the mirror the first signs of what I would call in a poem, "Time's thickening collar slipping around my waist." This was a first salvo signaling the beginning of a war with calories that comes with Middle Class American Adulthood.

But as the 60's came to a close we started hearing about the Green Revolution. Technology once again to the rescue. We were off the hook. Time would surely bring the solution to the hunger problem. Oh yes, the Biafra situation got us worked up for a time, as did Bangladesh, but these were just temporary abberations. Then, in 1973, word of the Sub-Sahara drought put hunger on a few front pages. Eventually it was "In" for about half a year. The Energy Crisis, the Great Russian Grain Robbery, and then the World Food Conference.

I myself plugged in about then through relatively unspectacular events. I had been doing a series of benefits, perhaps suffering more than the usual American "liberal guilt" because my career was going well. It was suddenly bringing in more money than I had ever conceived of making.

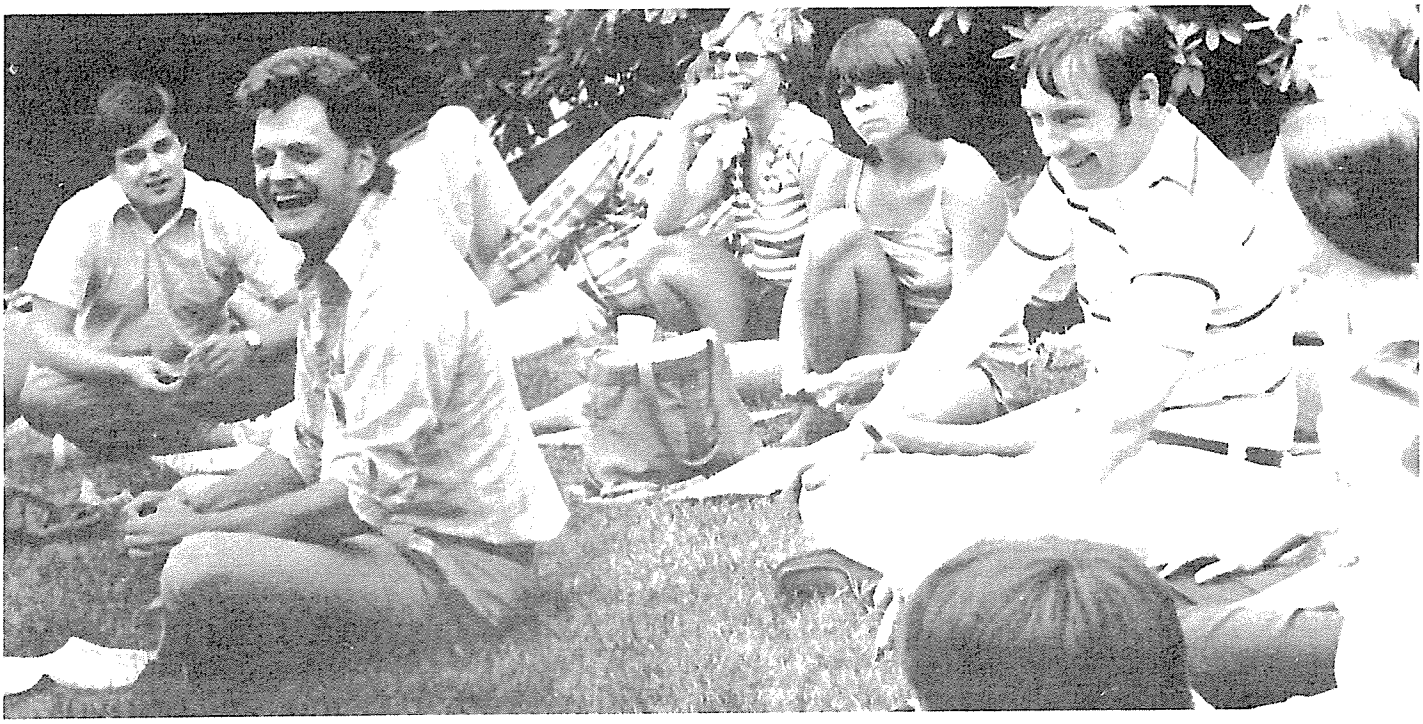
"A $2 million benefit concert each night for a year would only mean one dollar per year for each person who is severely hungry."

Despite being a musician, I had always been a relatively verbal sort. When asked to do interviews, I would always drop in at least a few "heavy" cocktail-type comments about the state of the world. One particular session, recording a public service program with Father Bill Ayres, a completely down-to-earth practitioner of the religious arts, brought about a subsequent get-together to discuss some common concerns.

Bill, who reaches over six million people a week with his various programs, is well-informed in many areas because of his varied interests and regular exposure to guests on his shows. He was already quite knowledgeable about the scope of the hunger problem in Africa and he concluded our talk with the suggestion that, "It is time for another Bangladesh Concert, but for Africa this time." I responded with the obvious quibble that I was not even close to being George Harrison, but Bill, in his gently, deadly way zapped me for this too-glib response. So, we resolved to see what one Catholic priest, with a background in media, and one third-class rock singer/songwriter could do to help an obviously tragic situation.

Thus commenced a learning process that has brought us up to this very day, and promises to continue for the rest of our lives. With our first thoughts about doing benefit concerts, we realized we had to learn much more about the problem and about the organizations that attempt to deal with it. We didn't know that we would eventually have to come to terms with great gaps in the overall effort.

We started with an abortive attempt to do a series of benefit concerts for the United Nations across the country. At this early time we were thoroughly entrenched in what could be called "the charity phase" of the learning process. Besides all the immense logistical problems of setting up these kind of benefits, we eventually came up against a depressing fact: even if we did manage to arrange one benefit concert for virtually ever night of the year 1974, and fantasizing that each one would be successful enough to bring in the two million dollars that the original Bangladesh Concert did, even after a year's time it would add up to 730 million dollars, or, in cold, practical terms, only one dollar per



Joan Beder

Harry Chapin (left foreground) and Bill Ayres (right) with N.Y. State Congressional aides at Long Island hunger workshop.

year for each person on this planet who is severely hungry.

Disappointed but undaunted, Bill and I pressed on, convening a series of meetings at my house involving a wide range of people from every walk of life interested in discussing what we could do together. The only conclusion that we ruled out before we began was that, as individuals, we were helpless to have an effect. We essentially went through a cram course on development, having the first awareness of the political aspects to hunger. We heard serious questions raised as to whether the vast majority of the present hunger "solutions" were counter-productive. We also heard the inevitable "realists" propounding the "Triage-Lifeboat Thesis," claiming that natural selection was at work and that there were "Basketcase Countries" that should be allowed to perish for the ultimate health of the whole planet.

In the process of learning the fallacies of these arguments we realized that, once again, hunger had become the silent problem. Maximum visibility to the hunger issue was imperative. There needed to be free, wide-ranging and *regular* discussions of facts, causes, and potential solutions. We had seen the six-month "hot" period for hunger peter-out by the beginning of 1975. Here was a problem that, in the best of years, still afflicted one-eighth of the world's population, and in terms of the major news media, it was again a "non-issue."

I personally believe that the Vietnam War ended when American T.V. watchers each night saw on their seven o'clock news the faces of Americans who were fighting and dying in that distant country, when they heard mother after mother speak of her loss, and then listened to general after general go through the same ritualistic rationales of futility and come up with new lies to hide the indefensible.

Bill and I founded World Hunger Year (W.H.Y.) in March of 1975 when we came to the conclusion that the greatest need was to give constant and consistent exposure to the hunger problem. We saw the need to start the kind of organization whose express purpose was not to provide relief or development funds but to increase the visibility of what is, and should be, perceived as humankind's greatest crisis. As an important corollary to that goal, we wished to articulate a positive tone to combat the more usual "guilt-mixed-in-with- breast- beating- seasoned- with- hopelessness" that we so often pass off as our highly-developed social consciousness.

Late in 1975 we came into professional contact with people who embodied just that tone. With a fortuitousness that often does occur when one becomes truly committed, we met two Hunger Movement stalwarts who were changing people's perception of the problem. Frances Moore Lappé and Joe Collins had been on the front lines of the Food Movement for many years, despite their relatively young ages. Frances' book —*Diet for a Small Planet*—served as the consciousness-raising beginning to a viable Food Movement. Dr. Joe's research with Richard Barnet and Jacques Chonchol had brought much needed documentation to the economic and political causes of hunger.

Together, over the past year and a half, they founded the Institute for Food and Development Policy. In the painstaking process of preparing a major new work on hunger, they have come up with what to me is the key for all of us. Their insights will allow us at last to get beyond the guilt, to get beyond the myths and misconceptions that have built up around this all-pervasive issue. They had combined an unprecedented depth and quality of research to show in *Food First* that there are things that all of us can do, that by understanding the true causes of hunger we can indeed remove the fear and paralysis that lock us into inaction. Moreover, they show that the *process* itself of learning and coping with food questions can bring us into intimate contact with those factors that control our world.

It may be strange to be hearing from someone that he is excited about tackling a problem of such magnitude. But, all of us who are in the process of joining together in that human community of interest called the Hunger Movement are involved in a most exciting endeavor. The process is one of finding that we need not be a tiny, helpless speck awash in the tears of humanity. It is one of finding that we are human beings who need to, and *can*, have an effect on our own destinies and the lives of others. At a time when so many of us are suffering from a malaise of hopelessness or ineffectuality this is indeed an exciting prospect.

Bill and I founded World Hunger Year with the hope that it would be a multi-faceted source for a high-visibility discussion of the hunger issue. We are proud of what we have accomplished in this regard as we approach the end of our second year. Frances' and Joe's Institute is reaching more people than anyone could have hoped for in such a short time, with documentation that we have reason to be hopeful, and an analysis that frees us to act. And now, with this first issue, we hope this jointly published magazine FOOD MONITOR will be a valuable way for people to hear news of the food movement.

Harry Chapin, a well-known singer/song-writer, is a co-founder of World Hunger Year.

Why Food First?

The following is adapted from the introduction to the authors' new book Food First: Beyond the Myth of Scarcity *(with Cary Fowler, Houghton -Mifflin, July 1977).*

Lappé and Collins will be frequent contributors to this magazine.



Pat Goudvis

Authors Lappé and Collins.

By FRANCES MOORE LAPPÉ and JOSEPH COLLINS

We met each other on the first national Food Day in 1975, at Ann Arbor, Michigan, where we were both lecturing. Following our talks, students asked us the same urgent questions we had been asked so many times before. Yes, we did have some answers, but we weren't satisfied. Afterward we met, talked, and finally decided that together, we would throw our energies into a search for answers to all the toughest questions about the causes of hunger that we ourselves had ever asked —or had ever been asked. We would then put the answers that emerged into a form we could share with others.

As we have described our work to others during the intervening years, we have discovered a common reaction. Writing a positive book about world hunger sounds to most people like trying to make a joke about death—it just isn't in the material! The typical response is a sigh of sympathy or a look of bewilderment. Sometimes we sense we evoke latent feelings of guilt because we appear as individuals who are "making a sacrifice." But how can we explain that we are not dwelling on the tragedy of hunger and deprivation? Instead, we are learning for the first time where our own self-interests lie. Rather than a depressing subject to be avoided, the world food problem has become for us a useful tool in making sense out of our complex world.

But to discover the positive message hidden in the apparent hopelessness of the world food problem, we must first face the forces now paralyzing Americans with feelings of guilt, fear and ultimately, despair.

Everywhere, newspaper headlines carry a clear message: we are all in a life-and-death contest between growing numbers of people and limited amounts of food. We are in a race, we are told, and some must inevitably lose. The implicit message is that not everyone can have enought to eat. And what about us, we wonder? According to C.W. Cook, retired chairperson of General Foods, if we have "to compete with . . . an increasingly crowded and hungry world, providing adequate nutrition to millions of lower income Americans could become an impossible dream." Population growth was pronounced a "bomb" in the 1960's and a "human tidal wave" in the 1970's.

But, it is not mere numbers that we are made to fear by these frightening images; the real issue is *whose* numbers are increasing. While describing the "race against hunger," then-President Nixon told us that, "the frightening fact is that the poor are multiplying twice as fast as the rich."

To this compound threat, our new ecological awareness presents its own version of the apocalypse. Warnings about over-reaching the "finite limits of our ecosystem" lead us to believe that increases in food production will inevitably damage the environment. Thus, there appears to be no way out of scarcity without making our children pay the price.

In addition, as North Americans, we are told that we have a special role to play in staving off the apocalypse. Again and again we read that the United States is the world's only remaining buffer against starvation. We see world food security defined strictly in terms of how much grain the United States can produce or hold in reserve. And, understandably, the North American consumer then believes that food exports to the hungry are to blame for our rising food prices. One intuitive response to such a burden on our national shoulders is to toughen up, to feel we are being unfairly put upon, and to resist.

At the same time, well-intentioned attempts to stir public action have shifted the world food crisis away from the political-economic arena and have made it an issue of individual morality. Our consumption is endlessly contrasted with deprivation elsewhere. With no understanding of how hunger is actually created, we are defenseless against a diffuse but powerful sense of guilt —guilt for just being American.

Thus, the hungry are made to represent a powerful threat, and, at the same time, a burdensome responsibility. We are torn.

To ease the pain of our conflicting feelings, theories such as "life boat" ethics emerge. We are told that compassion is a

luxury we can no longer afford. We are told we must learn a new ethic of detached reason: we must learn to let people die now for the ultimate survival of the human race. Such a resolution of our conflicting feelings is, in the words of writer Peter Collier, a form of "Novocain for the uneasy soul."

But, must we deaden our sensibilities in order to find some surcease for our anxieties? Or, can we transform what appears to be the most impossible problem of our generation—the world food crisis—into a most useful and constructive tool for understanding the complex forces that limit our own lives? Can we, moreover, on the strength of our new insight, gain a sense of personal power over forces that increasingly diminish our own freedom of choice and our own well-being?

In researching our book *Food First: Beyond the Myth of Scarcity* (Houghton Mifflin, July 1977), we have discovered that the answer is "yes!" To begin with, we have learned that food *must* come first. Until all people of this earth are able to eat adequately, all other problems pale in significance. No country can afford to think of its food resources as a means toward some other end, such as income from exports, until its people first are feeding themselves. This applies to the United States as much as to any other country.

As we studied, read, and interviewed, we found that the media-repeated themes of scarcity, guilt, and fear are all based on myths. In fact, we had to learn that:

1. Every country in the world has the capacity to feed itself.

2. The hungry are *not* our enemies nor our competitors.

3. The malnourished abroad are not hungry because of individual greed of the average American. Rather, the hungry are victims of a scarcity-creating system.

Hunger, in fact, is not the "problem" at all. Hunger is the symptom of a disease, and we are its victims in much the same way as are the nomads in Mali or peasants in India.

We have come to see that no society setting out to put food first can maintain the concentration of wealth and power that characterizes most nations today. The heaviest constraint on people-oriented food production and distribution turns out to be the inequality generated by our type of economic system—ironically, the very system now being exported to underdeveloped countries as the "answer" to their food problem.

We are not saying that the solution to hunger lies in better distribution of food while keeping intact the present distribution of power. We are saying something else: that hunger will only be addressed when we confront the more fundamental issue of who controls and who participates in the production process. Thus, to accept the challenge of Food First is to confront the basic assumptions of our present economic system.

The greatest reward for our work has been the discovery of realistic and liberating answers to a most urgent question: What can Americans do? Although the answers are not simple, we know at least that Americans alone can't solve the world food problem.

Hungry people do, can, and will feed themselves if they are allowed to. If people are not feeding themselves you can be sure there are powerful obstacles in the way. Now, instead of asking, "How can we feed the world?" we ask an entirely different question: "What are we doing—and what is being done in our name and with our tax money—to erect those obstacles? And how should we work to remove them?"

The task of Americans now becomes clear. More important than sending food aid or designing rural development projects for the Third World is building a movement in this country—a movement that lays bare the truth that it is a single system, supported by governments, corporations and landed elites, that is undermining food security both here and abroad.

We are discovering that in underdeveloped countries, the forces cutting people out of the production process, and, therefore, out of consumption, are the same forces that have turned our food system into one of the most tightly controlled sectors of our *own* economy. Fewer and fewer farms account for a larger and larger portion of our food. We get increased and needless processing and less nutrition for higher prices. Thus, as we fight to democratize our food economy in this country, we are fighting directly against the very forces that promote hunger in other countries.

There is no other road to food security—for others or for us. We have been misled to believe that, if justice becomes a priority, production will be sacrificed. We have found the opposite to be true. It is the land monopolizers, both traditional landed elites and corporate agribusiness, who have proven themselves to be the most inefficient, unreliable, and destructive users of food resources. The only guarantee of long-term productivity and food security is for people to have control over their own food resources here and in other countries as well.

The first step, however, is to demystify the problem of hunger. This is where we would like to help. We did not start out as experts. We began just as you might. We became interested. Food loomed as the greatest problem of our lifetime. What could be more compelling?

As we learned more, read what the "experts" were reading, traveled through our own country and abroad, we learned that the solution to world hunger is no mystery. It is not locked inside the germ plasm of a seed, waiting for a brilliant young agricultural scientist to discover it. It is not spelled out in econometric studies of development planners. No, the only block to a solution to world hunger is the sense of powerlessness we are made to feel; that the enormity of the problem puts the solution outside our control; that it should be entrusted to others.

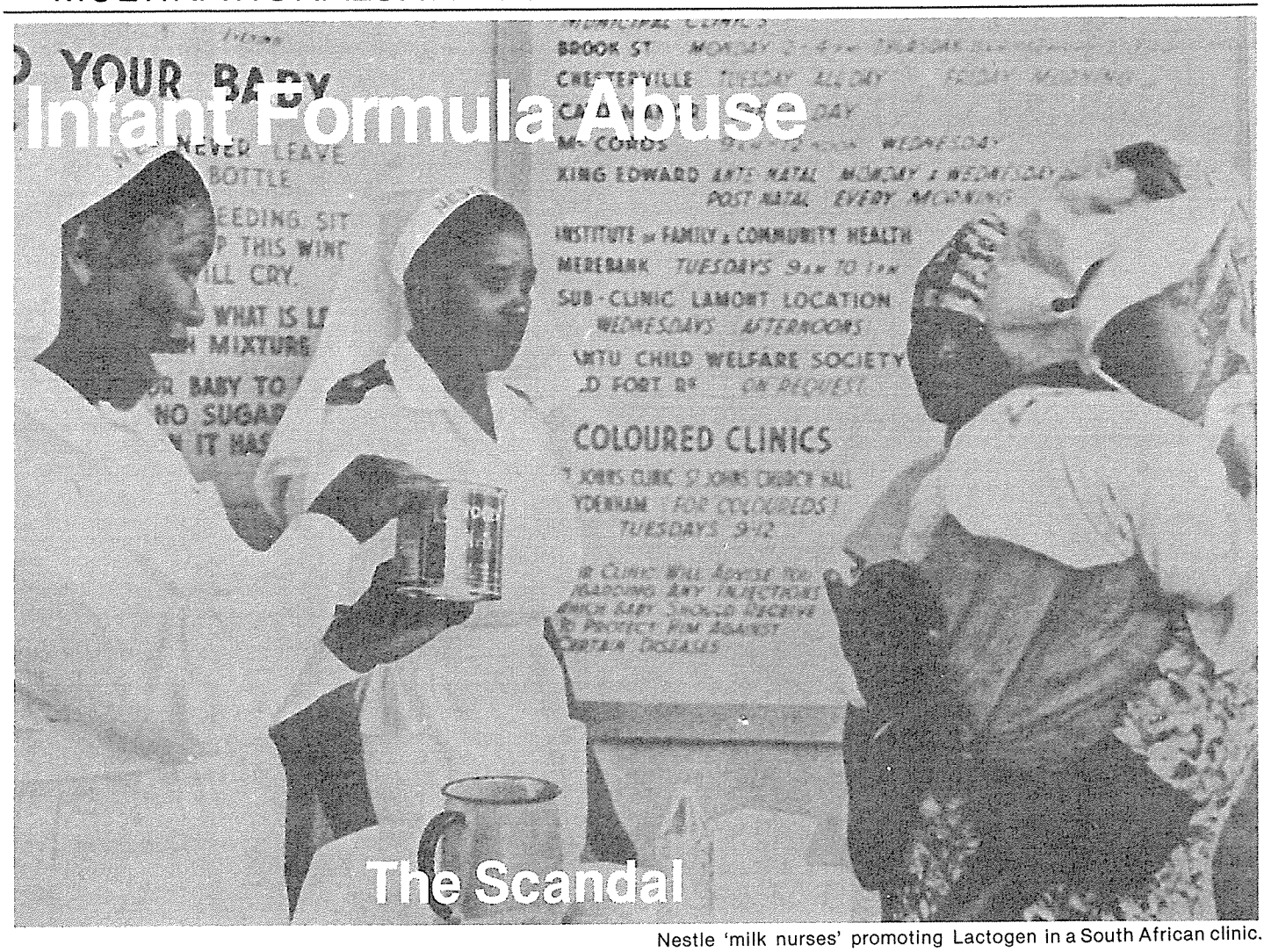
The solution to world hunger is firmly in our hands.

Frances Moore Lappé has been associated with the food movement for six years through her million copy seller Diet For A Small Planet, *and from numerous magazine articles, lectures and media appearances.*

Joseph Collins' background includes his assistance to Richard Barnet and Ronald Müller in research and writing Global Reach: The Power of the Multinational Corporation, *and his co-authorship of the Transnational Institute Report,* World Hunger: Causes and Remedies, *prepared for the 1974 World Food Conference in Rome.*

Food First *is available from the Institute for Food and Development Policy, 2588 Mission, San Francisco, CA 94110 or through your local book store.*

[Chilean *campesinos* hand-planting food crops]



Nestle 'milk nurses' promoting Lactogen in a South African clinic.

By LYN DOBRIN

In 1975 I met Tom Wiffels, a young Dutch doctor who was running a modern hospital in a remote area of Kenya. Frequently Tom would express anger upon seeing a mother bottle-feeding her baby. One day he exploded, seized the dirty blue plastic bottle a woman was giving her infant and threw it out the window.

As part of his daily work Tom spent hours explaining the virtues of breast feeding to African mothers, trying to undo the results of the seductive advertising to which they had been exposed. When he arrived at Tabaka hospital, decorative posters urging women to bottle-feed their babies covered the hospital walls. At first, Tom made large signs reading **Mother's Milk Is Better**, which he pasted over the advertisements. Deciding that was ineffective, he eventually ripped the posters off the wall.

Tom Wiffels is not the only one attempting to eliminate this insidious propaganda in the Third World. He is not alone in his concern for African babies. Companies promoting baby formula in the Third World have been under attack by citizen's groups and individuals throughout the world. The article on the Sisters of the Precious Blood will document those activities. What follows here is a background to the baby formula scandal based on information received from the Interfaith Center for Corporate Responsibility (ICCR), with excerpts from Leah Margulies' article "Exporting Infant Malnutrition."

In their efforts to expand markets the major manufacturers of baby foods have heavily promoted their product in Third World countries over the last few years. Massive sales campaigns utilizing billboards, magazines, newspapers, radio, and even TV have encouraged women around the world to abandon breast feeding in favor of bottle-feeding—a more expensive, complex and less healthful method. The result? Increasing infant malnutrition and mortality due to bottle-feeding.

A recently released report on breast milk by *Consumer Reports* states: "When there is unclean water, inadequate refrigeration, poor home hygience, or too little money to buy enough formula, bottle-feeding can be dangerous and even fatal. The formula may become contaminated, exposing the infant to serious infection; also, the formula may be over-diluted in an attempt to save money, leading to severe malnutrition. These problems frequently exist in developing countries and even in some poverty areas in the United States."

What *Consumer Reports* says "may" happen in poverty situations has actually taken place in countries where baby formula manufacturers have been marketing their products. The findings of the ICCR and other organizations substantiate this statement.

A Cornell University nutritionist found that for the nearly two hundred St. Vincent (Caribbean) mothers he interviewed, "There is no question that it is absolutely impossible for the vast majority of them to

maintain the necessary cleanliness, let alone sterility. Few had electricity, fewer still a refrigerator, and none had access to safe water."

The instructions in Nestle's Bottle Book read, "Wash your hands thoroughly with soap each time you have to prepare a meal for baby." But 66% of households in Malawi's capital have no washing facilities at all, and 60% have no indoor kitchen. Yet Nestle sells milk to people in that community.

An investigation by War on Want, a British charity organization, discovered a Nigerian mother who fed her baby mostly water—but with a bottle and nipple she had seen advertised on a billboard in town. It was not made clear that it's what's inside that counts. Other mothers have been known to fill bottles with mixtures of water and cornstarch in an attempt to imitate the appearance of the advertised product.

The expense of infant formula to poor families is extraordinary. For many, the cost of properly feeding one child exclusively on formula can cost 30% or more of a family's income. Writes Ted Greiner in a 1975 monograph prepared for Cornell University's Program on International Nutrition and Development Policy, "...while working in Tanzania, I reported that the cost of adequately feeding a 6-month old infant was equivalent to half the minimum wage in that country. How can a family allow over half its income to be spent on the food of the youngest member?"

Instead, many mothers dilute the powder to save money by making it last longer, not realizing the weakened formula will not provide the nourishment necessary to sustain life.

Dr. Derek Jelliffe, an authority on infant nutrition in underdeveloped nations, found that it would cost a Jamaican family about $2.75 a week to properly feed a baby processed infant food for the first six months of life. Forty percent of employed Jamaicans were earning less than $11 a week. Dr. Michael Latham of Cornell University adds that it would cost 58% of total family income in Kenya and 76% in India to feed infants properly with processed foods. Several studies in the Caribbean showed that many women were stretching a four days' supply to last three weeks. In Barbados, 82% of mothers surveyed were diluting the powder.

The result of this formula dilution, unclean water, and dirty bottles has been increased infant malnutrition and mortality at earlier and earlier ages among Third World children. The documented evidence is overwhelming: 713 of 717 children admitted to hospitals in Sierra Leone for malnutrition had been bottle-fed; in Chile in 1973, three times as many deaths occurred among infants who were bottle-fed before three months old than among wholly breast-fed infants with a bacterial contamination rate of 80% discovered in feeding bottles. In some African hospitals, babies suffering from malnutrition are in beds marked "Lactogen Syndrome" after the Nestle company's baby formula.

Malnutrition is not unknown in Third World countries, but until recently it did not become severe until after weaning, usually in the second year of life. Now the average age of children suffering from malnutrition in some parts of the world is eight months. Sustained malnutrition impairs mental development. The earlier the malnutrition occurs and the longer it lasts, the greater the chances that the child's brain will be damaged.

Sophisticated companies, such as Abbott, American Home Products, Bristol-Myers, Nestle and Cow and Gate, with resources and capital at their disposal are promoting their products to unsophisticated consumers who take what they see quite literally. When a Third World woman sees a picture of a fat, healthy baby nursing from a bottle on the wall of her health clinic, she believes it to be an endorsement. And usually it is.

Another way that companies have promoted their product is through saleswomen who have come to be known as "milk nurses." Neatly dressed in starched, white uniforms, these women, many of whom are not actually nurses, frequently visit mothers in their homes explaining the value of bottle feeding. They even make home deliveries of formula, but rarely tell mothers of the extended costs of bottle feeding —the costs in money and health.

Milk nurses have had great influence on the mothers. Ninety-five percent of Nigerian mothers who combined breast and bottle feeding said they had been advised to do so by medical personnel, mainly midwives and nurses. Milk company representatives who gave talks on feeding appeared to be identified as hospital and clinic staff.

And so the baby formula companies have been busily promoting their products to people who do not have the resources nor the information to effectively use the product. The results have been more than increased profits for the corporations. Leah Margulies describes a cemetary in Zambia which bears poignant witness to the tragedy: the graves are decorated with empty formula tins and bottles which the mothers believed to be their children's most valuable possessions.

Lyn Dobrin, author of The Magic Stone *(East African Publishing House, Nairobi 1967), a book of Kenyan folk tales, is co-editor of* Food Monitor.

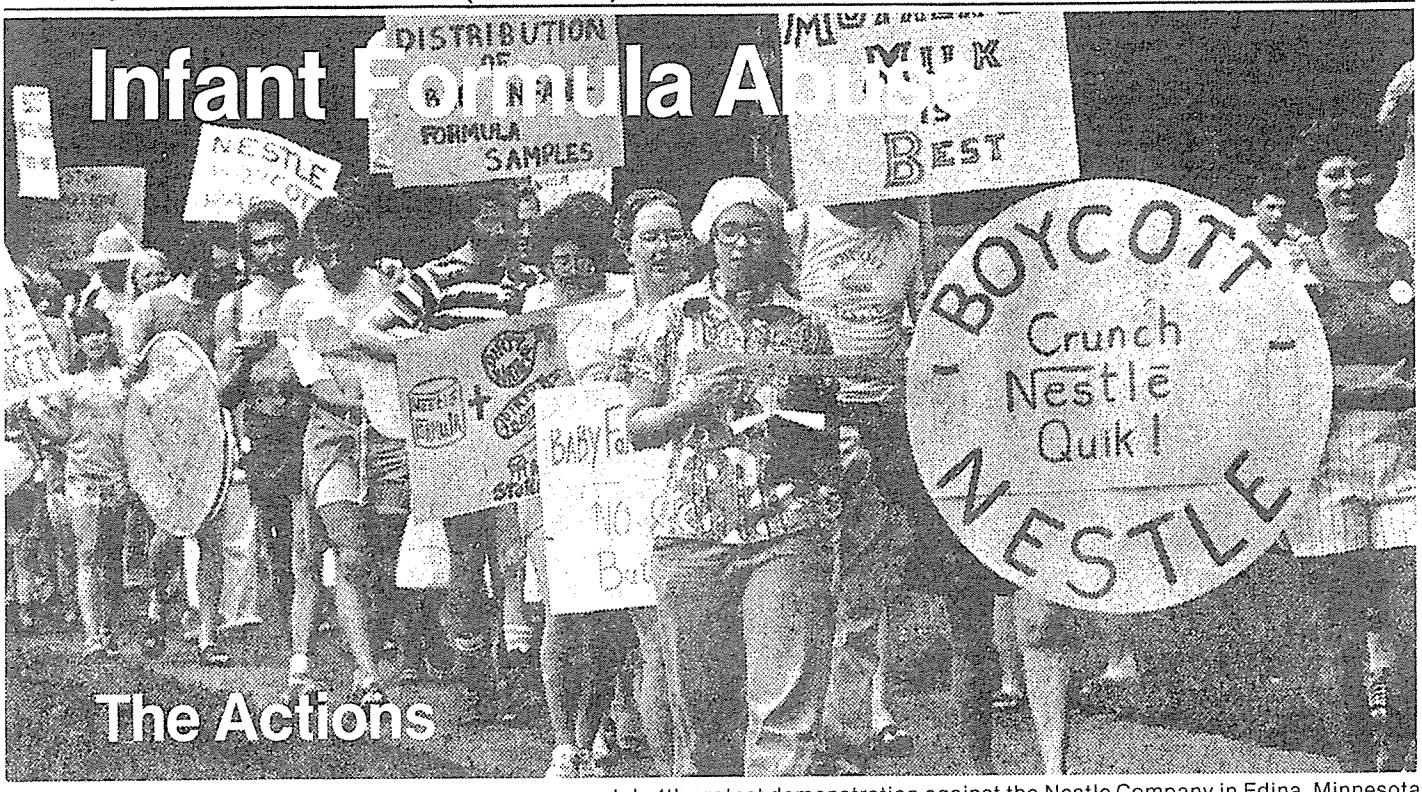
Hunger

Bottles are bullets
Placed in infants' mouths,
Plastic missiles shot
For ivory and gold.
Peasant breasts drip their life
On children's graves
Inscribed with the word "progress."
Eyes in glass buildings
Never see the little mounds
But count them daily
In their profit reports.

by Arthur Dobrin
from *Sunbird,* Cross Cultural Communications, Merrick, New York, 1976.

In an interview broadcast on West German radio stations last year, Dr. Elizabeth Hillman, a pediatrician on the staff of the Kenyatta National Hospital, Nairobi, said: "A short while ago...the Nestle's representatives came to visit us at the hospital to ask if we had any opinion about the War on Want publication which had been translated in Switzerland and titled: "Nestle Kills Babies," They really wanted us to say that the Nestle Co. did not kill babies, and we discussed this at length with them and were not able to say of course that Nestle 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 to being dead, because the mother was bottle-feeding with the Nestle's product (Lactogen, a milk preparation), and for interest 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 of us watched the mother turn away from the dead baby and put the can of Nestle's milk in her bag before she left the ward...In a sense ...it was a vivid demonstration of what bottle-feeding can do, because this mother was perfectly capable of breast-feeding. They walked out of that room, very pale, shaken and quiet and there was no need to say anything more..."

From Third World Action Group, Berne, Switzerland



Regene Radniecki

July 4th protest demonstration against the Nestle Company in Edina, Minnesota.

Sisters of the Precious Blood

By LEAH MARGULIES

The Sisters of the Precious Blood, an Ohio-based religious order, have sued Bristol-Myers for misstatement of fact in the Company Proxy Statement responding to the Sisters' shareholder resolution on infant formula marketing practices. Management denies that their infant formula products are marketed where "chronic poverty or ignorance could lead to product misuse or harmful effects." The Sisters claim that widespread infant malnutrition and illness in the Third World can be linked to the promotion and sales of infant formula by such companies as Bristol-Myers. The Sisters believe that as shareholders in Bristol-Myers, they bear responsibility for Company policy and practices which adversely affect those using Bristol-Myers' products.

The Sisters have submitted to the court massive documentation in support of their case and have raised some key questions of corporate accountability and responsibility. Can a corporation whose practices affect the lives of millions of people throughout the world be held responsible for these practices by shareholders, consumers, and others concerned about these effects?

For the past two years, the Sisters of the Precious Blood and other church stockholders, as members of the Interfaith Center on Corporate Responsibility (ICCR), have filed resolutions with Bristol-Myers and other American infant formula companies. They have requested disclosure of information on sales and promotional practices. Bristol-Myers responded to the first shareholder resolution in 1975 by producing a lengthy public relations report denying the legitimacy of the concerns of the Sisters in their resolution. ICCR sent this report to several nutritional experts, who concluded that it was inaccurate and substantially misrepresented *where* and *to whom* the Company sold its baby formula.

In 1976 a second resolution was filed with Bristol-Myers asking the Company to correct the inaccuracies in the report. Instead, the misstatements were repeated—this time to 50,000 shareholders in the Company Proxy Statement. The Company urged its shareholders to vote against the resolution—supporting this recommendation with these misstatements. This is the basis for the suit initiated by the Sisters.

The Sisters gathered documentation to substantiate their case from doctors, missionaries, and others in over 15 Third World countries. These affadavits, submitted into Federal Court, show evidence of widespread promotion and dissemination of products where chronic poverty inevitably leads to extensive misuse of the product. The Sisters have asked the judge to order Bristol-Myers to resubmit the resolution correcting the misstatements. Bristol-Myers has sought summary dismissal of the case on the grounds that the Sisters cannot link their accusation with any one clearly discernible corporated practice.

On May 11, U.S. District Judge Milton Pollack granted the motion of dismissal saying that the nuns had failed to show, as the law requires, that Bristol-Myers' statements to its stockholders had caused the Sisters of the Precious Blood "irreparable harm." In addition, no injunctive relief was granted because the Judge declared that the church group "can point to no corporate action or transaction to which the challenged proxy solicitations or resulting vote was an essential link."

Judge Pollack declined to rule on the accuracy of the Company's statements, saying that to do so would be "an empty exercise in semantics in the circumstances of this case."

The Sisters of the Precious Blood have filed an appeal. They are confident of winning their appeal because the ruling, which does not address the merits of the charges, "makes a mockery of Securities and Exchange Commission laws requiring truth in corporate proxy statements."

Leah Margulies is the director of the Infant Formula Campaign at the Interfaith Center on Corporate Responsibility, a sponsor-related movement of the National Council of Churches.

Around the Country

Compiled by EARTHWORK

The Infant Formula Action Coalition (INFACT), a national coalition of concerned individuals and groups, is mobilizing to halt the unethical promotion of infant formula by multinational corporations. Women's organizations, health care professionals, nutrition advocates, religious groups and Third World activists have united in a national campaign to bring this issue to public attention. INFACT demands that corporations respect people above profit.

Here's a summary of recent activities:

Boston—The Boston Food Coop (449 Cambridge St., Allston, MA. 02134) recently joined INFACT expressing interest in the upcoming Nestle Boycott. The Boston Women's Health Collective (Box 182, West Somerville, MA. 02144) acts as liaison to women's health movements and has added resources on infant formula abuse.

New York—Clergy and Laity Concerned (198 Broadway, New York, N.Y. 10038) educates and mobilizes action through 35 local chapters on multinational agribusiness issues. CALC recently decided to work on infant formual abuse in their new "Politics of Food" program. An information/education packet with local action suggestions is available from the New York office. The Washington, D.C. office set up a model traveling exhibit. Local film screenings, letter writing and presswork are planned.

The Interfaith Center on Corporate Responsibility, (ICCR) a related movement to the National Council of Churches, coordinates campaign efforts on many aspects of the formula issue. The INFACT coalition works in consultation with the ICCR Eco-Justice Task Force. ICCR sponsors began filing shareholder resolutions with American-based formula producing corporations in 1975. Those resolutions, directed at American Home Products, Borden, Abbot Labs, and and Bristol-Myers, requested disclosure of marketing practices in the Third world.

Philadelphia—Infant Formula Coalition of Philadelphia (1011 South 48th Street, Philadelphia, PA 19143) worked with the Medical Committee for Human Rights on the formula issue. They've shown "Bottle Babies" (see resource section), in medical schools, churches, high schools, and Third World "activist" groups. Their speaker's bureau has been busy with requests from groups and media for film showings and information.

Washington, D.C.—The Center for Science in the Public Interest (175 South St., N.W., Washington, D.C. 20009) sponsored Food Day 1977 in communities throughout the country. With the Interfaith Center on Corporate Responsibility, CSPI is investigating domestic formula marketing.

The Action Center (1028 Connecticut Avenue, N.W., Suite 302, Washington, D.C. 20036) is a project of the Institute for World Order which "mobilizes young people for food, justice, and development." Sharon Smith of the Center compiled a study/action guide, and the Center is involving college students in the issue through the National Student Association. The action guides encourage students to investigate the stock holdings of institutions in their area for companies that manufacture infant formula.

Chicago—The 8th Day Center for Justice (22 East Van Buren St., Chicago, Ill. 60605) is challenging the "Code of Marketing Ethics" of Chicago-based Abbott Laboratories. The coalition continues to press for a realistic channel for citizen input and to research Abbott's marketing policies. Sister Marilyn Uline recently rebutted the company in an extensive Chicago Tribune article. The coalition has been represented in area conferences, on T.V. and radio.

Dayton—Women Here and There (1810 Harvard Blvd., Dayton, Ohio 45406), a collective organized around women's problems in various cultures, is centering this year's work on formula malnutrition. The collective held a bottle baby workshop in late April, 1977, for ecumenical women to share information and strategies. Women Here and There, located in the same city as the Sisters of the Precious Blood, have extensive files on that concern.

Minneapolis—The Third World Institute (1701 University Avenue, Minneapolis, MN. 55414) is expanding its coalition base; more than 15 groups are represented at weekly meetings, aiming at participation of 30 local organizations. The Institute is raising funds for the Bristol-Myers lawsuit and educational activities. A feature article in a community periodical recently stimulated many favorable responses from concerned residents. Minnesota INFACT has called for a nationwide boycott of Nestle products and has demonstrated at the Nestle's office in Edina.

Los Angeles—The Interfaith Hunger Coalition, (5250 Santa Monica Blvd., Los Angeles, CA 90028), sent an inquiry to national church leaders seeking an interest in a Nestle boycott. The coalition does educational work throughout Southern California.

San Francisco—Earthwork (1499 Potrero, San Francisco, CA 94110), an urban center for land and food, was instrumental in INFACT's formation. They've distributed the film "Bottle Babies," organized local groups and generated media coverage of the issue. NC-ICCR (870 Market St., No. 770, San Francisco, CA 94102) arranges speaking engagements, film showings, and coordinates local church action. Earthwork and NC-ICCR have comprehensive files on the infant formula campaign, including a full set of legal papers. They are working with Public Media Center in generating support for a national Nestle boycott.

Earthwork, part of the Bay Area People's Food System, builds alliances between farmers, consumers and other food workers.

Nestle's Boycott

The Nestle Company is the largest seller of commercial baby milk in the Third World. In July, a boycott of Nestle products began across the United States. Targeted products are: Taster's Choice; Nescafe; Nestle's QUIK; Nestle's CRUNCH; Nestea; and Libby, McNeill and Libby Products.



Infant's grave in Zambia, where it is the custom to put a child's most valuable possessions on his grave.

G + W in the Dominican Republic

By DEBORAH HUNTINGTON

In March 1974, the people in the town of La Otra Banda in the Eastern province of the Dominican Republic seized several hundred acres of fertile farm land which was about to be planted in sugar cane. Hungry and landless, they planted yucca, beans, and plantain, and demanded that the Balaguer government implement long-promised plans of land reform.

The food crops sown during the land takeover were never harvested. The army was called in to dislodge the squatters and the crops were plowed under to prepare the lands for cane.

The occupied area belonged to a large land-owning family which intended to plant sugar cane to sell to Gulf and Western Industries' nearby La Romana mill. The mill, which is among the world's largest sugar manufacturing facilities, produces 30% of the country's sugar; and sugar represents over one half of the nation's exports. How does such a situation arise? How can a majority of the Dominican people suffer from malnutrition while good farmland goes to the production of export crops?

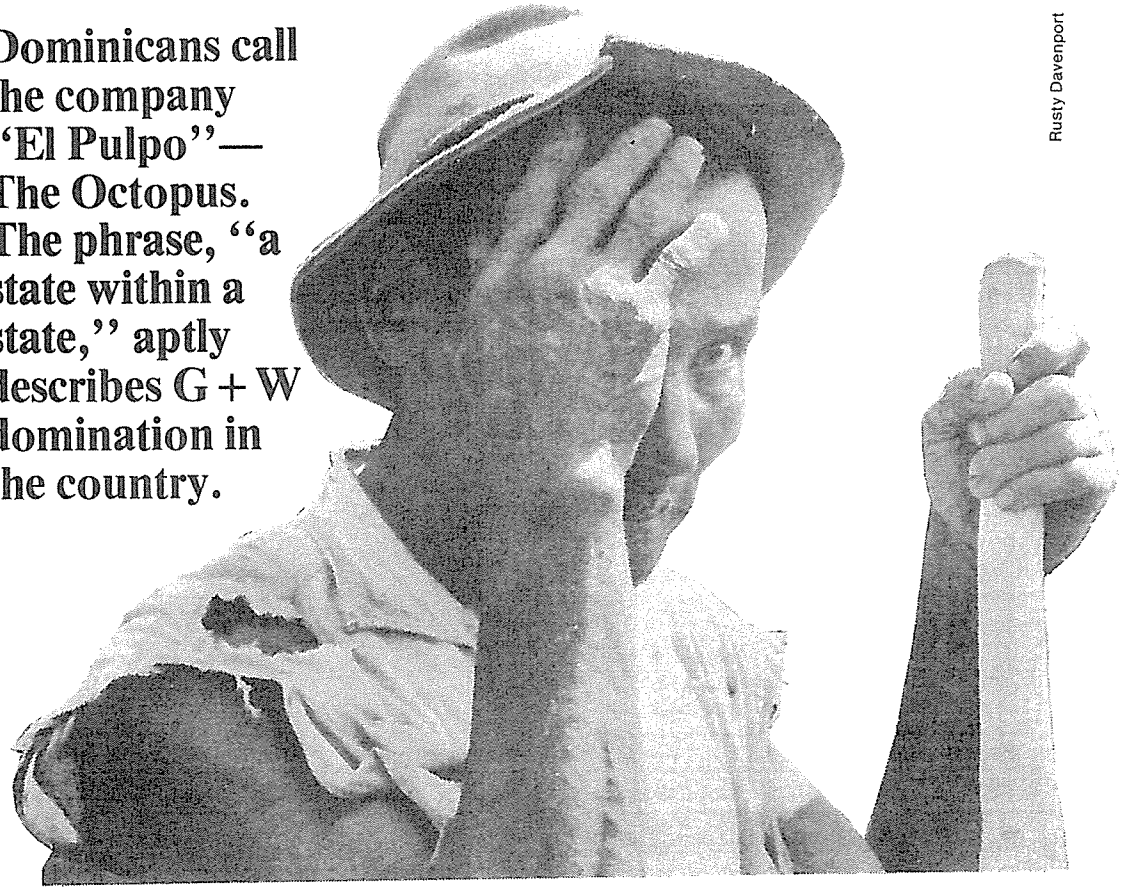
Foreign interests have played an increasingly significant role in agricultural development, but the resultant growth has been more a response to the needs of local people. The situation has been particularly acute in the case of the Domincan Republic. The land planted in sugar cane has doubled in the last twenty years; today, approximately one-fourth of all cultivated land is devoted to sugar.

The expansion of cash cropping, much of it under foreign control, means less land and food are available to the local people, 75% of whom are subsistence farmers and landless laborers. Investors argue that this development has improved the lives of the Dominican people, but the facts do not substantiate this position. Three-fourths of the population suffers from malnutrition, and infant mortality is greater than 30%. Fewer than 3% of peasant households have running water, and nationwide unemployment ranges well above 30%.

This pattern of development has benefited a few individuals and corporations, however, Gulf and Western, in particular, has, in the last decade, grown to be an immensely powerful force in this island of four and a half million people.

Dominicans call the company "el pulpo," the octopus, for, in addition to controlling almost 9% of the country's land, it has interest in approximately 90

Dominicans call the company "El Pulpo"— The Octopus. The phrase, "a state within a state," aptly describes G + W domination in the country.



Rusty Davenport

G + W expansion means less land and food available to local people, such as this Dominican peasant from the central "Cibao" valley.

other business enterprises, including cattle breeding, luxury tourist facilities, vegetable and fruit production, and financing. As the country's largest investor, employer, landowner and taxpayer, the phrase "a state within a state" aptly describes this conglomerate's domination in the country.

G & W has grown in two decades from a one-line automotive parts business in the U.S. midwest to a multinational conglomerate with over $3 billion in sales, offering more than 850 types of products and services in all 50 states and in 50 foreign countries. G&W came into the Dominican Republic shortly after U.S. troops crushed the 1965 attempt of Juan Bosch to return to the presidency. Dominican conservatives and their U.S. allies had overthrown Bosch a year and a half earlier in order to stop his reform programs. The uprising was squashed by the intervention of 22,000 U.S. Marines, who occupied the country until the new regime of Joaquin Balaguer was installed.

Unlike Bosch, Balaguer's economic plans rested squarely on the creation of an attractive climate for foreign investment. With the promise of a cheap and passive labor force, low taxes and duties, and a stable political environment, Balaguer stood in opposition to the demands for reform raised by the Dominican people in the early 1960's.

Gulf and Western took advantage of the new government's appealing tax and labor policies, and in 1967 bought the South Puerto Rican Sugar Company, owners of La Romana mill. During the period that Gulf and Western assumed operation of the mill, the workers' union was destroyed. Dominican labor leaders have charged that Gulf and Western and the Balaguer government collaborated in firing the union's organizers, freezing its funds, and causing the disappearance of several leaders.

Today, Gulf and Western's workers are organized by a union sympathetic to the company's interests. At the peak of the season, Gulf and Western employs 25,000 persons in its sugar operations. Most of them are cane cutters whose seasonal income, which must provide the means for a year's livelihood, is less than $2 a day.

Gulf and Western has argued that its development of the country's agricultural resources benefits all the people, including the sugar workers. But, in 1975, the year that its sugar operations generated 25% of the company's income, sugar workers were earning lower wages than in 1963. Prices had increased several-fold during this time.

Gulf and Western's investments have led more clearly to its own development than to that of Dominicans. Over 5% of the sugar consumed in the United States comes directly from Gulf and Western operations, and the company indirectly controls a greater share of the market through its 23% controlling interest in its Hawaiian affiliate, Amfac. Indeed, Gulf and Western's influence extends far beyond the Dominican Republic to our own doorstep—to our movies (Paramount Pictures), candy (Schrafts), cigars (Consolidated Cigars, makers of El Producto and Muriel), our books (Simon and Schuster), our basketball games (Madison Square Garden) and even our beauty queens (the Miss Universe Pageant).

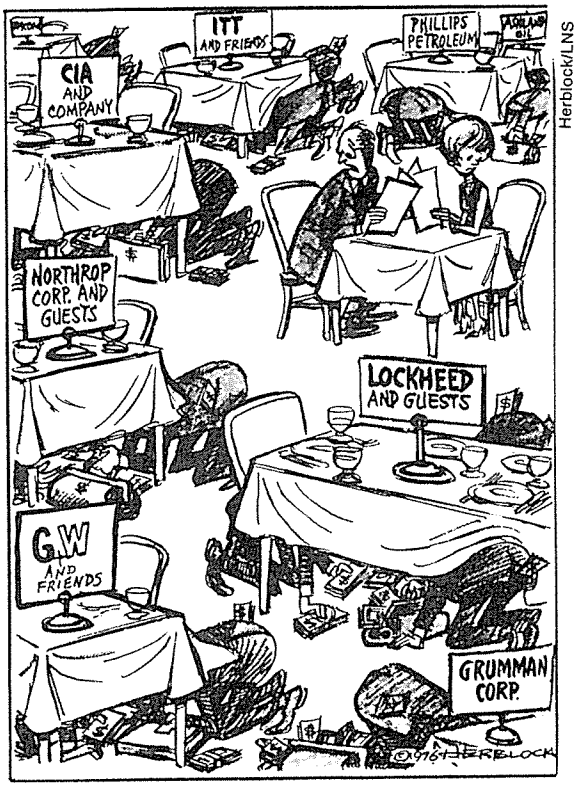
The price of Gulf and Western's expansion has been paid for largely by the Dominicans through the conglomerate's control of their land and labor. Its power, touching the lives of people around the world, has enabled it to conduct business in a highly secretive manner. It was recently disclosed by the Securities and Exchange Commission (SEC) that Gulf and Western had made $416,000 in questionable "payments" to a foreign government. Two years ago Gulf and Western's legal counsel and director, Joel Dolkart was indicted on 89 counts of larceny and falsification of tax information. Coupled with the company's ties to the Carter administration, it becomes clear that Gulf and Western's activities must be watched carefully.

Gulf and Western prefers to keep its Dominican operations out of the public eye and publicizes, instead, the company's role as an occasional donor of cultural centers in New York City and immunization programs in La Otra Banda. It has refused information to churches and other organizations on its past and present activities in the Dominican Republic and elsewhere.

In the past year, the National Council of Churches (NCC) has twice been joined by other religious organizations in filing a stockholder resolution requesting facts and history of Gulf and Western's holdings, revenues, labor policies and relations to the government. At a recent church-sponsored "Interfaith Inquiry on Gulf and Western's Role in the Dominican Republic," Dominican religious and labor leaders testified on the impact of Gulf and Western's activities. This year, 114 prominent individuals, including ten members of Congress, signed a widely publicized Open Letter to Gulf and Western supporting the NCC's requests.

As North Americans, and as individuals concerned with the issues of food and hunger, we have a special obligation to raise questions concerning Gulf and Western's concept of development and land use, its corporate governance, and its relations with labor and government at home and abroad.

Deborah Huntington is a member of the Dominican Republic Task Force, which was formed in 1975 in order to mobilize support against US government and corporate interference in Dominican affairs.



'My, there are a lot of important people here tonight.'

One indication of Gulf and Western's power is its access to policy-makers in the Carter administration. G&W's legal counsel, Simpson, Thatcher and Bartlett, now finds one of its partners in the position of Secretary of State. Cyrus Vance played an instrumental role in overseeing the transition to power of the Balaguer government in the Dominican Republic in 1965, paving the way for G&W's entry.

Another Carter appointment, Deputy Secretary of Defense Charles Duncan, Jr., is the brother of the former president and current director of G&W, John H. Duncan.

These individuals clearly hold extensive power with regard to government policies affecting G&W and the Dominican Republic. It would not be surprising if Gulf and Western attempted to use these channels in its own interests.

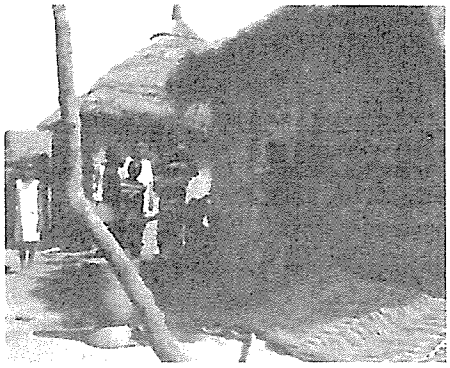
Cement Housing in West Africa

By DAVID KINLEY

There is a pressing need for housing in many countries of the Third World. But it is a subject of much controversy whether these needs can be best met through the use of "traditional" or "modern" construction methods. Here is some pertinent scientific evidence and some socio-economic considerations that should not be overlooked.

Governmental and foreign agency programs often discard traditional techniques of house construction in favor of "modern" structures of reinforced concrete and cinderblock. Their reasoning is that these standardized techniques are more efficient economically and better suited to large scale housing programs. But this perspective fails to consider both maximum utilization of locally available resources and the real usefulness of the homes that are built.

In much of the Third World, a traditional approach involves using sun-dried bricks, made from a mixture of mud and straw, as a basic building block for walls; other available natural materials are employed to construct thatched or domed roofs. In contrast, modern methods generally employ industrial materials transported from considerable distance, such as concrete, steel bars and corrugated metal; and, in many cases, are imported. Modern methods also require more sophisticated



"...remarkable thermal characteristics..."

labor skills and construction tools, and require high energy consumption both in creating the materials and transporting them. This adds considerably to the final cost and to the amount of outside aid needed.

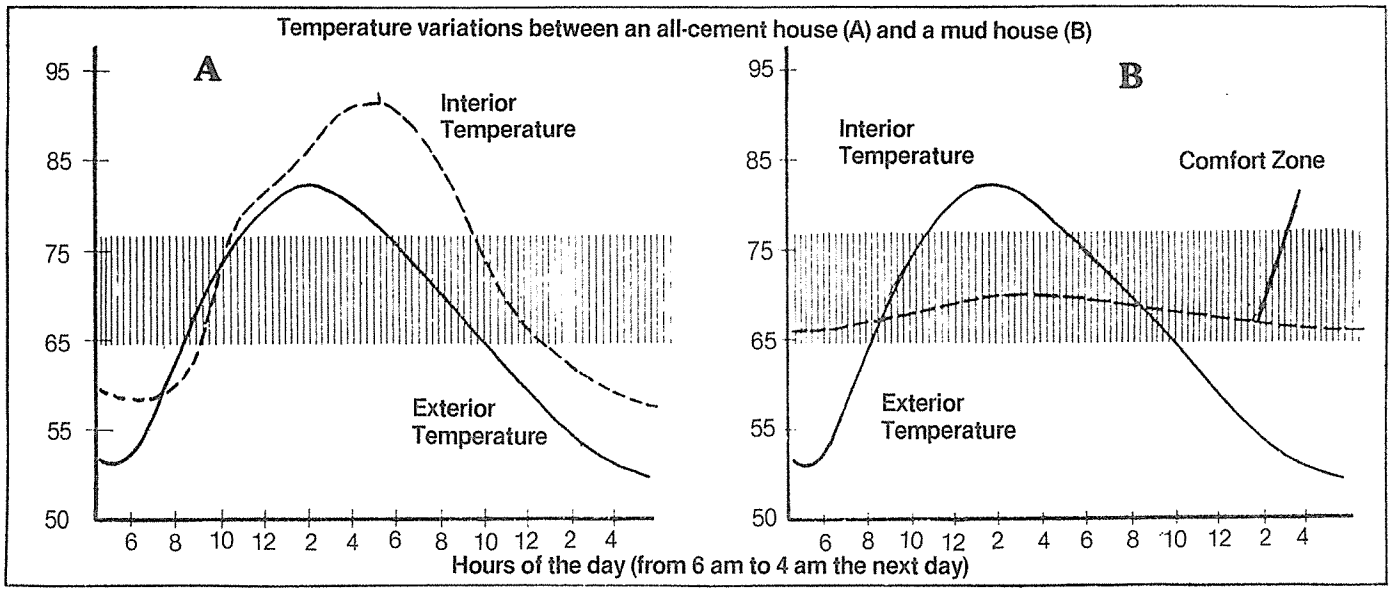
Even beyond the essential consideration of economic impact on the community is the simple, but crucial, factor of comfort for those who live in the houses. As is shown below in the graphs of daily temperature variations, in parts of W. Africa a house built of natural materials shows remarkable thermal characteristics—far superior to the modern house.

In contrast, there is much greater temperature fluctuation in the modern house than in the traditional, resulting in extremes of heat during the daytime and of cold at night. The graph on the left, for instance, shows that if it were 79 degrees outside at five o'clock in the afternoon it would be *91 degrees* inside the modern house. And at night the discomfort is compounded when the house fails to retain much of the heat captured during the day. The interior temperature could drop to below 60 degrees.

The traditional house at the right maintains an almost constant inside temperature, always within the comfort range. It aids in moderating the extremes in temperature throughout a 24-hour period.

What does all this data prove? Over hundreds of years and many generations, people have developed their resources with ingenuity, and have met their own needs. Techniques that have thus been perfected by local people cannot be easily replaced by those of outsiders—particularly when new techniques ignore local experience and participation. The all-too-popular bias of development planners that "the imported way is best" stifles people's creatively applied energy, and, in the case of housing, is just plain stifling.

David Kinley, a staff member of the Institute for Food and Development Policy, has worked with the North American Congress on Latin America and the Corporate Data Exchange, both New York-based research organizations.

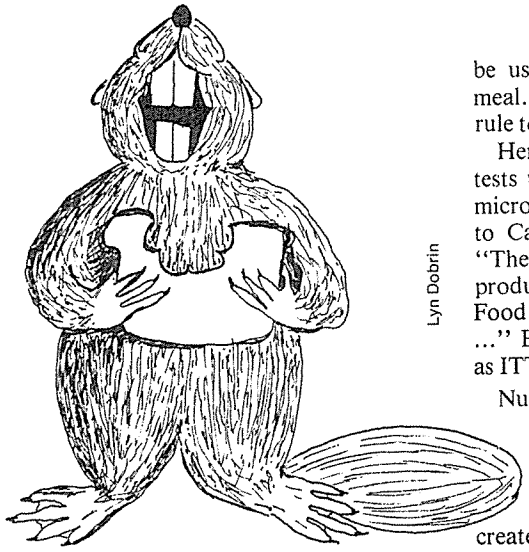


Fresh Horizons?

ITT's Continental Bakeries has managed to get Americans not only to eat wood pulp in their bread but to pay a premium price for the opportunity. A $5 million advertising budget, appealing to calorie and fiber-conscious consumers, stresses 30% fewer calories and 400% more fiber than whole wheat bread. Advertised as a specialty item, it commands a specialty price—69 cents a pound.

In Canada, a "clear bread ingredients standard" and an alert MP's staff managed to block the marketing of ITT's new high-fiber bread, "Fresh Horizons." Last November, Lorne Nystrom, member of the Canadian House of Commons, and research assistant Karen Finkle, became concerned that not enough research had been done to determine the effects of ingesting large quantities of micro cystallene cellulose, the scientific name for pulverized wood pulp and the third largest ingredient by weight in Fresh Horizons bread.

On December 8, MP Nystrom stood up in Parliament to present his case against allowing Fresh Horizons to be marketed in Canada. The next day, referring to a Canadian law regulating bread ingredients,



Lyn Dobrin

Fresh Horizons—my favorite!

the assistant Deputy Minister of the Health Protection Branch announced that ITT's Fresh Horizons could not be sold in Canada.

In response to a request for information regarding the health hazards of powdered cellulose, ITT told a staff member of the *Food Monitor* that Fresh Horizons "should be used instead of other breads at every meal...6 to 8 slices per day is a good general rule to follow."

Here in the U.S. our own FDA now has tests underway to determine the effects of micro cystallene cellulose. Yet, in contrast to Canada's vigilance, according to ITT, "The use of powdered cellulose in food products is permitted by the United States Food and Drug Administration regulations ..." But the effects of "Alpha Cellulose," as ITT calls it, are far from known.

Nutritionists agree that adequate fiber is easily obtained from a diet including fresh vegetables and whole grain foods. It would seem that consumer zeal to respond to Madison Avenue-created needs has precipitated another food hoax. Given the highly questionable safety reassurances and the dubious health advantages, should ITT be allowed to market such a product? Or to suggest that its Fresh Horizons is a special boon to a healthy diet when no proof has been offered? Surely there are better uses for our technological wizardry and our dwindling food dollars.

Does anyone but ITT need Fresh Horizons?

Coffee and the Farmer

By ARTHUR DOBRIN

Complaining about the high cost of coffee? This beverage is costly only relative to its price a year ago. People in industrial countries could enjoy a cheap cup of coffee because international trade patterns were such that producer countries were forced to sell cheaply. Inexpensive coffee was a luxury won at the expense of the poor.

Many people think now that coffee prices have risen the farmer in the Third World is better off. This seems to be a misplaced confidence. At a recent training program for Kenyan coffee farmers, the instructor from the Kenya Coffee Commission—the regulatory agency which sets the internal price of coffee growing—mentioned that Kenyan coffee now fetched 20/-per kilo at the Nairobi market. A farmer at the course expressed surprise at the price. He said that



Calley O'Neill

he still received only 3/-per kilo for his production. The newspaper article in the Kenya *Daily Nation* did not print the instructor's response to the bewildered farmer's comment.

Obviously, at least in Kenya's case, the increase in the price of coffee has not entered the pockets of the local farmers. It is fair to assume that this pattern has been repeated throughout coffee producing countries. It is a case of money being siphoned into purses other than the poor person's.

Support the coffee boycott not so you may drink for pennies, but because it might force countries to switch from dependency upon a one crop export economy to a more diversified one which includes growing food for people to eat. After all, coffee consumption does not conquer hunger nor malnutrition. And for each acre given over to coffee, there is one acre less for growing corn.

Arthur Dobrin, leader of the Long Island Ethical Humanist Society, lived and worked in Kenya from 1965 to 1967 and again in 1975.

Farmers' Markets



Joan Beder

Farmer/saleswoman at Farmers' Market in Jamaica, New York.

By JERI BARR

From Boston to San Jose, Harrisburg to Birmingham, New York to Honolulu, in downtown areas all over the United States, farmers' markets are providing alternatives to cellophane-wrapped tomatoes and supermarket shopping. For consumers, farmers' markets mean lower prices and fresher, more nutritious food; for farmers, a market for their produce and as much as $1000 on a good day. And at a time when a majority of food consumed within a state is imported from outside the state, bringing the market back to the city represents support for diversified local agriculture and regional food self-reliance.

Farmers' markets can be established in big cities and in small towns. They can be sponsored by church groups, community organizations, or city or state agencies. They can operate successfully from tables, tailgates, or specially constructed stalls. They can be set up in parks, church or school yards, vacant lots, abandoned railroad stations, closed-off streets, and town squares. Cities which recognize the advantages of markets to the local economy and to the consumers can play an important role. A city can donate municipal land or make available a municipally-owned market site. Groups interested in establishing farmers' markets can negotiate for city-owned land obtained from tax-delinquent properties for very little money. An added bonus from cooperation with city officials is that provisions for zoning ordinances may not apply if the market is operated as a municipal facility or on municipally owned land.

Farmers' markets can respond to the needs of a diverse group of people with widely differing interests. In most parts of the United States, the greater percentage of the over-65 population live in city areas. In Vermont, where larger markets have been organized by and for truck farmers and other growers who farm on a large scale, senior citizens are often the best customers. They have little mobility, but when markets are planned for convenient access they are steady customers, gaining as much from the spirit of the market as they do from the food and prices.

Little money is needed to start a farmers' market. Most operate on limited budgets without any municipal or state assistance. Others are started with private donations and funds raised by community groups. Sometimes grants are available. The Farmers-to-Coops Association, established to hook up farmers with food coops, was begun with funds provided by the New York State Consumer Protection Board. The F.C.A. began in 1976 after a planning meeting involving local organic farmers, other small-scale farmers, and representatives from coops in the area. Arrangements are made to bring farmers' crops directly to consumers who belong to coops, thereby eliminating the use of intervening processors, shippers, wholesalers, retailers, etc. F.C.A. buys only from farmers who avoid using petroleum-derived pesticides, weed killers, fertilizers and similar compounds, and who only use organic farming methods.

Among the strengths of a farmers' market is its ability to create a viable link between the city and its surrounding agricultural areas. The farmers' market is one important alternative to increased agribusiness control over agriculture.

Opposition to farmers' markets has come from regular merchants who fear that new markets will cut sorely into their business and their profits. Merchants often object to such markets on the grounds that sellers aren't subject to the same taxes and overhead costs as they are. Yet, growers say they pay property taxes on their land and buildings and have heavy overhead costs for equipment, transportation and farm supplies. City officials, worrying about pressure from existing businesses, have tried to close down markets for violations of health and zoning regulations. But where markets have been successful, they have revived interest in downtown business areas, provided a livelihood—particularly for marginal farmers—and addressed themselves to the needs of consumers, especially senior citizens and persons on low or fixed incomes. And, at a time when energy conservation is uppermost in everyone's mind, farmers' markets stimulate a reduction in energy use and petroleum use in bringing foodstuffs directly to the consumer.

Farmers' markets represent important economic and social forces working toward regional agriculture, diversified production, conservation of farmland, and support for the small family farmer. For communities interested in good food and a good food system, they offer greater control over quality and food production and distribution. And farmers who have been moving out of food production into cash crops and grains for feed might envision exciting new prospects right in their own urban backyards.

A word of caution. If farms in the surrounding area where a group is interested in setting up a market are not geared to local production, this can be the most crucial stumbling block to getting going. This needs to be checked out carefully to determine if a farmers' market is economically viable.

THE FOLLOWING FOUR FARMERS' MARKETS ILLUSTRATE THE MANY WAYS THEY CAN BE STARTED.

Greenmarket is an urban farmers' market sponsored by the Council on the Environment in New York City, a non-profit tax-exempt citizens organization "devoted to improving the quality of life in the city." In its first year Greenmarket attracted over 40 farmers who participated in three markets each week in Manhattan and Brooklyn.

In a vacant lot farmers set up stands on the back of their trucks and sell a wide variety of fresh produce brought directly from their farms. Depending on the size of their truckload, they take home between $300 and $1200 daily. The markets are supported by space rental fees and private contributions. Presently Greenmarket is considering additional locations and is in the process of preparing a booklet describing their activities.

Farmers' Market Jamaica opened for its second year on April 8, 1977. The market, located in a busy retail area of New York City, is sponsored by the Greater Jamaica Development Corporation, a non-profit downtown organization. Vegetables, fruits and berries arrive by truck from the farm every Friday and Saturday from April through November. During July, August and September, the market is also open on Thursdays. All of the participating farmers/growers sell at prices below those prevailing in the supermarkets, often from one-third to one-half less. Available items vary with the season and include citrus fruit not grown in New York State, milk and milk products, fruit drinks and home-baked breads. Maple syrup, honey and apple cider are added attractions along with houseplants and bedding plants.

Wilkes-Barre Pennsylvania Farmers' Market followed in the wake of a tropical storm which had caused widespread destruction, floods, and a 12-foot-deep lake in the middle of the downtown area. As government funding began to refinance business and home construction, the City Demonstration Agency (CDA), a federally funded offshoot of Model Cities, saw the opportunity to establish a farmers' market on the downtown square. The CDA staff researched other cities' attempts at starting markets. With the help of the county agricultural extension agent they then surveyed the number of farmers, the types of produce grown, and their willingness to sell at a market. After careful research, Thursdays became "Farmers' Market Day" in Wilkes-Barre. A usage fee was set for farmers, even those from outside the area who wished to sell something they grew. The "five dollar a week" spots were put on a first-come, first-served basis; twenty dollars a month guaranteed a position.

In Wilkes-Barre, farmers back their trucks up to the outside edges of the city square and sell off their truck beds or on portable tables. The market is limited to produce grown by the farmers themselves, and to handicrafts that are personally made. The market has been such a success since it first opened in 1974 that one farmer sold out before he even had time to unload his truck. While farmers are responsible for keeping their area clean, the city provides some people for cleanup, with the cost covered by farmers' registration fees. Market by-laws govern the open air market and forbid the sale of out-of-state produce when that produce is being grown and harvested in Pennsylvania.

Louisville, Kentucky: It was a city agency, the Office of Consumer Affairs, which first sponsored a demonstration farmers' market on a city-owned vacant lot in Louisville. The market proved immensely successful but the city, conscious that the market was competition for food retailers, chose not to manage the market on a continuing basis. Instead, a volunteer non-profit corporation was formed to perform that function. The market expanded, and last year the city helped to establish a community-owned cannery.

Jeri Barr is co-director of World Hunger Year.

How to Start a Farmers' Market

1. Speak with growers in the area to find out how many might be interested. Assistance can be obtained from a variety of sources including: National Organic Farmers Association, your local agricultural agent and Extension Service, the National Farm Organization, the Natural Food and Farming Association, and state Departments of Agriculture.
2. Determine what crops are being grown and which additional food crops suitable to area conditions might be introduced.
3. Get in touch with municipal officials and the local planning commission as soon as possible to enlist their support:
   - check on municipal ordinances including zoning laws and public street usage limitations and whether they would be amenable to your use of municipal land and buildings.
   - inform local officials of the purpose of the market, and keep them informed of your progress.
4. Contact merchant groups. In every city they can play an important function and, if behind you, can be very influential. Promote the concept of the market as one which will increase activity in the area.



Joan Beder

Farmers' Market, Jamaica, New York.

5. Enlist the support of other community groups. They can be helpful in promotional activities, fund-raising and obtaining local support.
6. Meet with potential customers. Find out what items they are interested in. Include senior citizens and persons on fixed incomes.
7. Do some research and find a site which:
   - offers some permanence;
   - is accessible by auto, bus, and to pedestrians;
   - is in reasonable proximity to residential areas and convenient for senior citizens and low income people in particular;
   - is accessible for customer parking, truck parking and unloading;
   - is visible and can attract new customers;
   - has adequate space for expansion as new growers become interested in selling their produce.
8. Check zoning ordinances carefully as well as requirements for parking, loading, signs and advertising. Get all necessary permits.
9. Establish guidelines for operating the market. (Copies of bylaws of the Pennsylvania Farmers Open Air Market Association may be obtained from the Bureau of Markets, PA Dept. of Ag.)
10. Advertise! Use newspapers, radio and television to let people know about the market and gain new customers as well as suppliers.

(See resource list on page 21).



Joan Beder

Well-fed participants in the Parish Hall in Sea Cliff.

Meatless Moneysworth Meal

As the author of **Diet for a Small Planet,** *I am often asked: Does the eat-less-meat message of* **Diet** *still have meaning for you?" My answer is a resounding, "Yes."*

Diet *showed how our economic system uses grain-fed livestock to reduce potential abundance because hungry people are too poor to buy that abundance. As long as food as a commodity. It is a way of demonstrating to myself and others that we can of the artificial surplus of food. Simply changing my diet away from grain-fed meat will not solve the problem of hunger.*

Changing my diet is, however, one concrete strike against the manipulation of my taste by profit-seeking interests and against an entire economic system that only sees food as a commodity. It is a way of demonstrating to myself and others that we can make choices based on knowledge of our body's real needs. That gain in personal determination is part of the solution.

In the following article, a young Long Island woman tells what putting **Diet for a Small Planet** *into practice has meant to her.*

-Frances Moore Lappé

By SUZANNE FARRINGTON

During the meat boycott about three years ago, I distributed flyers, including some meatless recipes, at a nearby supermarket. I was astonished at the interest shown. From this encounter grew the idea of the "Meatless Moneysworth Meal."

Although I was familiar with natural food, regularly baking my own bread, the practical concepts of eating a high-quality, low-meat diet had only recently been revealed to me in a friend's gift of *Diet for a Small Planet.* Scanning the meat boycott's recipe sheet I realized that, by contrast, the recipes lacked quality and creativity. It occurred to me then that introducing people to the food itself would be more effective than distributing even the best of recipes. Why not hold a community meal featuring the best inexpensive, high-quality non-meat dishes that my grain-loving friends and I had tried? Then, if we had the recipes printed and available for handing out people could try their favorites at home.

The Meatless Moneysworth Meal was not planned as a true potluck since the committee had chosen the menu. But, in the spirit of potluck, we decided to "farm out" the recipes to volunteer cooks who would receive one or two free admissions in return for their service and cost of ingredients. Six to eight cooks made each entree, ensuring sufficient volume so we wouldn't run out to avoid causing customers to lament that they had missed tasting the Ricotta-Lasagne Swirls.

The first Moneysworth Meal was a crowning achievement in community enthusiasm and confusion. For, although tickets were to have been reserved in advance, about half again as many guests descended on an easy-going gatekeeper, bringing the total to 300. The buffet line seemed endless as it inched forward. People reaching the buffet table asked what this and that was, unmindful that expediency should have overridden curiosity. Amazingly, the food did not altogether run out, though variety declined.

Next year we would organize better, we vowed. But it wasn't until the third Moneysworth Meal that the dinner ran smoothly. Food was served family style —platters at each table—with volunteer waiters from the high school shuttling to and from the kitchen. Two serving times, at six and eight, lessened the crush of the hungry crowd. And selling tickets in advance at the local library eliminated the time-consuming collection at the door.

The attractiveness of the high-ceilinged parish hall we rented and the decorated tables added to the sociable and festive mood. We did not remind anyone that elsewhere in the world people were starving, or insist that everyone had better adopt this kind of diet, or else! We discreetly displayed posters illustrating how grain could be used to support people instead of cows, and the like.

I am satisfied that the educational thrust of the Moneysworth Meal is right in a variety of directions. Financially-pressed people are learning alternatives to that old American triad—meat, potatoes and vegetables. Heart-disease candidates can learn ways of eating well without taking in so many animal fats. Any emphasis on made-from-scratch meals helps loosen the stranglehold which convenience foods have on our society, a beneficial emphasis because of the potentially hazardous additives used, as well as the added cost in dollars and energy that goes into processing and packaging. A non-grain-fed meat diet also makes most efficient use of our diminishing farmland. And, in bypassing the cattle feedlot syndrome, additional fuel is saved and pollution avoided.

On the local scene there is a "ripple effect." Now, if I make a great discovery in bread-baking, I can share the news with other home bakers who in turn share their own discoveries. And a food-buying group, involved mainly with fresh produce, has also sprung up, nourished by the favorable climate.

Clearly, a Moneysworth Meal need not be a simplistic conscience soother. It can be a first step in awakening public awareness to the need to create a food system designed to meet human needs.

Suzanne Farrington, vice-president of the Ecology Group of Sea Cliff, New York, is a second-generation natural foods consumer and a potter.

Action Center Makes Changes

The Food Action Center (FAC) of Washington, D.C., the two-year old national support center for student food activists, announced several changes last winter. Formerly a part of the National Student Association Foundation, the project is now sponsored by the New York-based Institute for World Order. The IWO is known in many circles as the organizer of the 1975 National University Conference on Hunger in Austin, Texas.

The name of the FAC has been changed to simply, The Action Center, but the program remains virtually unchanged and will still be located in Washington, D.C. "We're delighted to be able to work more closely with the IWO's University Program and to coordinate the continuing follow-up from the Austin conference. We think it will mean better support for students and faculty interested in food and development issues," said Edie Wilson, the project's director. "It means a lot to us that The Action Center continues to be an organization in this field reaching out to young people and run by them," commented a participant at a FAC-sponsored training program.

In 1978, The Action Center may decide to branch out from food to related issues. "That's why we decided to change the name. But, for now, we feel there's an enormous amount of university hunger action work to do," remarked Ms. Wilson.

The Action Center has its work cut out for 1977. Priorities include expanding its program of internships in national and local food and development organizations, leading food activist workshops for students in various parts of the U.S., and producing an enlarged series of publications for students and faculty. The staff will travel to work with campus food or hunger action groups or to advise students on activities they are planning.

The Action Center staff and related local groups take part in World Hunger Year radiothons, and work closely with many other food action organizations such as the Center for Science in the Public Interest and Oxfam-America. Regular reports on university hunger action can be found in The Action Center's free monthly newsletter, renamed *Sustenance.* People are encouraged to communicate with The Action Center at 1028 Connecticut Ave., NW, Rm 302, Washington, DC 20036 (202) 466-3726.

Food the Issue In Day Care

SEA CLIFF, NY—Jill Rooney, Director, Harbor Day Care Center, Sea Cliff, N.Y., writes: "Food has become a central issue here at the Center. No longer do we serve any food that contains artificial colorings or preservatives. Lunches and snacks are prepared from wholesome ingredients by the students, who not only eagerly respond to new and different foods but clamor to take the recipes home. Menus are published in advance, and have become a 'hot' item.

"One day a week is designated 'meatless,' and time is set aside to talk about food issues. Curriculum includes tracing food origins and studying ethnic heritages, with special emphasis on problems of food and land.

"Parents, too, have become involved, attending workshops on nutrition and experimenting with new foods. The most important benefits are those noticed in the children themselves. Although admittedly a small sample, children who previously were under medication for hyperactivity are now drug free. Attention spans have lengthened, behavior has changed, and interest levels are at an all-time high."

Hunger and Nutrition Week

Governor Hugh Carey has announced his intention to declare October 7-14, "Hunger and Nutrition Education "Week" in the state of New York. Plans are being developed by schools, community groups, churches and congressional districts to highlight nutrition and hunger issues, and Harry Chapin is scheduled to perform two benefit concerts daily at universities and colleges throughout the state during that week. For more information, get in touch with World Hunger Year, PO Box 1975, Garden City, New York 11530 (516) 742-3700.

Intake

Steve Fondiller, a Long Island 10th grader, was concerned about the dearth of information readily available to people about the quality of their food, drugs, and cosmetics. So he founded INTAKE, an organization devoted to publishing information about what we take into and put onto our bodies.

Says Steve, "I always wanted to express myself; INTAKE is the way I can. So with many ideas and little writing experience of this type I started. My parents, brother and sister all helped (I have never done an issue without family help), and still do." There was a bonus. Steve reports that this idea has changed his family's eating habits. And every reader that he has spoken with says that INTAKE has changed what they eat.

"I stand by the idea of doing," says Steve Fondiller, "*doing* the right thing, not just talking about it."

The newsletter is published at 20 Sylvia Lane, New Hyde Park, N.Y. 11040, at a subscription rate of three dollars for six issues.

Values Workshops

NORTH BELLMORE, NY—Karen Kinsler is an educator who conducts in-service education and workshops in values clarification. She is co-author of *Values and Reading,* recently published in **The Elementary School Journal.** In her work with adolescents she has applied a values approach to food and hunger issues by designing a process to help people focus on hunger. Workshop participants in identifying the issues and their own values relative to food and hunger, choose alternatives for involvement, examine the consequences of involvement, act on their discoveries, and act repeatedly for sustained involvment.

Some sample questions on food and economics include: If you had one dollar a day to eat on, what food items would you buy? What would you never buy? What tastes good to you? What do you use food for? What sights do you associate with hunger? What sounds? What smells?

You can reach Karen at the Park Avenue School, North Bellmore, NY 11710.

This column will spotlight people working on food and agricultural issues. Write to **Food Monitor** describing changes in your area.

AUDIO VISUALS

PUBLIC SERVICE ANNOUNCEMENTS

The Media and the Message

Do enough people know about your organization?

Do people who share your concerns know how to get in touch with you?

If you answered "no," perhaps it's time for you to consider PSA's. With some imagination and a good tape recorder, you can prepare public service announcements for your local radio station to air.

World Hunger Year can help.

World Hunger Year provides resources for organizations who want to use the media.

For more information on producing public service announcements, write to World Hunger Year, P.O. Box 1975, Garden City, NY 11530.

(The preceding public service announcement was brought to you by **Food Monitor**, a non-profit education and resource organization.)

Radio networks are required by law to air public service announcements. If your organization has not taken advantage of this opportunity, perhaps it's time you explored this area. Public service announcements are easy, effective ways to inform listening audiences of activities in the public interest. Here are a few tips to guide you in developing PSA's:

1. Make contact with the radio stations in your area. Ask for an audience profile and listening range. Determine which stations' audiences you would like to appeal to.

2. Find out if the station you select has specific requirements for public service announcements which you need to consider.

3. Plan the length of your announcement carefully. The ideal length is 30 seconds. Occasionally, longer spots are aired, but most stations prefer 30. (*Note:* the sample announcement above is exactly 30 seconds long!)

4. Have a catchy lead-in to attract listener attention. A provocative question or humorous statement works best.

5. Be very clear about what you have to offer people. It is this message that the listener can identify with. Be brief and to the point. Don't try to fit everything into one announcement.

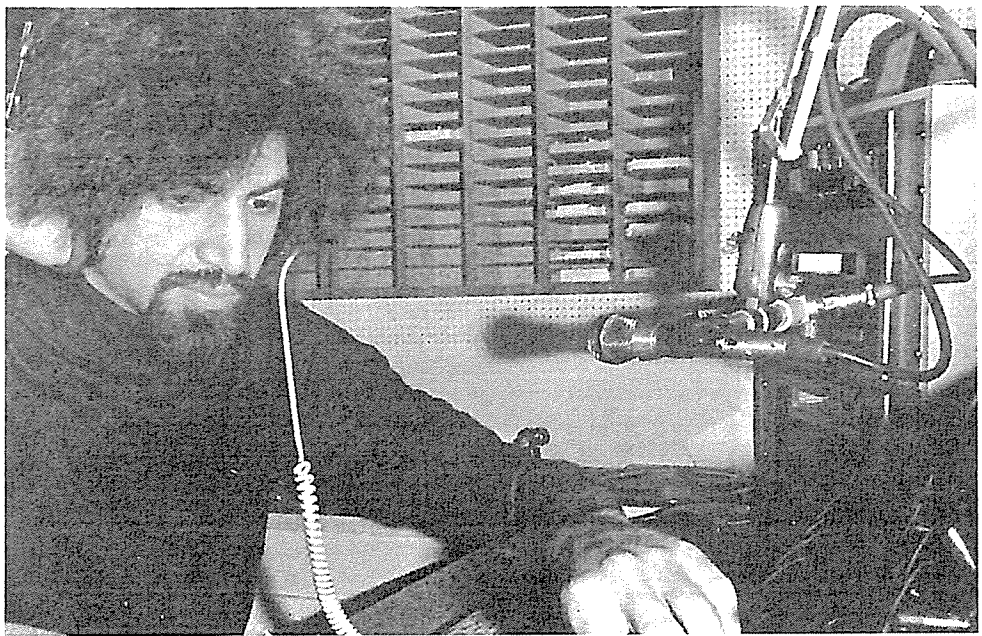
6. State the name of your organization and repeat it when you give the address where you can be contacted.

7. Tape a sample. Time it, listen to it, and get some friends to listen to it to see if it does what you want it to.

8. Prepare the PSA's on individual plastic reels. Submit in person or with a covering letter. Enclose a copy of the transcript, typed double or triple spaced. Always include your name and return address.

9. Follow-up phone calls will determine if the station has received your material and if it intends to use your announcement.

10. Encourage people to listen to the station. If they are impressed with the PSA's, suggest that they send a letter to the station manager and the program director acknowledging the station's role in the broadcasting. A copy sent to the Federal Communications Commission (FCC) can create a lasting positive impression on the station and enhance your relationship with it.



Robert Altman/LNS

FILM

The Good, Good, Good, Good Life

A humorous examination of just what the "good life" is. The film contrasts slick commercials and a life built on consumer goods with the quiet, simple life of a well-intentioned couple. Interspersed with broad humor are flashes of reality: The Native American driven away from his/her land by real estate investment projects; destitute coffee pickers who do not benefit from the high price we pay for coffee; exploited African diamond miners; the elderly poor who buy pet food for their own meals.

(12 min., c., teleKETICS, Franciscan Communications Center, 1299 S. Santee Street, Los Angeles, CA 90015).

POSTER

Bilingual Nutrition

ACT (Action for Children's Television) has a Bilingual Nutrition Games poster which was designed to show Spanish and English-speaking children that good foods can be as much fun to eat as their TV-advertised competition. "Nutrition Games," or "Juegos de Nutricion" is available from ACT for $2.00. It is useful as part of nutrition education, and helpful to organizations developing awareness of alternatives to junk food. Action for Children's Television, 45 Austin St., Newtonville, MA. 02160.

HANDBOOK

Films on Food and Land

Audio-visual materials, such as films and slideshows, are important tools for education and organizing on food and hunger issues. Recently published **Films on Food and Land** provides a comprehensive listing of available visual media, in addition to an explanation of how to more effectively use films in your work. For more information, or to place orders: Earthwork, 1499 Potrero, San Francisco, CA 94110.

BOOK REVIEW

North of the Border: Parallels with Potential

THE POLITICS OF FOOD
By Don Mitchell
(Toronto: Lorimer, 1975). 235 pp.

I was given Don Mitchell's book two years ago. After reading one short section pertinent to my research at the time, I set it aside. Why does a resident of the United States need to know about Canadian agriculture?, I thought.

Only after taking a trip to Canada myself did I discover the answer to my question.

First, the parallels are dramatic between what is happening in Canadian agriculture and in our own. As Mitchell points out, official Canadian policy, like ours, has encouraged concentration in land holdings and in control of food processing and distribution. Canada has also lost 50% of its farms in the last 30 years, as small farmers are squeezed out by rising costs of production and by market uncertainties. The same pattern holds true in processing. Between 1961 and 1971, Canada lost half of its dairy processing plants. Likewise in distribution: in two major cities in Alberta, Safeway now controls 75% of the market.

Another point of parallel is that both Canada and the U.S. are becoming increasingly dependent on food imports of such items as meat, butter, cheese, fruit, vegetables and sugar—almost all of which Canada could produce itself.

Second, the differences. The United States has no parallel to the Canadian Wheat Board. Under the Wheat Board system, all marketed wheat is compulsorily pooled. All farmers then receive the same per-bushel price based on the average price over an entire year, instead of the price on the world market the particular day they deliver their grain.

It is this system that Canadian farmers fought for twenty years to re-establish after it was dropped as a one-year experiment to meet the wartime emergency in 1919. But the Wheat Board is now under attack by trading corporations and larger famers who gain by a speculative market. Already, feed grains have been exempted from the system. How the Wheat Board concept applied here would help protect family farmers is a question some are now beginning to ask. Mitchell's book is a useful starting point.

In reading *The Politics of Food,* Americans will learn of the impact on a foreign country of both U.S. corporations and U.S. laws regulating them. In 1961, a Federal Trade Practices Commission ruling restricted Beatrice Foods, one of the world's largest agribusiness firms, from further takeovers in the U.S. Within five years, Beatrice had taken over 16 Canadian dairy operations. Likewise, Borden, ordered to divest itself of its acquired dairy concerns, responded by expanding its operations into Canada. One result of these trends has been that the processing and marketing costs of milk went from 32% to over 37% of the total costs of production in just one decade.

Mitchell ends his book with a 12-point call for a new Canadian food policy, including the removal of food from speculative marketing and the prohibition of corporate or absentee land ownership.

U.S. citizens will find their own country's agricultural problems mirrored in this book, yet will also discover a history and a vision in which positive models may lie.

—Frances Moore Lappé

RESOURCES

Infant Formula Abuse

Berg, Alan, **"The Crisis in Infant Feeding Practices,"** *The Nutrition Factor,* The Brookings Institution, 1973.

"Formula for Malnutrition," Interfaith Center on Corporate Responsibility, New York, April 1975.

Muller, Mike, **"The Baby Killer,"** War on Want, London, 1974 (available through ICCR).

An extensive bibliography is available through the Interfaith Center on Corporate Responsibility, 475 Riverside Dr., NY, NY 10027.

Dominican Republic

SLIDESHOW
"Guess Who's Coming to Breakfast," 30 minute slideshow on G+W in the Dominican Republic. For rental write to ICCR, 475 Riverside Drive, NY, NY 10027; $10 rental plus $10 handling. For purchase, write to Pat Hughes, Box 450, Stoughton, MA 02072.

SLIDESHOW
"Dominican Republic: 10th Anniversary of the U.S. Invasion," 30 minute slide show on Dominican-U.S. relations and the consequences of the 1965 occupation. $10 rental plus $10 handling. Order from the Dominican Republic Task Force, P.O. Box 641, Cathedral Station, New York, NY 10025.



Arthur Dobrin

Mother's Milk is best.

ARTICLES
"Gulf + Western in the Dominican Republic," *CIC Brief I* (Oct. '75) and *II* (Nov.-Dec. '76); 60¢ each, bulk rates available. Order from ICCR, above.

Dominican Republic Task Force *Newsletter,* bi-monthly publication of the Task Force which covers Dominican events, U.S. policy, corporate investment, human rights, and resources. $5 a year. Order from the Task Force, above.

Farmers' Markets

FARMERS-TO-COOPS ASSOCIATION
Box 603
414 West 120th St.
New York, N.Y. 10027

NATIONAL ORGANIC FARMERS ASSOC.
R.F.D. #1
Plainfield, Vermont 05667
(provides detailed information on growers, advertising, fund-raising and market policy; pamphlet: "Organizing Farmers Markets").

PENNSYLVANIA DEPARTMENT OF AGRICULTURE
Bureau of Markets
2301 N. Cameron St.
Harrisburg, PA 17120
(information on Wilkes-Barre and Harrisburg markets; publishes a handbook: "How A Parking Lot Became a Successful Farmers' Market;" provides assistance for those planning to operate open-air markets).

An expanded resource list is available from World Hunger Year, P.O. Box 1975, Garden City, N.Y. 11530.

QUOTES

Finger-Lickin' Bad

"Do chickens taste worse than they used to? Apparently the people who sell them think so. The National Broiler Council is sponsoring a National Chicken Cooking Contest, offering $25,000 in prizes for the best recipes using chicken, 1/2 cup Mazola, and one teaspoon of Ac'cent 'flavor enhancer.'

"Such recipes are great for General Foods, which sells monsodium glutamate (MSG) under its Ac'cent label, and not bad for Mazola producer CPC International. But according to Boston restaurant critic Robert Nadeau, that's too much oil, and six times too much MSG, for the suggested four-serving recipes. He notes that the Broiler Council members are the ones responsible for mass-producing flavorless, chemical-fed chickens, and adds, 'Now that a chicken tastes like a high-protein roll of toilet paper, they sponsor a contest to devise recipes to disguise the poor bird.' "

Dollars and Sense
July-August 1977

On Land

"Some 95% of Hawaiian land is controlled by 39 estates, one of the biggest being the U.S. Army, which holds 25% of Oahu alone. Land here is so thoroughly monopolized that even middle- and upper-class residents have to lease the plots under their expensive homes. The big estates are bitterly resented by a broad cross-section of the population, many of whom are also worried about the apparent determination of developers to exploit every inch of the islands."

Seven Days
April 25, 1977

Business as Usual

"Eighty percent of Americans polled by Gallup early this year believe that political contributions by big business are either 'very' or 'somewhat' common. Well over half of the 1500 adults interviewed nationwide consider bribes, misleading advertising, cheating customers, price-fixing, and failure to live up to contracts as other 'common' practices of business people.

"Forty-nine percent said that corporate executives were less ethical than the rest of society and fifty-two percent added that business ethics were getting worse. The main reason listed by many of those who thought ethics were declining: greed for money."

Seven Days
April 25, 1977

Is Anybody There?

"Isn't there someone at the White House or somewhere in the Federal Government who knows we face a serious nutritional problem?"

George McGovern
US Senator

Exports' Real Costs

"Ivory Coast officials have expressed concern at reports that the nation's forest reserves will be exhausted by 1985 if the current rate of exploitation is maintained.

"With 46% of the Ivory Coast covered by tropical rainforest, lumber and wood-derived products have become the country's second major export. The timber industry is the nation's largest employer, providing jobs for 25% of all industrial workers."

Africa Report
March-April 1977

As American as Cherry Pie

"A warning: the next time you buy a 'cherry' pie or soda, remember that there are 13 different chemicals that go into the flavor 'cherry.'

"In all, 1,500 different chemical compounds flavor nearly all our food. 'Before long,' warns *Mother Jones* magazine health editor Dr. Hugh Drummond, 'instead of chemicals being the additives, they will be the food.' "

LNS
April 22, 1977

Dumping Apples For Mott

"In 1975, apple growers in New York State faced a dilemma when, in mid-season, Mott Applesause (a subsidiary of American Brands) told them it would only purchase half its usual order. Growers had been relying on verbal contracts made with the company, and when these were not honored, the growers were defenseless. That year there was a bumper crop; the farmers had to dump 18 million bushels of apples.

"Contracting can thus become a way by which corporations "rent" workers without having to take the risks involved in land, animal and equipment ownership."

Hank Frundt, "The American Farmer and the Agribusiness Corporation."
Soon to be published by Interfaith Center for Corporate Responsibility, N.Y., N.Y.

Who's to Blame

"According to agricultural specialists, particularly those working in developing countries, the limiting factor in expanding food production is not a lack of better seeds or farming methods nor a lack of ability or interest among farmers.

"The bottleneck, according to Norman Borlaug, Nobel Prize winner for developing high-yielding wheat varieties, the 'Green Revolution,' is with politicians and economists. They influence the availability of credit to farmers, the profitability of growing enough to sell a surplus, and the efficiency of marketing and distributing food on a broad scale."

Boyce Rensberger
The New York Times
January 30, 1977

Brain Food It Is Not

"Virginia residents should not eat fish caught in the South or Shenandoah Rivers. To do so is to risk the hazards of the Mad Hatter's syndrome; health officials have found that fish in the streams contain high levels of mercury.

"Three-hundred fish sampled from the South River near Waynesboro through the south fork of the Shenandoah River to Luray showed up to four times the supposedly safe level (0.4 parts per million) of mercury. Gov. Mills Godwin has imposed a ban on eating fish from these stretches of river.

Environmental Action
June 18, 1977

Business as Usual, Part II

"Major U.S. paper companies have visited the kenaf growing areas along the coast of Guatemala with an eye to future sources of paper pulp. Kenaf is a cordage fiber used in making things like coffee bags as well as in paper manufacturing."

"Foreign Agriculture"
USDA, Foreign Agricultural Service
December 13, 1976

And He Should Know

". . . the world's capacity to provide for humankind is not a matter of physical resources. It is a matter of human will, human ingenuity, human determination and human organization."

Nelson Rockefeller
April 12, 1976

Toward a Broader View

By WRAY MacKAY

The food and hunger front is broad, with many different problems to be faced; we cannot afford to be nearsighted.

What is needed—sometimes desperately—is a sense of the whole. It means saying, "What I see and what I work on is part of a broad movement around food and hunger." True, many of us are intensely involved in solving our piece of the problem. Yet, the tendency is to lose sight of others and to see our way as the only way.

In too many cases we hear knowledgeable people who are addressing hunger make such comments as, "I don't think we have too much of a hunger problem here in Washington! (Philadelphia! New York!)." Or, perhaps from a minority self-help project, "Look, we're not going to get any help from outside. It's a waste of time to talk to the professionals." One individual says, "The only thing to do is get food to the hungry as quickly as possible." Another says, "We'll never solve the problem of hunger unless we involve top government people."

This diversity in the food "movement" leads to one of two things: either increased strength, as people who relate to the central concern in differing ways also relate to one another, learn from, teach and assist each other; or weakness, dilution and lack of direction as people who relate to the central concern in differing ways fail to relate to each other. Indeed, one characterization of the food and hunger movement is that it has no direction, that it is too diverse, that, in fact, it is not a movement at all. And this brings out that essential characteristic of a movement that is both its greatest strength and greatest danger... the paradox of its diversity.



Joan Beder

Wray MacKay

To work effectively and to bring about real change requires a willingness to relinquish exclusive priority to specific aspects. It means to grant significance to every part and actively to cultivate relationships with people working on differing aspects of the food problem. It is this sense of respect for all parts of the food and hunger movement that is necessary for it to gain in life, vitality, energy and effectiveness.

A word of caution. We cannot afford, in the interest of unity and inclusion, to lose our critical faculties. Both immediate and long-range solutions are necessary. Shipments of grain to countries in need may be called for. Monitoring of government actions can reveal the real beneficiaries of particular legislation. And basic analysis of the root causes of hunger keeps us asking the right questions.

At the same time we need creatively to challenge each other. We need to ask difficult questions of ourselves and each other One can ask, "Is this analysis really accurate?" Another can ask, "Who does this shipment of food really help?" A third can say, "Unless we relate our analysis with our own life styles we are crippling our effectiveness." This kind of critical exchange is vital. Indeed, exchange is the name of the game—or of the movement. Fail in this effort of creative, critical, supportive exchange, and we will fail as a movement. Succeed and, well, that is the story yet to be told.

Wray MacKay is co-director of World Hunger Year.

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INFACT

INFANT FORMULA ACTION COALITION

The **Infant Formula Action Coalition** (INFACT), a national coalition of concerned individuals and groups, is mobilizing to halt the unethical promotion of infant formula by multinational corporations. Women, health care professionals, nutrition advocates, religious groups and Third World activists have united in a national campaign to bring this issue to public attention. INFACT demands that corporations respect people above profit.

Nestle Boycott Goes National

Becky Cantwell

The Nestle Boycott will become a national strategy, decided participants at the November 2-4th INFACT conference in Minneapolis.

The Boycott, launched at the local level by Minnesota INFACT on July 4, 1977, was discussed extensively at the November meeting. Over forty-five infant formula organizers from across the country attended the three day strategy meeting. Women's groups, college hunger action organizations, health professionals, church agencies, and various social justice movements sent representatives to the meeting.

Participants renewed their determination to halt the unethical promotion of infant formula. Nestle, the largest seller of infant formula in the world, will remain the focus of INFACT's efforts, but conference participants agreed to address the other formula corporations with shareholder actions, congressional work, and several other major strategies. INFACT makes the same demand of all formula companies (see box below).

Conference participants also decided to establish a national office in Minneapolis. The office — the National INFACT Clearinghouse — is helping to coordinate the local and regional efforts of INFACT chapters presently at work throughout the country. The Clearinghouse works closely with the Third World Institute of the Newman Center, a research/action collective which has concentrated on the infant formula issue for over a year.



Marchers in Los Angeles kick-off Southern California Nestle Boycott on November 21st, 1977
(Story on page 2)

Educating consumers about the problem of infant formula malnutrition, persuading them to boycott Nestle products, and building alliances with other social justice groups, are major priorities for INFACT. The need for continued research — in the United States as well as in the developing world — was also emphasized by the organizers. INFACT will also support initiatives by church, health and women's groups in developing countries to promote breastfeeding and restrict bottle-feeding.

In addition to giving birth to a national organization, people at the conference were able to learn a great deal more about the infant formula problem. In a day-long symposium entitled, "Infant Formula vs. Infant Nutrition in the Developing Countries," resource people shared their specialized knowledge.

Dr. Roy Brown, of the Mt. Sinai School of Medicine in New York, spoke of his experiences in public health in some of the world's poorest countries. He made a strong case for the halt of formula promotion as he detailed the infant health problems that formula use has caused.

Ted Greiner, a PhD. candidate at Cornell University, shared results of his work in the West Indies on the effect of formula promotion on the infant feeding decision.

Participants in the conference spoke of "a wonderfully connected sense of national activity," as INFACT organizers from around the country shared their experiences in dealing with the issue. Twenty-four cities were represented at the meeting. The next national INFACT conference is planned for May 1978.

The INFACT Demands

IMMEDIATELY STOP ALL PROMOTION OF INFANT FORMULAS:
AN END TO DIRECT ADVERTISING OF FORMULA TO CONSUMERS,
AN END TO DISTRIBUTION OF FREE SUPPLIES TO HOSPITALS,
CLINICS, AND HOMES OF NEWBORNS,
AN END TO THE USE OF COMPANY "MILK NURSES," AND
AN END TO PROMOTION TO THE HEALTH PROFESSIONS AND
THROUGH HEALTH CARE INSTITUTIONS.

In addition, INFACT will assist the Interfaith Center on Corporate Responsibility (ICCR) in its attempts to bring pressure on American infant formula producers through shareholder activities. Congressional investigation of the problem and encouragement of foreign aid legislation which promotes breastfeeding in developing countries will also receive INFACT support.

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Formula Deaths in Colombia Letters of Support	p.3
INFACT Response to Nestle	p. 4, 5
Washington D.C. Hearings Sexism and Infant Formula	p. 6
Resource Page	p. 7

Formula Sales Stir Protest

Ralph Nader

There may have been only mild surprise at the Swiss headquarters of the giant multinational company, Nestle, when the news arrived in July about a march of 100 people in Minneapolis urging a boycott of all Nestle's products.

Over the last three years, Nestle has come under growing criticism by church, women's and other citizen action groups for the disastrous consequences to infants from its hard-sell of baby formula in Asian, African and South American countries. Similar criticism has been directed to other corporations, principally Borden, American Home Products, Bristol Myers and Abbott Laboratories.

The relentless objective of these companies is to sell their bottle formulas to the parents of the Third World. They see a bottle boom in the baby boom of these impoverished countries. There is one major obstacle in the way of their myopic greed — a venerable convenience food called mother's milk. So an intricate mass promotional campaign has been developed and honed to manipulative perfection.

Infant formulas have been associated with modernity and higher status. Messages on billboards, pictures in magazines and jingles on the radio convey an implication that breast-feeding is a thing of the past and bottle feeding the wave of the future. An implication is even conveyed about the possible inadequacy of the mother's milk; bottle feeding is associated with health and vague medicinal properties.

Nestle uses "milk nurses" or "mothercraft workers" dressed in white who go to hospitals, homes and clinics to teach new mothers about the superiority of the company's formula. Free samples are widely distributed. Physicians and hospitals are courted with booklets, films, and slides, along with more free samples . . .

The Interfaith Center on Corporate Responsibility, a group related to the National Council of Churches, cites studies and affidavits from many countries in the Third World confirming the ways in which bottle-feeding has resulted in greater infant disease, malnutrition and mortality.

Here are the reasons for their grief. The use of infant formula requires sanitary water, bottles and nipples. Lacking these conditions, the formula can become a deadly transmitter of severe bacterial infections leading to diarrhea, dehydration and death.

Moreover, infant formula is very expensive, so poor mothers dilute it to make it last longer. A report from Barbados showed 82 per cent of the mothers diluting the formula to make a four-day supply stretch anywhere from five days to three weeks . . .

Other surveys have shown death rates to be higher and earlier in age for infants on formula compared with breast-fed babies.

The companies' standard reply is to deny any intent to cause these tragedies. They say they sell a good product and cannot be held responsible for contaminated use by consumers. But unofficially, some of the companies' executives are realizing that such contamination is very foreseeable, documentable and serious.

The Third World Institute (1701 University Av., S.E., Minneapolis (55414) asks the basic question: **"Why should companies persuade mothers in developing nations to buy a product which 1.) they can't afford; 2) is unnecessary; and 3.) is actually jeopardizing the health of their babies?"**

This corporate marketing in misery to denigrate and replace breast milk is likely to become a major cause in the corporate responsibility movement throughout the world. Readers interested in obtaining information, bibliographies and other references should write to the Third World Institute at the above address.

(Syndicated column)

From:

To:

Nestle in the Developing Countries

Recent research indicates that Nestle continues its aggressive promotion of infant formula to the poor in developing countries.

From Malaysia to the Transkei, Venezuela to Kashmir, investigators have found hospital promotion and direct advertising of Nestle baby formula products. As one representative study notes:

> In every clinic or hospital we visited we found evidence of active promotion by the multinational corporations who manufacture infant formula — posters, free crib and wrist labels, free formula samples, gifts of equipment to the clinic, free baby care booklets that promote their products, and free formula for wives of doctors.

The 1977 study of the Philippines from which this passage is drawn, points out that Nestle is one of the largest formula marketers in the country. The report also cites evidence of the poverty of the people to whom Nestle promotes its formula.

Frances Moore Lappe and Eleanor McCallie, authors of the report, note that in Manila (capital city of the Philippines), the major charity hospital has been persuaded to use Nestle's **Lactogen** formula on the maternity wards. Every infant is placed on formula for the first 48 hours of life.

Nestle provides the hospital with free supplies of formula, "educational" literature, and colorful posters. With these and other gifts, the under-equipped and under-staffed hospital is induced to use the formula. The doctors and nurses are, in effect, enlisted as Nestle salespeople. But this practice is not simply unethical; it results in illness and death. As Lappe and McCallie write, "The nurses said that infants on formula were more likely to get gastroenteritis. Presently they reported 125 cases, most of which were on the bottle."

Reports of similar high-pressured sales campaigns by Nestle have been received by INFACT from all over the world.

According to an investigator currently working in Mexico, doctors report extensive promotion efforts by formula companies. One doctor mentioned that he had been offered a free supply of **Nescafe** from the Nestle representative who visited every three months. This doctor and many others spoke of the diarrhea, infections, and malnutrition caused by improper preparation of bottle feeds.

In Malaysia, a 1976 market research study reported that Nestle had spent more for mass media advertising of its milks than any other formula manufacturer. According to the report, Nestle advertising was oriented toward the poor and rural of Malaysia.

Reports from Venezuela in July, 1977, indicate that Nestle's **Nan** formula was a best seller in urban slums and rural villages. The head nurse at one hospital in a small rural community mentioned **Nan** as one of the products used by mothers who come into the hospital with sick babies.

From the Transkei of South Africa: transcripts of radio advertisements for **Lactogen** with catchy musical jingles. The ads were played over Radio Bantu in early 1977.

During the summer of 1977, a medical team on an expedition in eastern Kashmir, India, visited a remote village with an infant mortality rate of over 200 infant deaths per 1000 live births. (In the United States, the rate is 17 per 1000.) In that village, water must be boiled for twenty minutes to kill pathogenic bacteria and parasites, but firewood is so scarce that such precautions are rarely taken. Even in that desperate village, the doctors found signs of modern enterprise: the bright purple cans of **Lactogen** infant formula, and the baby blue tins of **Lactodex** — a tribute to the marketing expertise of Nestle S.A.

Baby Bottle Lawsuit Settled

A two-year legal battle was ended January when the Sisters of the Precious Blood reached an out-of-court settlement with the Bristol-Myers Company, a major seller of infant formula. The settlement is viewed as an important landmark by leaders of both the infant formula campaign and the overall corporate responsibility movement.

In an April 1976 lawsuit, the Sisters charged Bristol-Myers with making "false and misleading statements" in its proxy statement to stockholders regarding infant formula marketing in developing countries. U.S. District Court Judge Milton Pollack dismissed the case in May 1977, ruling that the alleged misstatements had not caused the Sisters "irreparable harm." The Sisters appealed the decision immediately, but were later engaged in out-of-court negotiations with the Company. The settlement resulted from these negotiations.

The settlement followed by one week the Securities and Exchange Commission's (SEC) filing of a Friend of the Court brief supporting the Sisters appeal.

The settlement stipulates that Bristol-Myers February 1978 stockholder report will include statements by both the Sisters and the Company on infant formula promotion and Company policies. The Sisters report will analyze the problems related to bottle-feeding and the court documents which described Bristol-Myers' formula promotion practices in several Third World countries. The report by Bristol-Myers will expand upon Company promotion restrictions, including a stop to **all** consumer-directed formula promotion in the hospital, home and clinic as well as in more public places.

The Company has also agreed to terminate the use of milk nurses in Jamaica, in response to the recent discovery of a Bristol-Myers milk nurse gathering names of mothers on the maternity ward of Jamaica's largest public hospital (in direct violation of both Jamaican Ministry of Health policy and Bristol-Myers own Code of Marketing Practices.)

The Sisters have agreed, in turn, to drop their appeal of Judge Pollack's decision and to not file shareholder proposals for the 1978 Bristol-Myers annual meeting. The settlement further stipulates that representatives of both parties will continue to discuss solutions to the problems of bottle-feeding in the Third World and the distribution of Bristol-Myers infant formulas. Meetings with the Company's Board of Directors have been scheduled as part of this process.

THE SIGNIFICANCE OF THE SETTLEMENT

This marks the first time that a formula corporation has agreed to publish documentation of severe malnutrition and illness related to bottle-feeding — documentation originally submitted into court by the Sisters as part of the lawsuits. This also provides conclusive evidence of widespread policy infractions and now places the burden of proof on companies which claim — without documentation — that their formula marketing policies are followed in the field.

The publication of the shareholder report seems to represent a change in the general attitude of the Company toward the infant formula issue and their role in it. They recognize that the Sisters and other critics are determined to halt practices which result in infant formula malnutrition and so they themselves must take the problem more seriously. We hope the policy changes agreed to by Bristol-Myers will — because they carry the weight of the court settlement — be more strictly adhered to in the future.

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International News Briefs

The struggle against bottle-feeding problems and in support of breast-feeding is taking place in many parts of the world by many different processes. Here are a few examples we've seen lately:

Papua New Guinea Bans Baby Bottles

The Associated Press recently reported from Port Moresby, Papua New Guinea that, "Baby bottles have been declared a health hazard by the government of Papua New Guinea, which banned their sale without a doctor's prescription." The sale of nipples and pacifiers was also restricted by the baby feed supplies act.

The AP continues: "Only registered medical officers, health officers and nurses will be able to authorize the purchase of the articles. They can be sold only by pharmacies, hospitals, and health care centers.

"The ban followed research in Papua New Guinea which showed that breast-fed children were healthier and better-nourished than bottle-fed children."

"A fine, equalling 250 U.S. dollars, will be imposed for breaches of the regulations."

German Activist Visits INFACT

Georg Bieman from West Germany of the Action Group for Socio-economic Problems (ASOP), recently visited with members of Minnesota INFACT. ASOP is a West German group actively working to publicize multi-national companies' promotion of infant formula in Third World countries.

ASOP has been responsible for sending weekly petitions of 200 names each to Nestle over the past year. Early this fall, Nestle for the first time, responded to their communication and a December meeting between ASOP and Nestle representatives was arranged.

Groups in the Netherlands, Switzerland, Sweden, Norway and England as well as West Germany have been active in efforts to promote breast-feeding and curb the use of bottle-feeding.

Minnesota Democrats Endorse Boycott

The Minnesota Democratic Farmer-Labor (DFL) Party endorsed the Nestle Boycott at its December 17th State Central Committee meeting, after seeing the documentary film, **Bottle Babies.** Their action followed a similar endorsement from the 5th District DFL a month earlier.

In addition to the Boycott endorsement, the state delegates approved a number of letters urging action by other political bodies. All Minnesota congresspersons, as well as Senators Humphrey and Anderson, were asked to facilitate hearings and legislation. Letters were also sent to Senators Church and Kennedy urging hearings in their subcommittees on the issue of infant formula in the Third World.

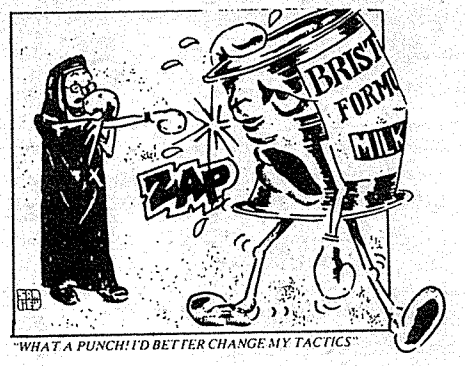
Minnesota Governor Rudy Perpich was asked to recommend that state-held stocks in infant formula companies be voted in support of church sponsored shareholders' resolutions filed with Carnation and American Home Products.

The Minnesota DFL also recommended similar actions to the National Democratic Party.

When your group endorses the boycott, let us know!

Nestle Negotiations

Responding to Boycott pressure, Nestle sent over a Swiss representative to talk with its critics in September and October of 1977. The Nestle official met with groups from the National Council of Churches, the Ford Foundation, INFACT, and several universities. While the meetings helped to clarify respective positions on the infant formula controversy, INFACT members noted that Nestle wasn't seriously considering an end to formula promotion and agreed that the Boycott must continue.



"WHAT A PUNCH! I'D BETTER CHANGE MY TACTICS"

Cartoon from Singapore's **Consumer Bulletin,** July-Sept. 1977

Canadian Formula Documentary

Early in November the Canadian Broadcasting Company aired a program highlighting the dangers of bottle-feeding in underdeveloped countries, and the efforts of churches, governments and others to change the practices of multi-national corporations involved in the sale of infant formula.

The Formula Factor shown on CBC TV's Man Alive program, featured interviews with Derrick B. Jelliffe of UCLA and Leah Margulies of ICCR.

In reports from Jamaica the show's host told of the nutritional problems due to infant formula use found in that country. The role of 'milk nurses' (forbidden by law, but discovered in a hospital by the CBC nonetheless) and other promotional practices of the companies was also documented. Jamaica's efforts to reverse the trend toward bottle-feeding also received special attention.

Los Angeles Demonstration

In Los Angeles, one hundred fifty people joined the Interfaith Hunger Coalition's November 21st demonstration officially launching the Southern California boycott of Nestle products.

Participants gathered for a screening of the film, **Bottle Babies** and a talk by Dr. Derrick Jelliffe, infant nutrition expert at U.C.L.A. Jelliffe said that the rise of malnutrition and diarrhea disease is one of the major public health problems in the world today. The decline in breastfeeding is one reason for this problem, and a major factor in the decline is the unethical advertising and promotion of formula by companies such as Nestle. Jelliffe commended the group for helping to "dramatize and draw attention" to a problem which is causing so much unnecessary sickness and death among Third World infants.

After breaking a 24-hour fast with a bread, milk and honey celebration, the group marched to the local Nestle office. Several individuals read statements of concern and the group joined in singing protest songs. Local TV and radio stations gave good coverage of the event and the Coalition is now preparing information packets in response to hundreds of requests. Plans have also been made to leaflet local shopping centers to raise awareness on the issue.

INFACT welcomes reports from other countries on actions taken by governments, studies on nutritional problems of infants and advocacy of breast-feeding. If you have information you'd like to share, please send it to INFACT Newsletter, 1701 University Ave. S.E., Minneapolis, MN 55414.

Newsletter Staff: Debbie Andreson, Doug Clement, Dennis Ferche, Doug Johnson, Jean Rice, Mary Swenson, Gwen Willems.

Winter 1978

Nestle Formula Leads to Infant Deaths

Bacillus in Milk Kills 25 Children

By Gloria Moreno de Castro

From El Tiempo, Nov. 16, 1977

A deadly bacillus found in **Nestogen** milk caused the death of 25 premature babies in Medellin General Hospital last April.

Such is the conclusion of the experts who participated in an investigation requested by the Director of the Hospital; they had to contend with many problems, including the theft of samples they were about to analyze. . . .

The Medical Association of Antioquia showed concern in an article called: **"Cicolac-Nestle is responsible for the death of 25 children in the General Hospital."**

The Colombian tragedy began in the month of April, when the Director of Medellin General Hospital asked for the collaboration of the National School of Public Health in order to carry out an investigation of what he termed "an epidemic of intestinal character."

According to the Ecological SOS Group, mortality in the premature ward of the hospital had reached 36.2%; the causes for this "epidemic" were unknown, since no changes had taken place in the care of the newborns.

The milk gradually became the number one suspect. On April 30, the experts conducting the investigation recommended a change of milk, and a revision of the sterilization process; mortality began to decrease.

On May 4, Yolanda Torres, head of the Division of Epidemiology, announced that the bacillus "Cereus" had been isolated in the powered milk. The University of Tolima report states

The same pediatrician also referred to the [European Nestle lawsuit], and said he did not want his name quoted because: "Specific accusations have always caused problems for those who have dared to speak up."

The conclusions of the investigating team state: "The increase in mortality, as well as in the general incidence of diarrhea and vomiting are due to food poisoning by the bacillus Cereus. This toxin-producing germ, present in **Nestogen** milk (second semester, code Olnab) proliferated because of inadequate sterilization and storage procedures."

Mother's Milk

The compilation of materials issued by The Ecological Group of the University of Tolima contains many reports and documents, some of which refer to the advertising campaigns launched by milk companies to convince mothers to substitute artificial feeding for breast-feeding.

On this subject, the pediatrician interviewed by **El Tiempo** said: "Statements by the industry indicating that powdered milk is better than breast milk are collosal lies, which seem all the more blatant if one takes into account the fact that the majority of children in Colombia are malnourished."

Later, a communique was issued by the Cicolac Labor Union protesting the repressive measures taken by the firm against those workers who had denounced defects in the processing of powdered milk. The document lists many anomalies, including poor hygiene in the manufacturing plant, and the danger of contamination by insecticides.

The report of the Ecological Group stated in conclusion that: "If cases like this one can arise, in which the products and institutions implicated are obviously supposed to be subject to

The Colombian Tragedy

We were very shocked — as we are sure Nestle was — by the tragic deaths attributed to contaminated infant formulas produced by the Nestle Cerelac factory in Colombia. Our sympathy is extended to the parents of the infants, to the doctors who struggled fruitlessly to save the infants' lives, and to the Nestle company. The incident is regrettable for all parties concerned.

But in reviewing the Colombian tragedy, we have come to see it not as an isolated accident, but as an expression of a systemic problem which deserves careful consideration: throughout the world, babies are being routinely exposed to a product which is dangerous to their health because of its high susceptibility to contamination. Let us elaborate.

1) It must first be noted that although factory contamination is not an everyday incident, it does occur with alarming frequency — despite industrial safeguards.

In 1977 alone, three such incidents came to our attention. In West Germany, a small infant foods company sold salmonella-infected formula on the domestic market.

Over a period of 8 months, the Nestle factory in Australia was contaminated with salmonella, and infected formulas were exported to many developing countries in Southeast Asia. In Australia, alone, over 134 confirmed cases of gastroenteritis and diarrhea were traced to milks produced by Nestle. This case is even more alarming in that, according to the **National Times** of Australia, Nestle both failed to inform public health officials of the contamination problem and failed to close the plants until the source of contamination could be identified and eliminated. Both of these inactions increased the dangers presented to infan-

We can only conclude that, despite safeguards, accidents will occur and will endanger the life and health of babies. It should not be necessary to point out that these risks are not present in breastfeeding.

2) Secondly, the Colombian tragedy clearly illuminated the broader risks inherent in infant formula use. If hospitals and Nestle factories (with their expensive laboratories and rigorous sterilization procedures) cannot guarantee contaminant-free formula, what chance has an illiterate mother in a Third World village or urban slum?

The corporations claim that increased education will enable people to overcome an environment completely hostile to the safe use of infant formulas. Nothing could be further from the truth. Formula companies are powerless to significantly safeguard their products from contamination once they have left the factory. Asking parents to use infant formula is asking them to adopt a technology which poses unacceptable and unnecessary risks to the lives of their infants.

3) Finally, we are concerned that this tragedy took place in a hospital, because it leads to serious questions about the corporations' marketing strategy aimed at the medical profession.

Apparently, hospitals in developing countries are adopting still another "modern" format for health care: institutional feeding with infant formula, rather than easy access to breastfeeding in maternity wards. This practice is no doubt related to Western notions of "efficiency." But it is heavily reinforced, if not introduced, by Nestle and other infant formula companies which have decided to make the health profession the "intermediaries" between themselves and the consumer.

Throughout the developing countries, company sales people are subjec-

the Division of Epidemiology, announced that the bacillus "Cereus" had been isolated in the powered milk. The University of Tolima report states that this pathogen is a bacteria which releases several toxins, and causes diarrhea and vomiting.

A prestigious pediatrician from Bogota stated that in particular, "powered milk, if packed or prepared without care, can obviously cause infection in the newborn, whose natural defenses against such attacks are weak."

The report of the Ecological Group stated in conclusion that: "If cases like this one can arise, in which the products and institutions implicated are obviously supposed to be subject to quality and sanitary controls, what should we think of food products which are produced, prepared and sold without any type of supervision at all?"

El Tiempo is the most respected newspaper in Colombia. Published in Bogota, it is the Colombian equivalent of the **New York Times.**

close the plants until the source of contamination could be identified and eliminated. Both of these inactions increased the dangers presented to infants using Nestle-produced milks.

And in Colombia, 25 babies died in a hospital, victims of a "gastroenteritis epidemic." Diarrhea, malabsorption of nutrients, tragic death.



have decided to make the health profession the "intermediaries" between themselves and the consumer.

Throughout the developing countries, company sales people are subjecting the medical profession to an intensive "educational" campaign, just as they've done in the developed nations. Nurses and nutritionists have been hired to convince their colleagues of the advantages of artificial feeding. Every imaginable inducement is used: boxes of **Nescafe** to doctors (in Mexico and West Germany, for example), free formula supplies to hospitals and doctor's wives (Philippines, New York), donation of medical equipment or office equipment (Florida, Philippines), funding for medical conferences (Venezuela), "educational" literature, and frequent "friendly" contacts by salespeople and "health educators."

In pursuing this marketing strategy, infant formula producers are using their power to influence doctors with information that ought to come from independent, objective sources. And they are using the power of gifts to "mold" medical institutions to their product marketing needs.

The outcome of medical promotion? In many United States hospitals, mothers must fight for the right to breast feed their babies without interference from artificial formulas. Similarly, in a Philippines hospital, every baby is bottle-fed from birth by the hospitals, despite the fact that 90% of the patients are on charity and none have refrigeration at home. And, in the same matter-of-course fashion, 25 babies at a modern Colombian hospital were given the formula that ended their lives.

The contamination of Nestle milk in Colombia may well have been an accident — "an act of God." But the events which led to its use were acts of a marketing strategy. This is the real tragedy of Colombia.

Why Boycott Nestle?

INFACT is concerned with the promotion of artificial infant formula in the developing countries. Health conditions there make its use impractical and unsafe; its cost leads to dangerous dilution and malnutrition. Its promotion by Nestle and other multinational corporations degrades a valuable food resource — an unacceptable alternative in a world where many go hungry.

We therefore call for an immediate stop to all promotion of infant formulas, including:

1) An end to direct advertising of formula to consumers. As stated by the Swiss judge in the European Nestle trial, it is Nestle's advertising program that transforms a relatively good product into "one that is dangerous and life-destroying."

2) An end to distribution of free supplies to hospitals, clinics, and homes of newborns.

Certain nations, such as Papua-New Guinea, have made any promotion of infant formula illegal. Others, such as Jamaica, have clamped down on the give-away programs in hospitals by denying access to sales representatives in public hospitals.

The danger of give-away schemes to the child is again cited by the judge in the Nestle trial:

> "According to Dr. Ebrahim, the inducement to artificial feeding in the place of breast feeding can result, in as little as three days, in the drying up of the breast as a milk source due to hormonal stimulation, the mother thus becoming a prey to bottle milk."

Give-away promotional gimmicks set the stage for this by making it impossible for the infant to return to the safety of mother's milk.

3) An end to the use of company "milk nurses."

Again, according to the Swiss judgement:

> "It is considered proven by evidence that the Nestle company uses health nurses who have an advertising task and who, by their activity, have an advertising effect."

4) An end to promotion to the health professions and through health care institutions.

Such promotion, in effect, allows the subtle enlistment of the medical profession into the corporation's sales effort. In the lawsuit against the Bristol-Myers Company the affidavits filed by Arnold M. Muller, a British journalist, attest to the dangers in the competitive struggle to reach doctors as promoters.

The medical professions should be informed of product efficacy, cost, and availability by independent sources such as their respective National Health agencies. Competitive inducements must be eliminated. The corporations, caught in an obvious conflict of interest, cannot be expected to perform educational services in an objective manner.

The Nestle Picturebook

Nestle's picture-filled booklet, "Infant Feeding in the Developing Countries" was published in 1977. A full INFACT crique of this booklet contains rebuttals of the eight major arguments presented by Nestle. Excerpts from three of those eight rebuttals are given here.

1. Increased bottle-feeding leads to lower infant mortality rates?

Nestle: "In spite of the claim that increased use of commercial infant food leads to widespread malnutrition and high infant mortality, statistics show that infant mortality rates have declined sharply where artificial feeding has increased most." (p. 10)

It is important to recognize the logical fallacy in Nestle's "proof" of causality. Their argument is clearly based on a spurious correlation between infant mortality rates and bottlefeeding rates. As Nestle must realize, hundreds of factors enter into the determination of infant mortality rates, including provision of public health services, clean drinking water, sanitation facilities, immunization, higher income, etc. Nevertheless, Nestle provides no empirical proof for their position that the net effect of increased bottlefeeding, holding other factors constant, is to decrease infant mortality. Indeed, what data are available indicate that the opposite is true.

Plank and Milanesi's 1970 study of 1,712 Chilean mothers showed the following relationships:

Age of Infant	Type of Feeding	Death Rate per 1,000
Four weeks	Breast only	29.2
Four weeks	Breast and bottle	56.0
Four weeks	Bottle only	60.5
Three months	Breast only	13.8
Three months	Breast and bottle	37.5
Three months	Bottle only	38.7

(Plank, S.J. & M.L. Milanesi "Infant Feeding & Infant Mortality in Rural Chile" Bulletin WHO 48 (1973) p.203

The Pan American Health Organization study, Kannaneh's research, the Cook report, and countless other studies demonstrate similar positive relationships between bottlefeeding and infant morbidity and mortality.

III. Most mothers do not have sufficient breast milk?

Nestle: "A major reason for infant undernutrition is the difficulty of bridging the gap between the amount of food a baby gets from the mother's breast and what it needs for healthy growth." (p.5)

The great body of medical research does not support the position that mothers have difficulty in "bridging the gap" during the first 4-6 months. Even mildly malnourished mothers tend to have sufficient quantities of high quality breast milk.

"In less well fed communities, it has been shown that poorly nourished mothers usually lactate suprisingly well, producing milk of normal protein content in quantities sufficient to ensure growth in the exclusively breast-fed infant for 4 to 6 months and to constitute a significant protein supplement during the first two years." (Jelliffes, "The Uniqueness of Human Milk," **WHO Chronicle,** Dec. 1971)

"Even under famine conditions, the effect on breast milk appears to be slighter than expected."
(Thompson and Black, "Nutritional Aspects of Human Lactation," **WHO Bulletin,** 52, 2, 1975)

IV. Only two possibilities when "inadequate breast milk secretion" occurs?

Nestle: "In such circumstances there are in fact two possibilities. Either the mother gives no supplement to her breast feeding and the baby's life is endangered because of undernutrition and the consequent lack of resistance to infection, or she may supplement her breast feeding — either with traditional foods . . . or by more expensive, but better balanced, infant foods." (p.11)

Nestle neglects a third possibility that is preferable to either of the other two: food supplements for the mother, not the baby. If breast milk is produced in insufficient quantities due to the mother's under-nourishment, available money can be spent more economically on additional food for the mother rather than on expensive artificial milks for the infant.

Thompson, **et al.,** have found that mothers are about 90% efficient in converting the food they eat into breast milk. ("The Energy Cost of Human Lactation," **Brit. J. Nutrition,** vol. 24, p. 565-572, (1970). Thus, one could take the formula which Nestle says should be given to the baby, give it to the mother instead, and produce an almost equal amount of breast milk. As Nestle admits, breast milk is far superior to infant formula. But, of course, the high cost of formula makes this an absurd alternative to the mother's consumption of local foods.

INFACT Critiques Nestle

Nestle is beginning to feel the crunch. Faced with the prospect of declining sales and a seriously-damaged reputation, Nestle has gone to great lengths to persuade the public of its sincere interest in the well-being of Third World babies. The Nestle public relations department has sent out a barrage of "individualized" form letters to those who write to White Plains in support of the boycott. Picture-filled booklets and official-looking statements usually accompany these form letters. (Its been estimated that Nestle spends roughly 75¢ per response in postage and printing costs alone.)

The intent of all these glossy photos and the smoothly written prose? To destroy the credibility of Nestle critics and to convince the public that Nestle knows best. What we'd like to offer here are a few facts to the myths and false impressions created by Nestle's public relations efforts. On these pages we present responses to Nestle's major persuasive tools:

1) a form letter from David Guerrant, Nestle Company president
2) "Infant Formula Marketing Policy Changes Already Put Into Effect by Nestle S.A."
3) "Misleading and/or Erroneous Statements in 'Mother Jones' INFACT advertisement"
4) "Infant Feeding in the Developing Countries," a 31 page booklet with 27 full-color photographs.

Space limitations prevent us from offering complete critiques of all five pieces in the pages of this newsletter, so we have taken excerpts from our critiques. The full versions are available from National INFACT (See p.7)

If you haven't yet received the Nestle materials, write to them in White Plains (address on p.8).

A Consumer Responds

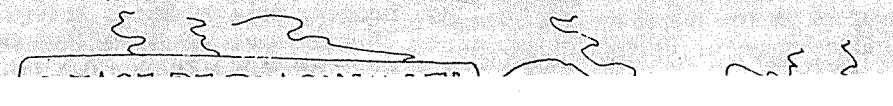
Mr. S.E. Korsen, Manager
Consumers Affairs
The Nestle Co., Inc.

Dear Mr. Korsen:

I recently received your letter of October 18, 1977, along with the materials which were enclosed. Since you asked me to let you know if I had any specific comments on this issue, I briefly offer the following: . . .

Reports prepared by persons with a vested interest in the outcome (e.g., the Head of Nestle, SA's Research Department and the Assistant Manager of the Infant and Dietetic Department) are automatically suspect. Additionally, I know enough about statistics to know that if used selectively such data can support almost any stand one wishes to take on any issue. I hasten to add that I am not implying that the reports you enclosed are invalid. I merely wish to suggest to you that I wouldhave found them of far greater comfort had they been prepared by an independent source.

Nestle's Letter



Nestle's Letter to Boycotters

Nestle's first form letter in response to the Boycott came from David Guerrant, President of the Nestle Company. A reply to Mr. Guerrant's letter was written by Douglas Johnson of the Third World Institute. Because we feel the exchange was a valuable one, we've printed excerpts from both letters here. Write to INFACT for complete copies.

Guerrant: "The Third World Institute announced its plans to demonstrate against our American company by instituting boycotts against it and its products, even though the company does not manufacture any infant foods for sale either here or abroad. Our Swiss-based parent company, Nestle S.A. does . . ."

Johnson: "May we quickly dispose of the claimed difference between the Nestle Company, Inc. of White Plains, New York, and the Nestle S.A. of Vevey, Switzerland. Nestle produces no infant formula in the United States. But to main an artificial distinction (between these two organs) to a sophisticated and knowledgeable populace that understands "multinationalism" and transnational corporations is untenable. We all recognize that a hand is different than a head, but both are intimately connected in one "corporate" body — governed by the head (in this case, Vevey.)

Less allegorically, the unity of your transnational corporation is demonstrated by the following:

a. Nestle stock (and the stocks of its subsidiaries and former American companies Stouffer and Libby) are not available on either the New York or American Stock Exchanges. Investments are made only on the International Exchange.

b. Funding for local acquisitions (e.g. Stouffers) by the White Plains subsidiary came from loans from Nestle S.A. of Vevey rather than from U.S. capital sources . . .

Guerrant: "A similar attempt to vilify the Nestle name with the same charges was made by the Third World Work Group of Berne, Switzerland. This resulted in a libel suit instituted by Nestle S.A. in Switzerland, and the company was vindicated last year when a Swiss court found the members of the Third World Work Group guilty of defamation. The Swiss court held that statements which attributed responsibility to Nestle for infant deaths were false and were intended to severely damage Nestle's business reputation.

Surely the Third World Institute of Minneapolis knows of this Swiss court decision but for its own reasons it seems to have chosen to ignore it."



Johnson: "Two very important confusions exist in your description of the Nestle trial in Switzerland, in which members of the Third World Work Group were found guilty of libel for their translation of the work **The Baby Killer** into the German title **Nestle Kills Babies.** Contrary to your accusations, we have not ignored the trial and have obtained an unofficial translation of the judge's opinion . . .

a. The judge did not rule on "Nestle's responsibility;" he did rule on the title of the books, the much more specific statement, "Nestle Kills Babies." The judge interpreted this to mean — in a very restricted sense — that Nestle intentionally murdered or negligently killed infants in the developing world. He found that, legally speaking, Nestle did not commit either of the above acts.

b. But does this constitute a "vindication," Mr. Guerrant, as claimed in your letter? Please read the . . . statements from the judge's opinion:

> 'Hence, the need ensues for the Nestle company to fundamentally rethink its advertising practices in developing countries as concerns bottle feeding, for its advertising practice up to now can transform a life-saving product into one that is dangerous and life-destroying. If the complainant (Nestle) in the future wants to be spared the accusation of immoral and unethical conduct, it will have to change its advertising practices.' "

Guerrant: "It is unbelievable that any group would deliberately set out to threaten the jobs and welfare of our employees through a boycott, particularly since our company does not make infant food products or sell any other products to Third World Countries."

Johnson: "It is true that a boycott can effect innocent persons — in this case Nestle employees and the thousands of store owners that function as middle persons for Nestle products. It is, of course, the latter that will bear the initial burden of a consumer boycott. That is why we are informing grocers and others of the boycott so that they may cut down on inventory and minimize their losses.

As for Nestle employees, no strategy on our part can be effective when management attempts to divide the interests of working people against the world's poor. We must rely on the good sense of employees, who realize that we are weighing the lives of perhaps millions of Third World infants

you that I would have found them of far greater comfort had they been prepared by an independent source.

I have asked myself who stands to gain and lose in this situation. The Third World Institute has nothing to gain so far as I can tell. Thus, "attacking" Nestle for no reason would not benefit them and would probably even cost the institute in terms of future credibility. Nestle of White Plains and Nestle, SA, on the other hand, do stand to lose — economically (from the boycott) and in credibility (if the charges regarding Nestle's infant formula promotion practices are proven valid).

I could go on as I found many of the statements in the materials and your letter questionable. However, I do not have the time to respond to you line-by-line. It is sufficient at this time, I think, to say that I shall continue to participate in the boycott and counsel my friends, acquaintances and others to do likewise.

Sincerely,

Jeanne F. Cook
Columbia, SC 29205

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endangered by management's aggressive and unethical advertising schemes. And, of course, we are relying on the fact that, should Nestle stop its promotional activities, the American worker will not be harmed in the least."

Guerrant: "In fact, the Swiss parent company is one of the few companies to be asked by Third World governments to come into their countries . . ."

Johnson: "It would be very helpful to receive a list of such 'invitations' received by Nestle from Third World governments . . . Invitations are not blanket pardons for every type of activity.

This claim concerning 'invitations' is simple obfuscation. It diverts attention from the real issue: nations, stockholders, peoples and children have a right to expect continuous ethical and beneficial practices from businesses operating in their domain. They have a right to protection from abuses of power. And when problems are identified, they have a right to demand immediate correction — not self-righteous excuses and diversionary claims."

We in the Third World Institute and INFACT do not believe that Nestle has intentionally set about to kill babies in order to increase corporate profits. But we do believe that there is sufficient evidence to demonstrate how Nestle sales programs create the climate of product misuse and thus jeopardize the health and lives of millions of infants.

Has Nestle Really Changed ?

Nestle's policy changes are cosmetic at best. Taken as a whole, they will have virtually no impact in preventing infant formula malnutrition. They serve as window dressing, minor concessions which attempt to deflect the justified criticism now focused on the company's actual marketing practices. A point-by-point critique of the "Policy Changes" statement is offered below.

— "the superiority of breastfeeding is now clearly featured on all infant formula labels"

After years of criticism, Nestle has agreed to put such a statement on its formula cans. But the written statement — unintelligible to illiterate mothers — says: "Breastfeeding is best for your baby, but when supplementary feeds are required, or when you can no longer breast-feed . . . This is similar to the 1975 Lactogen radio advertisement: "Breastmilk is best, but when you do not have enough . . ."

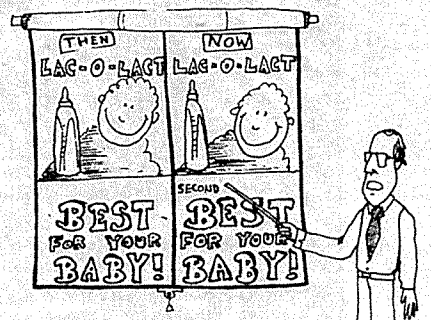
Formula marketers agree to such slogans because they perfectly undermine a mother's confidence in her ability to breastfeed. Doctors have long recognized that anxiety caused by doubts about breastfeeding ability inhibits the "let-down reflex" which allows milk to flow when the baby sucks. As a 1975 Consumer Union funded study noted, "By openly recommending breastfeeding, the companies can earn their public relations credits. At the same time the companies can undermine breastfeeding by implying repeatedly that a mother may not have enough milk and may need supplementary bottles of formula."

— "The importance of breastfeeding is being stressed in all educational materials intended for mothers."

According to medical and nutrition experts consulted by INFACT, all but one of Nestle's infant care booklets give false or misleading information about breastfeeding. This false information makes breast-feeding unnecessarily difficult and formula use more appealing.

Moreover, most Nestle booklets devote far more space to bottlefeeding instructions and advertising than they do to breastfeeding. As noted in the judge's decision from the 1976 Nestle court trial in Switzerland:

"Advertising is done, to the extent that the proceedings have shown . . . by the distribution of colour brochures whose main emphasis concerning nutrition is on the bottle. The reference made to breast feeding in these brochures may be adequate to the western level of knowledge, but it is in no way appropriate for mothers in developing countries."



On the other hand, **one** recent Nestle booklet, "I Am Feeding My Baby" is a relatively good breastfeeding brochure, although there is room for improvement. It is evidence that Nestle can provide correct information if it is pushed to do so. But this booklet is oriented toward rich Third World women and mothers in developed countries, as pointed out by its references to nursing bras and consumption of de-caffenated coffee, meat, eggs, and cheese.

In addition, unlike all of Nestle's other books, "I Am Feeding My Baby" has **no** photographs. Clearly, it is for distribution only to a select market of very literate, high-income mothers — exactly those mothers who can bottle-feed safely.

— "More emphasis is being placed on instructions covering the precautions to be taken when preparing feeds and leaflets printed in the main vernacular language with detailed illustrations, will in the future be included with the product."

Written directions, no matter how detailed, are useless to an illiterate mother. No amount of written, visual, or oral preparation instructions can provide a clean water supply and modern kitchen, or relieve the financial burden imposed by formula use. Under conditions prevalent in the Third World, safe formula use is impossible — regardless of how well instructed a mother may be.

— "In the markets of Black Africa, direct media advertising for infant formulae has been withdrawn to allow for a complete review of content with the appropriate national authorities. (No direct advertising has been carried out in Latin American countries.)"

In a September 1977 meeting with the Interfaith Center on Corporate Responsibility and other church agencies, a Nestle representative reported that Nestle had, in 1975, called a moratorium on mass media advertising throughout the world. The ICCR staff then cited evidence of extensive TV and radio advertising of Nestle's Lactogen in Malaysia in 1976. The Nestle representative appeared shocked and said he would check into the matter — perhaps the moratorium was called only for Africa.

Later, evidence of recent radio advertising in South Africa and billboards in Rhodesia for Nestle infant formulas was produced.

Finally, in an October meeting with INFACT representatives, the Nestle employee made this claim that direct advertising had been withdrawn in Black Africa. (Apparently Nestle considers South Africa and Rhodesia to be white nations.) An INFACT representative then reported hearing Lactogen radio ads in Liberia in 1976. The Nestle representative? He appeared shocked and said he would check into it.

As for the claim about no advertising in Latin America, several reports have been received (as recently as May 1977) of Nestle formula posters in local stores in Guatemala and Honduras. Ads for Nestle formula were found recently in Uruguay newspapers.

It is clear that top Nestle management are either ignorant of or unable to control actual formula marketing practices. Such management failures indicate the weaknesses of Nestle's proposed "self-regulation." What assurance will the public have that the Company is adhering to its stated policy? A more specific issue: why just a localized moratorium? If Nestle recognizes the harm of direct advertising, why don't they halt all of it?

— "All advertising and promotional material has to be passed by a controller who is independent of the marketing department concerned and answers directly to the Managing Director. This is to ensure strict adherence to policy."

Strict adherence to a weak policy will not save infant lives. Moreover, Nestle's ability to control its Third World Marketing practices is clearly limited. Only an independent, outside body without vested interests in infant formula sales can be depended upon to monitor and regulate promotion practices.

— "Home visits by Nestle personnel are not allowed unless further guidance is specifically requested in writing by the responsible medical authority. (It should be mentioned here that all qualified nurses employed by Nestle devote most of their time to maintaining contact with medical personnel for the distribution of medical literature, educational material and samples; they do not sell infant formula to mothers, nor do they receive a commission on sales.)"

A better statement of the problem cannot be found. It was just this sort of hospital marketing strategy that the International Pediatrics Association denounced in 1975.

Nestle now understands that time-consuming home visits can be a relatively inefficient means of inducing mothers to use formula. Better its employees spend time with doctors and nurses, pressuring them to provide free samples to mothers. This enlists health professionals as formula salespeople.

After the mother leaves the hospital with her bottle-fed child and free Lactogen samples, she will find that her breast milk has largely dried up. Once the sample runs out she must go to the local store where formulas are freely available, but no longer free. A consumer is born.

This marketing strategy is being transferred directly from the developed countries to the urban slums of the Third World. INFACT joins with the International Pediatrics Association in calling for an end to it.

— "The use of white uniforms by Nestle qualified nurses has been forbidden in the remaining two markets (Malaysia/Singapore) where they are still worn."

It is not the **color** of the nurses uniforms to which INFACT objects. A uniform worn by any person implies authority and objectivity. When Nestle employees wear uniforms they imply that their formulas have an authoritative and objective medical endorsement. INFACT deplores this unethical practice and demands an end to the use of Nestle milk nurses.

Misleading MOTHER JONES

In August, 1977, Mother Jones magazine donated its back cover to INFACT, and ran an ad for the Nestle Boycott that was prepared by the Public Media Center. Nestle issued an eleven point critique of that ad, and has distributed it widely. We stand behind the message and intent of the Mother Jones ad, and issue the following rebuttal to Nestle. (A complete, foot-noted version of this reply is available from INFACT: see resource list, page 7).

Statement 1: The Public Media Center ad in **Mother Jones** incorrectly stated that sales of infant formula have declined in Western Countries. What have declined are the birth rate and the rate of growth of infant formula sales. The opposite trends are occuring in the developing countries.

As Nestle's 1971 Annual Report notes, "In Europe, progress was slowed by a certain stagnation in the market due, **inter alia,** to the continuously declining birthrate. In the developing countries, demographic growth, the rising standard of living and, generally, the endeavors to promote infant nutrition offer good prospects for our products."

We would be very pleased if Nestle would publicly document these trends with figures on its formula sales in Europe and in the developing countries.

Statement 2: We stick by the 10% figure for mothers who can't breastfeed. Our ad discusses only those mothers who "can't breastfeed," not those who, **in Nestle's judgment,** "use or would benefit" from their formulas.

Almroth reviewed eleven studies of Third World women and found that, on the average, only 6% of women surveyed said they weaned their infants because of their need to go to work[1] Other research reveals similarly low figures.[2]

The vast body of medical research indicates that almost all women are physically able to breastfeed their infants for the first 4-6 months, and that breast milk can provide significant quantities of protein, calories and other nutrients for at least another six months.[3]

After 4-6 months, **all** infants, not just 50%, should receive supplementation of breast milk. It is inappropriate for both nutritional and economic reasons to meet this need with infant formula. At 4-6 months babies need types and amounts of nutrients not available from an infant formula roughly patterned after mothers' milk.

The best way to fulfill the infant's nutritional needs at that age is with local inexpensive weaning foods. Because they are not based on milk or other animal products, most local weaning foods are less susceptible to bacterial contamination than are infant formulas. And because they are much cheaper there is no incentive to dilute them. For example, data from a recent study in the West Indies shows that, in comparison with local weaning foods, **Lactogen** (Nestle's largest selling formula) costs about twice as much per gram of protein and five times as much per calorie.[4]

We agree with Nestle that 1-5% of mothers are unable to breast feed their babies for physiological reasons.

In sum, 7-11% of all women with children under 4 to 6 months — for physiological or employment reasons — cannot breastfeed. We chose 10% as a high estimate.

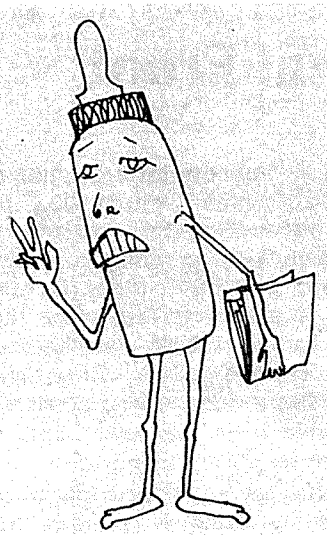
Statement 3: The figure on the decline in breastfeeding in Chile is cited in **The Nutrition Factor** by Alan Berg, a senior nutrition advisor to the World Bank.[5] Berg takes the information from a study by Fernando Monckeberg, a leading Latin American nutritionist.

While we do not feel that Nestle has discredited Professor Monckeberg's figures, we are fully willing to provide other examples which reveal a similar decline.

In Singapore, between 1951 and 1960 there was a decrease from 71% to 42% of children in low-income families breastfed at least three months. By 1971, only 5% of the babies were still breastfed at the age of three months. In the Philippines, 31% fewer mothers nursed their babies in 1968 than a decade earlier. In rural Mexico, the decline in breast feeding is also being felt; between 1960 and 1966, the percentage of babies under six months of age who were fed only breast milk in one rural Mexican community declined from 95 to 73.[7].

Statement 4: Water given between feeds to a breast fed baby is unnecessary and, indeed, dangerous when the water supply is contaminated.[8] In areas where health professionals are active enough to provide the support Nestle admits is necessary for safe bottle feeding, they have also succeeded in encouraging mothers to forego supplemental water and force-feeding. (Might Nestle be interested in donating funds to Third World health ministries who could, **without Nestle's influence,** hire more health care workers to curb supplemental water use?)

Conditions prevalent among the people to whom Nestle promotes its formulas make following its preparation "recommendations"



impossible. Women prepare formula with unsafe water (presumably against Nestle's recommendation) because they don't have access to clean water. Similarly, they must prepare more than one feeding at a time because mixing formula every few hours is incredibly time-consuming. And, for a mother with only one pot, and one stove or fireplace, formula preparation five or six times a day is next to impossible. The work of Third World mothers is already burdensome; how can Nestle expect them to prepare formula at each feeding?

Statement 5: True, "theoretical projections" may be of less value than empirical studies. (Thus, "theoretical projections" on how Third World mothers can correctly prepare formula six times a day are if little value; see Statement 4). Data collected in connection with the Bristol-Myers lawsuit indicated that many mothers **did** spend extemely high percentages of their total income to buy formula.

Nestle's talk of "theoretical projections" is merely an attempt to confuse the public. The important point is that families overdilute infant formulas **precisely because** they can't afford to spend 80% of their income on an artificial food for the baby. But no matter how much they dilute it — no matter how little nutrition the baby gets — purchasing formula is still an unnecessary economic drain on poor families.

Statement 6: Bacterially contaminated water does not directly affect an exclusively breast-fed child. After 4 to 6 months, when supplementation is needed, a non milk-based weaning food should be used since formula or other milk-based products become contaminated more readily.

The economics of supplemental feeding after 4-6 months also argue in favor of native weaning foods. Processing a food adds greatly to its cost, and infant formula is highly processed. Native weaning foods are much less costly; therefore there is little need to overdilute them and the child is more likely to receive sufficient nutrients.

One wonders about Nestle's motives in providing "education material," "trained nurses," and "health educators," when one reads in its 1967 Annual Report:

> "For a number of years now the allied companies have been trying to keep African mothers better informed on baby care and feeding. This effort has had a beneficial effect on sales . . . particularly Lactogen."

Statement 7: As we said in Statement 2, adequate supplemental feeding is necessary from 4-6 months onwards. This does not detract from the fact that improper infant formula use is a major cause of malnutrition. As Prof. Derrick Jelliffe has noted ". . . it is necessary to realize that it is preferable that a baby be somewhat underweight on the breast alone than dead from misguided supplementary bottle-feeds. In this type of case, it is much more advisable to give supplementary dried skimmed milk **to the lactating mother.**"[10]

Statement 8: It is correct that mothers are often able to both breastfeed and bottle-feed their infants for long periods without **completely** drying up the mother's supply of milk.

However, Third World pediatricians have noted a high proportion of cases where the introduction of the bottle has decreased the mother's milk supply. This results from at least two factors: 1) infant formula is sweeter than breast milk and infants may develop a preference for the sweet taste, and 2) milk flows more easily from a bottle than a breast so the baby finds the bottle requires less work. As a result, the baby may be less content feeding at the breast and will suck less. Since milk flow is partially regulated by sucking stimulation, this results in a drying up of breastmilk.[11]

Statement 10: We will be more than pleased if Nestle shows that it can make a significant and helpful response to pressures and moral arguments.

The International Council of Infant Food Industries (ICIFI) was created in the heat of the Nestle trial in Switzerland with a great deal of publicity. ICIFI bragged that its Code of Ethics was at that time being submitted to the United Nations Protein Advisory Group (PAG) for endorsement. PAG refused to give the endorsement unless substantial changes were made. To date, ICIFI has refused to make those changes and the endorsement has not been forthcoming.

Sexism and Infant Formula

Robin Jurs and Jean Rice

The promotion and sale of infant formula is deeply rooted in sexism. Throughout the industrial and developing worlds, corporations are increasing their promotion of artificial milk products as "modern" substitutes for mothers' breast milk. While there are women who are physically unable to breastfeed, the percentage is very small — less than 5%. Nevertheless, women here and abroad are repeatedly told that it is to their advantage to bottle-feed. In fact, increased sales of infant formula benefit only the corporations, and limit the freedom of women.

The infant formula industry is controlled by men, and these men gain profit from women who do not breastfeed. Women are manipulated to serve the needs of an industry intent on increasing profits. With its claims that breast milk is not sufficient, the industry leads women to believe they are inadequate. With its aggressive hospital promotion, the industry restricts the freedom of women to determine how they will feed their children. Such manipulation is manifestly sexist.

"The advertising industry provokes a psychological and emotional response which convinces women they're not adequate."

— Leah Margulies, ICCR

Ironically, people who promote breastfeeding are often accused of being sexist. Such accusations reveal a serious misunderstanding of breastfeeding, bottle-feeding, and their respective potentials for giving women control over their own lives. People who view breastfeeding advocacy as sexist feel that breastfeeding limits women to a biological function that bars them participation in the "real world." Implicit in such thinking are the beliefs that bottle-feeding is convenient and time-saving, and that it allows the task of feeding the infant to be passed on to other members of the family while the mother works.

In reality, safe bottle-feeding in the Third World takes considerably **more** time than breastfeeding because of the need to buy formula, gather fuel, carry and boil water, sterilize bottles, mix the formula, and refrigerate left-over mixture. In an attempt to do what formula companies say is best, mothers are faced with a technology which places excessive demands on their time.

Contrary to some claims, breastfeeding rarely prevents Third World women from working. Most employment in developing countries is in or near the home — infants are often carried and breastfed as the mother works. A number of studies show that barely 6% of women don't breastfeed because of employment outside the home. Unfortunately, men rarely share bottle-feeding duties in Third World countries. (It is interesting to note that male-dominated formula companies do not emphasize this possibility in their promotion efforts.)

Those women who choose not to breastfeed because it will prevent them from working outside the home are victims of a social and economic system shaped and largely controlled by men. This system denies the needs of women who want to breastfeed their babies, but who also choose or need to work outside of their homes. Women must be able to do both! That these needs are not met is an indication of the powerlessness of women in male-dominated society.

An international conference on "Lactation, Fertility and the Working Woman," held in Italy this past July, addressed these problems and proposed some remedies. The conference concluded:

> "There is . . . the need to support breast feeding in all women, including those working out of home, in view of the significance as regards nutrition, response to infection and its recognized birth spacing effects . . .
>
> 1) It is recommended that working women in all countries be afforded a minimum of 3 months maternity leave . . . mainly after delivery . . .
>
> 2) It is recommended that a survey be undertaken . . . in relation to maternity leave and lactation regulations, including the quality and standard of facilities designed to support breastfeeding.

The promotion of infant formula has prevented women from achieving meaningful liberation. The infant formula companies have introduced doubts about maternal adequacy, reinforced the breast-as-sex object image, restricted the freedom of women to choose how they wish to feed their children, pushed a technology which forces more work on over-burdened women, and strengthened a system which prevents women from enjoying both jobs outside the home and breastfeeding their children. Here lie the roots of sexism of the infant formula industry.



TO SELL THEIR PRODUCTS THE INFANT FORMULA COMPANIES HAVE BEGUN AN INTENSE PROMOTION CAMPAIGN IN THE WORLD'S POOR COUNTRIES. THE MODERN BENEFITS OF BOTTLE FEEDING ARE PRAISED THRU MASS ADVERTISING WHILE MOTHERS' MILK, THE PERFECT FOOD, IS DEGRADED AS A FOOD SOURCE. THE BOTTLE IS PUSHED ON DOCTORS AND HOSPITALS WHO RECEIVE EXPENSIVE GIFTS OF EQUIPMENT ALONG WITH THE ADVERTISING. THE CAMPAIGN REACHES WOMEN IN HOSPITALS, URBAN SLUMS, AND VILLAGES. MANY BABIES DIE WHERE PURE WATER CANNOT BE FOUND, WHERE FOMULA IS DILUTED TO MAKE IT LAST, WHERE REFRIGERATORS TO PRESERVE IT DO NOT EXIST. HUNGER AND MALNUTRITION INCREASE THEIR TOLL FOR THE BENEFIT OF CORPORATE SALES CHARTS. THE NESTLE CORP. IS THE LARGEST OF THESE PROMOTERS.
JOIN THE BOYCOTT!

On the Congressional Front

On the Congressional Front

Dennis Ferche

Now is the time for concerned groups and individuals to contact their congressional representatives about the infant formula issue.

Past congressional activity has raised terest in Washington, D.C. and achieved some concrete results, but more action is needed if promotion by the American infant formula companies is to be controlled.

In 1976, Representative Michael Harrington (D., Mass.), chairman of the House International Development Subcommittee, introduced a resolution calling for an investigation of the United States formula companies and asking the Agency for International Development (A.I.D.) to integrate breastfeeding as a component of its nutrition education program.

The resolution, co-sponsored by twenty-nine representatives, was followed up in 1977 by a Harrington amendment to the International Development and Food Assistance Act of 1977. The amendment encourages the President (and A.I.D.) "to devise and carry out in partnership with developing nations a strategy for integrated programs of nutrition and health improvement for mothers and children, including breast feeding." The enactment of this recommendation is a good start, but there is more need to draw attention to company promotion practices and resulting tragedy.

Senators and Representatives from several committees have expressed interest in pursuing the infant formula issue further. Two Senate subcommittees, in particular, are considering hearings: the Senate Foreign Economic Policy Subcommittee, chaired by Senator Frank Church (D., Idaho), and the Senate Antitrust and Monopoly Subcommittee, chaired by Senator Edward Kennedy (D. Mass.).

It is extremely important that the members of these committees hear from each of us, indicating that there is, indeed, widespread concern over the formula issue. Necessary names, and addresses are given on page 8.

Hearings would be a major step to gather information, publish the issue more widely, and put pressure on the companies. They may also open avenues for future legislative work. A Maryland congressman — contacted by a local constituent — recently asked for legislative proposals that he could consider. Possibilities include: a) denying tax deductions for certain marketing practices, b) prohibiting certain companies — when found in violation of specified market practices — from receiving federal contracts, c) limiting exports of infant formula to Third World countries, and d) eliminating subsidies, loan guarantees or insurance for manufacturing infant formula overseas.

Another important strategy which has been used with success is educating local political party organizations about the issue and asking them to adopt resolutions expressing concern to the Senators and Congresspeople from their state and party. In Minnesota, the local INFACT group used this tactic and won support from the state's Democratic party. (See page 2)

Local level activity by concerned people can have a strong and certain impact. Get to know your Senators and Congresspeople.

BENEFIT OF CORPORATE SALES CHARTS·THE NESTLE CORP IS THE LARGEST OF THESE PROMOTERS· JOIN THE BOYCOTT!

American Corporate Activities

Nestle is not alone. At least thirteen major companies produce infant milks and promote them in developing countries. Along with the Nestle effort, concerned groups in the U.S. have focused their criticism on the five U.S.-based baby milk companies: **Abbott Laboratories, American Home Products, Borden, Bristol-Myers, and Carnation.** All five of these corporations have promoted their milk products to the poor in the Third World.

Borden recently agreed to stop all infant feeding oriented promotion of its milks, and to date, no infractions of this policy have been noted. But past experience with enforcement of marketing policies published by other U.S. companies does not give much ground for optimism.

Abbott Labs' code of ethics, for example, claims that their product labels and printed instructions will include "pictographs as well as the written word . . . in appropriate languages." The Abbott code also notes that "the recommendation to breastfeed is particularly appropriate for mothers in lower socioeconomic or non-money economic sectors." But as recently as December 1977, an investigator found Abbott's Similac formula for sale in a low-income section of a Mexican town. All writing on the Similac can was in English, **not** Spanish.

"One of the best nurses I knew in Africa — a very well-trained person in charge of training other nurses — was seduced away to work for a formula company for three times her previous salary. She was hooked into the system . . ."

— Dr. Roy Brown

In July 1977, researchers encountered a Bristol-Myers milk nurse on the maternity ward of a large public Jamaican hospital. The nurse was copying mothers names from the ward list and said she was planning to visit the mothers after they left the hospital. Later conversations with health officials revealed that the Jamaican government prohibits milk nurses from hospital visits, and that the Bristol-Myers nurse had illegally entered the maternity ward. Bristol-Myers code of ethics claims that it works in close cooperation with local government officials and health authorities.

Other information collected in connection with the Bristol-Myers lawsuit revealed similar infractions of the company's stated policy. For example: full page advertisements in Barbados phone books, labels on Haitian formula tins which weren't printed in native languages, station wagons in Thailand covered with large Enfamil formula ads.

American Home Products claims that "our basic methods of marketing tend to result in the purchase of our products by those in a position to afford them." But recent investigations in the Philippines revealed that AHP supplies its formulas to hospitals where 70-90% of the patients are on charity. All infants born in these hospitals are bottle-fed from birth; their mothers are given formula samples upon leaving the hospital. Few, if any of these mothers had refrigerators in their homes.

AHP also claims that it "does not sponsor or organize pediatric or other professional conferences the primary purpose of which is to promote infant formula." But in 1977 a Venezuelan doctor reported that AHP's formula subsidiary had paid for parties for health professionals. It's true that the medical people may not have seen the primary purpose of the party as formula promotion, but there is little doubt about AHP's motives.

Carnation is a recent focus of infant formula critics and they have not yet issued a code of ethics. But Carnation condensed milk labels in Liberia claim that their milk is highly recommended for infant feeding. Instructions for milk preparation are given on a complicated chart and accompanied by a picture of a healthy white baby.

These few examples are typical of a much broader range of corporate promotion abuses and policy infractions. Not only are the existing policies too weak to significantly curtail the hazards of formula use, but these policies are, in practice, quite poorly enforced.

RESOURCES

The following list of organizations and contact persons is a partial list of those active in the infant formula campaign. Contact them to offer your help in the area.

(BB) after the name signifies that the group has the film **BOTTLE BABIES** available for local distribution.

CALIFORNIA

Presbyterian Synod of
So. California **(BB)**
1501 Wilshire Blvd.
Los Angeles, CA
90017

Southern California Interfaith
Hunger Coalition **(BB)**
5539 W. Pico Blvd.
Los Angeles, CA
90019

American Baptist Church **(BB)**
Box 23204
Oakland, CA
94623

AFSC **(BB)**
980 N. Fair Oaks
Pasadena, CA
91101

Northern California INFACT **(BB)**
1499 Potrero
San Francisco, CA
94110

COLORADO

Colorado CALC
c/o Leticia Smith
225 Lincoln Street
Denver, CO
80203

Region III
Coalition for Responsible
Investment **(BB)**

MASSACHUSETTS

Boston INFACT **(BB)**
Boston Industrial Mission
56 Boylston Street
Cambridge, MA
02138

New England Coalition for
Responsible Investment **(BB)**
ATTN: Bob Nee
P.O. Box 111
Fairhaven, MA
02719

Central Massachusetts CALC **(BB)**
14 Castle Street
Worcester, MA
01610

MICHIGAN

Interfaith Council for Peace
604 E. Huron
Ann Arbor, MI
48108

Groundwork **(BB)**
1516 Jerome Street
Lansing, MI
48912

Catholic Community Services **(BB)**
228 North Walnut
Lansing, MI
48933

Rev. Rodney Snedeker
807 Iroquois Dr. S.E.
Grand Rapids, Michigan
49506

MINNESOTA

Center for Global Awareness **(BB)**
315 W. St. Marie
Duluth, MN
55803

Donna Kourimay
PO Box No. 95
College of St. Theresa
Winona, MN
55987

Minnesota INFACT **(BB)**
Third World Institute
1701 University Ave. SE

AFSC **(BB)**
915 Salem Ave.
Dayton, OH
45406

Episcopal Diocese of Ohio **(BB)**
ATTN: Reverend Rawlings
2230 Euclid Ave.
Cleveland, OH
44115

OREGON

Lane County CALC
1414 Kincaid
Eugene, OR
97401

PENNSYLVANIA

People for Nutrition Action **(BB)**
ATTN: Joanne Sherofky
717 West 9th
Erie, PA
16502

American Baptist Church **(BB)**
Valley Forge, PA
19481

Philadelphia INFACT **(BB)**
P.O. Box 12913
Commerce Station
Philadelphia, Pa
19108

Audio Visual Department **(BB)**
Villanova University
Villanova, PA
19085

TENNESSEE

United Methodist Film Service **(BB)**
ATTN: Will Bane
Nashville, TN
37203

WISCONSIN

Community Action on
Latin America **(BB)**
731 State Street
Madison, WI
53703

Justice and Peace Center **(BB)**
3900 North Third Street

RESOURCES AVAILABLE FROM THE NATIONAL INFACT CLEARINGHOUSE

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PRINTED RESOURCES:

A. Articles from other sources:

1. **THE BABY KILLER,** Mike Muller **(War on Want)**	$1.00
2. "The Bottle Baby Scandal — Milking the Third World For All Its Worth," Barbara Garson **(MOTHER JONES)**	.60
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6. "Formula for Malnutrition," Consumers Union, **CIC Brief,** 4 pp.	.15
*7. "Sales of Baby Formula Stirring Protest," Ralph Nader **(THE WASHINGTON STAR),** 1 p.	.05
8. "A Critical Essay on the Role of Promotion in Bottle-Feeding," Leah Margulies **(PAG BULLETIN),** 11 pp.	.50
9. **BIBLIOGRAPHY, INFACT,** 8 pp.	.25

B. Corporate Information:

10. "Sisters of the Precious Blood vs. Bristol Meyers," **CIC Brief,** 4 pp.	.15
*11. "American Home Products (Wyeth Laboratories) Latest Practices," 3 pp.	.10
*12. "Stockholders Resolutions for American Corporations;	
A. American Home Products, 1978; 3 pp.	.10
B. Carnation, 1978; 3 pp.	.10
13. "Strategies to Market Infant Formula to the Poor," 2 pp.	.05
*14. Letter from Nestle President (Guerrant, USA) to the American Public, 2 pp.	.40
*15. Response to Nestle Letter, Douglas Johnson, 8 pp.	.60
*16. Nestle's Latest Practices, 3 pp.	.10
*17. Critique of Nestle Policy Changes, 5 pp.	.20
18. A Critical Look at Nestle's Use of Quotations, 3 pp.	.10
19. A Reply to the Nestle Critique of **Mother Jones** Ad, 6 pp.	.25
20. A Summary Critique of Nestle's Booklet, "Infant Feeding in the Developing Countries," 20 pp.	.60
*21. A Chronology of the Infant Formula Issue, 10 pp.	.30

C. Organizing in Your Communities:

*22. "Yes, We Want to Do Something . . ." (full of ideas),	.15
*23. Making Contact with Local Media, 2 pp.	.05
*24. "Organizing a Demonstration With a Minimum of Fuss," **SHAKER TOWN PLEDGE GROUP,** 2 pp.	.10
*25. "Setting Up a Phone Tree," 2 pp.	.05
*26. Sample Leaflets (for duplication in your community), including **MOTHER JONES** Ad and 4 others; 8 pp.	.25
27. Nestle Boycott Song Sheet, 2 pp.	.10

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*26. Sample Leaflets (for duplication in your community), including



ANNOUNCING THE

Nestlé® BOYCOTT

You must act if Nestle is to stop its unethical promotion of infant formula!

— **Boycott Nestle products**

— **Inform your local grocer,** restaurant, or food service of the issue and ask them not to stock Nestle products.

— **Get endorsements** for the Nestle Boycott and other INFACT strategies from your local church, union, political party, health group, hunger organizations, business affiliation, or governmental body. Forward endorsements to National INFACT, the companies, and to appropriate members of Congress.

— **Write to the Nestle Company,** informing them that you "boycotted another Nestle product today," and explain why. Send unused parts of products to the company. Send us a copy of your letter. Expect a public relations response from Nestle!

Nestle Company, Inc.
100 Bloomingdale Road
White Plains, New York 10605

General Actions

— **Show BOTTLE BABIES,** a documentary film on the issue. To arrange for local showings see the film list on page 7.
— **Write letters-to-the-editor** of your local newspapers informing them of the issue and urging support of the Boycott.
— **Educate your friends** and relatives about the issue with INFACT resources (See page 7)
— **Make appearances on local TV** or radio shows with members of your group.

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ACTION IDEAS

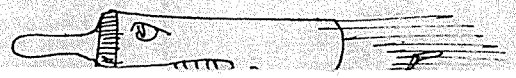
Boycott List

Products to be Targeted:

Taster's Choice
Nescafe
Nestle's QUIK
Nestle's Crunch
Nestea
Libby, McNeill & Libby products

Other Products Include:

Souptime
DeCaf
Nestle's milk flavorings
Stoeffer products
Cross & Blackwell products
Maggi products
Swiss Knight Cheese
Jarlsberg Cheeses
Deer Park Mountain Spring Water



INFACT DAY

Thurstay, April 13, 1978 is **INFACT Day — Infant Formula Action Day.** It is a day for people across the country to join in united action to help infants in developing countries, the potential victims of bottle disease. Activities are now being planned by groups and individuals to raise awareness about the issue and put pressure on companies which promote infant formula.

The single purpose and date give unity and visibility to INFACT Day.

But National INFACT prizes local-level creativity and diversity, too. It's important that local coalitions and individuals develop actions and strategies reflecting their own talents and opportunities. Involving local media in spreading the word about the plight of Third World babies is critical!

American formula companies hold their annual shareholders' meetings in mid-April, so INFACT Day will have a strong impact on company decisions. Telegrams and letters to the companies will be a major INFACT Day activity.

Looking for more ideas? Write those letters at a gathering or religious service ending a voluntary fast undertaken on INFACT Day. Leaflet at local supermarkets to inform people about the Nestle Boycott. Organize a march or demonstration near the local office of a formula company. Arrange a special showing of **Bottle Babies.** and invite local members of La Leche League International to alert people about the advantages of breastfeeding, here and in the Third World.

Raising money is always important. On April 13, we hope to generate voluntary donations for a breastfeeding campaign in a developing country. We will be working with La Leche League to support this campaign.

Start now to plan for April 13. Keep the National INFACT Clearinghouse and local media people informed of your progress. Write to INFACT if you need help in organizing.

INFACT needs your help in its work to end the tragedy of infant formula malnutrition. INFACT Day is a special event which needs your support, but day-to-day action is also essential.

INFACT Day Activities

— **Fast in solidarity with INFACT;** spread the word in your church group, cooperative, health care group, school or business.
— **Collect funds** not used for food on that day; forward them to National INFACT. Funds collected on this day will be used to support a breastfeeding education campaign in a developing country.
— **Break your fast** in the evening with a hunger meal, soup dinner, or other simple celebration. Hold a special religious service in your church that evening. Consult your national denomination's hunger board for appropriate materials.
— **Write letters of protest** to American formula producing corporations and to Nestle. Their addresses are:

Bristol-Myers Company
345 Park Ave.
New York, N.Y. 10022

American Home Products
685 Third Ave.
New York, N.Y. 10017

Abbott-Ross Laboratories
Abbott Park
N. Chicago, Ill. 60064

Carnation Company
5045 Wilshire Blvd.
Los Angeles, CA 90036



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Boycott List

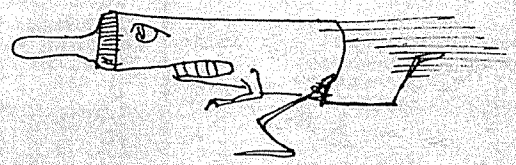
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Taster's Choice
Nescafe
Nestle's QUIK
Nestle's Crunch
Nestea
Libby, McNeill & Libby products

Other Products Include:

Souptime
DeCaf
Nestle's milk flavorings
Stoeffer products
Cross & Blackwell products
Maggi products
Swiss Knight Cheese
Jarlsberg Cheeses
Deer Park Mountain Spring Water

ACTION IDEAS



Stockholder Resolutions

Whether or not you personally not being filed with them this year. the importance of putting pressure

INFACT DAY

Thurstay, April 13, 1978 is **INFACT Day — Infant Formula Action Day.** It is a day for people across the country to join in united action to help infants in developing countries, the potential victims of bottle disease. Activities are now being planned by groups and individuals to raise awareness about the issue and put pressure on companies which promote infant formula.

The single purpose and date give unity and visibility to INFACT Day.

But National INFACT prizes local-level creativity and diversity, too. It's important that local coalitions and individuals develop actions and strategies reflecting their own talents and opportunities. Involving local media in spreading the word about the plight of Third World babies is critical!

American formula companies hold their annual shareholders' meetings in mid-April, so INFACT Day will have a strong impact on company decisions. Telegrams and letters to the companies will be a major INFACT Day activity.

Looking for more ideas? Write those letters at a gathering or religious service ending a voluntary fast undertaken on INFACT Day. Leaflet at local supermarkets to inform people about the Nestle Boycott. Organize a march or demonstration near the local office of a formula company. Arrange a special showing of **Bottle Babies.** and invite local members of La Leche League International to alert people about the advantages of breastfeeding, here and in the Third World.

Raising money is always important. On April 13, we hope to generate voluntary donations for a breastfeeding campaign in a developing country. We will be working with La Leche League to support this campaign.

Start now to plan for April 13. Keep the National INFACT Clearinghouse and local media people informed of your progress. Write to INFACT if you need help in organizing.

INFACT needs your help in its work to end the tragedy of infant formula malnutrition. INFACT Day is a special event which needs your support, but day-to-day action is also essential.

INFACT Day Activities

— **Fast in solidarity with INFACT;** spread the word in your church group, cooperative, health care group, school or business.
— **Collect funds** not used for food on that day; forward them to National INFACT. Funds collected on this day will be used to support a breastfeeding education campaign in a developing country.
— **Break your fast** in the evening with a hunger meal, soup dinner, or other simple celebration. Hold a special religious service in your church that evening. Consult your national denomination's hunger board for appropriate materials.
— **Write letters of protest** to American formula producing corporations and to Nestle. Their addresses are:

Bristol-Myers Company
345 Park Ave.
New York, N.Y. 10022

American Home Products
685 Third Ave.
New York, N.Y. 10017

Abbott-Ross Laboratories
Abbott Park
N. Chicago, Ill. 60064

Carnation Company
5045 Wilshire Blvd.
Los Angeles, CA 90036

— **Write letters to key shareholders** in your areas. Obtain information on this from National INFACT. Plan ahead to make letter-writing a group effort after the hunger meal or celebration on April 13.
— **Organize a silent vigil** or protest demonstration in front of the office or factory of local American formula producers and Nestle subsidiaries. Get local address from National INFACT

ACTION IDEAS

Stockholder Resolutions

Whether or not you personally own stock, you can work to change the promotion practices of U.S. formula companies through shareholder action. ICCR members are filing two resolutions this year: one with Carnation asking for disclosure of information on their milk promotion activities in the Third World, and another with American Home Products calling for a review board, composed of shareholders, health professionals and management, which will evaluate the company's marketing practices. Concern can also be expressed to the other formula companies, even though resolutions are not being filed with them this year.

Possible actions you can take:

1) **Investigate** the stockholdings of local institutions. Colleges, churches, banks, pension funds, unions, charitable foundations, states and municipalities often own stock in infant formula corporations (Write to ICCR or INFACT for names of institutions in your area which are major shareholders.) These institutions usually have a committee responsible for stock portfolio management.

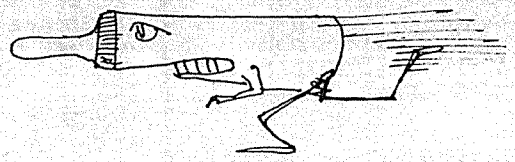
Approach the committee members and educate them about the infant formula problem. Show the **BOTTLE BABIES** film to them. Stress the importance of putting pressure on the companies to stop unethical promotion practices. Ask the committee to write to the company's management expressing its concern, and to vote for shareholder's resolutions on the problem.

2) **If you own stock** in any of the infant formula companies, write to them to express your concern. Use the INFACT demand to propose the proper course of action. Vote your proxy in favor of the American Home Products and Carnation stockholder resolutions.

3) **To find out more** about your rights as a shareholder or concerned citizen, order "A Shareowner's Manual for Church Committees on Social Responsibility in Investments" for $3.50 from ICCR, 475 Riverside Dr., New York, NY 10027.

Copies of this year's resolutions with American Home Products and Carnation can be obtained from either INFACT or ICCR.

Maggi products
Swiss Knight Cheese
Jarlsberg Cheeses
Deer Park Mountain Spring Water



INFACT Membership

INFACT needs to raise money and expand its membership. We are a national coalition of persons and groups with limited resources, struggling together to challenge the unethical business practices of large corporations.

We've made our personal contributions to INFACT; we need your help, too. Clip this coupon and send it to us with your membership fee or donation.

_____I would like to join INFACT and enclose_____$5 (student and elderly)_____$10 (regular). I will receive the National INFACT Newsletter, and can participate in the National INFACT Conferences.

_____Our group would like to join INFACT. Enclosed is $25.00 for Organizational Membership. We will receive monthly INFACT Updates, the Organizers' Packet, and other assistance for organizing in our region.

_____I would like to be a sustaining member and pledge$_____each month for_____months.

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_____I would like to be in touch with other INFACT supporters in my area.

_____

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ADDRESS_____

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PHONE_____

Area of specific interest_____

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Fund-Raising Ideas

— Hold a benefit dance with the proceeds designated for INFACT.

— Hold a benefit concert. Contact local artists or national artists.

— Request a special collection for the infant formula issue at your church.

— Hold a paper drive with the recycling profits designated for INFACT.

— Students, educators or churches can organize a "hunger meal," serving less expensive protein sources (rice and beans), designating the profits to INFACT.

— Hold a bake-sale (Possibly an "alternatives to Nestle products" bake sale).

— Show the film, "Bottle Babies" (See p. 7) and take up a collection following the film.

— Sell boycott buttons and posters (See p. 7).

— Hold garage sales and auctions.

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Congressional Action

-Send a letter to your congresspersons in Washington, D.C. Inform them that you are supporting the Nestle boycott. At the same time tell them that you want them to support investigation into, and government control of corporate sales practices in the infant formula market.

Name of your representative
U.S. House of Representatives
Washington, D.C. 20515

Name of your senator
U.S. Senate Office Bldg.
Washington, D.C. 20510

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-Send a letter also to the chairpersons and members of the following congressional subcommittees urging them to hold hearings on the marketing of infant formula:

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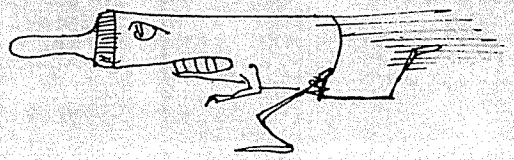
Sen. Edward Kennedy, **Chairman** (D. Mass.)
Sen. John McClellan (D. Ark.)
Sen. Birch Bayh (D. Ind.)
Sen. James Allen (D. Ala.)
Sen. Howard Metzenbaum (D. Ohio)
Sen. Strom Thurmond (R. S.C.)

Members of the Foreign Economic Policy Subcommittee

Sen. Frank Church, **Chairman** (D. Idaho)
Sen. Clark (D. Iowa)
Sen. Sarbanes (D. Md.)
Sen. Javits (R. N.Y.)
Sen. Pearson (R. Kansas)

ACTION IDEAS

Deer Park Mountain Spring Water



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ADDRESS_____
_____ZIP
PHONE_____
Area of specific interest_____

MAIL TO: **NATIONAL INFACT** **(612) 331-3437**
1701 University Ave. S.E.
Minneapolis, Minnesota 55414

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Sen. Javits (R. N.Y.)
Sen. Pearson (R. Kansas)

Baby bottle disease ~ there's big money in it.

Declining birth rates in western countries have sent infant formula manufacturers looking for new markets. They've found them mostly in the Third World.

But no more than 10% of third-world mothers — those who can't breast-feed — have any real need for formula. So the manufacturers launched aggressive marketing and advertising campaigns to convince the other 90% that bottle-feeding is modern and scientific, breast-feeding backward and primitive.

These campaigns have been incredibly successful. In Singapore, in 1951, 71% of all babies from low-income families were breast-fed. Twenty-years later, only 5% were.

But the problem is much more serious than just promoting an expensive and unnecessary product. To use infant formula safely requires pure water, a way to sterilize bottles and nipples, and enough money to buy the necessary amount of formula. A refrigerator is also needed unless the formula is to be prepared every few hours.

Because exclusive bottle-feeding can cost over 80% of their total income, many families overdilute infant formula, which



leads to malnutrition.

They must also mix the formula with contaminated water, because that's the only water available. They can't afford fuel to boil water, so the bottle and nipple become contaminated too. Then the prepared bottle usually bakes in the sun. The result is diarrhea, which also leads to malnutrition.

Malnutrition causes irreversible brain damage in infants. If prolonged, it brings death. The problem is so widespread that doctors speak of an epidemic of "baby bottle disease."

By the time baby bottle disease is diagnosed (if it ever is), it's usually too late to do anything about it, because the mother's own milk has already dried up.

Chronic malnutrition directly due to the unsafe use of infant formula by mothers who could have breast-fed has killed thousands of third-world babies and caused severe mental retardation in countless others.

Church groups here have used stockholders' petitions and lawsuits to force some U.S. formula manufacturers to discontinue their promotion of infant formula to mothers who can't afford to use it safely.

But Nestle, the gigantic Swiss transnational which sells more than a third of all the infant formula in the world, is, by its structure, immune to such pressures. They ignore moral arguments. The only way to get at them is a boycott. A partial list of Nestlé products (and products of companies they control) is at the bottom of this page.

For more information about the boycott, or to help us organize it, or to contribute to the cost of running it, contact the Infant Formula Action Coalition at 1701 University Ave SE, Minneapolis, MN 55414.

But most important, when you see a Nestlé product, remember what it represents — third-world babies who died for the lack of their mothers' milk.



Crunch Nestlé quick.

Boycott anything with the name Nestlé on it, including Taster's Choice, Quik, Nescafé, Nestea, Decaf, Crunch, Souptime and Lactogen; all Libby's and Stouffer's products; as well as Crosse & Blackwell's, Keiller, Maggi, McVities, Crawford, James Keiller & Son; also Deer Park Mountain Spring Water, Jarlsburg and Swiss Knight cheese.

Prepared by Public Media Center, San Francisco.

For more information contact

Infant Formula Program
ICCR
475 Riverside Drive
New York, NY 10027

or

National INFACT
1701 University Avenue S.E.
Minneapolis,
Minnesota 55414

INTERFAITH CENTER ON CORPORATE RESPONSIBILITY

A Sponsored Related Movement of the National Council of Churches
475 Riverside Drive • Room 566 • New York, NY 10027 (212) 870-2293

WHAT WE BELIEVE ABOUT THE WHO/UNICEF MEETING: PLANS AND ACTIONS

I. Introduction

Over the past several months, more and more attention is being paid to plans for the upcoming meeting on "Infant and Young Children Feeding" to be jointly sponsored by the World Health Organization (WHO) and UNICEF at WHO headquarters in Geneva from October 9-12, 1979. The purposes of the meeting are to: 1) summarize current knowledge on infant nutrition, and 2) consider what steps could be taken by different groups to improve infant feeding practices. The agenda is comprehensive, focusing on a broad range of factors affecting infant nutrition. Five main topics will be discussed, with a working group making recommendations in each of the following areas:

1. encouragement and support of breastfeeding;
2. promotion of timely weaning, using local foods;
3. strengthening training of health and allied workers with respect to infant feeding;
4. improving health and social status of women in relation to infant feeding;
5. development of rational marketing, distribution and appropriate use of breast milk substitutes when indicated.

Approximately 150 people will attend the meeting which will be closed to the press and general public. Participants will represent national governments (both from developing and developed countries); UN agencies; experts in infant feeding (from several disciplines); the infant foods industry; non-governmental organizations; and "other interested parties", including the critics of industry. ICCR, INFACT, the Third World Action Group (Switzerland) and War on Want (England) will all send representatives.

This event is considered by WHO/UNICEF to be a meeting (not a conference), which in UN parlance suggests a smaller scientific, professional gathering aimed at airing a range of issues and making recommendations to larger, more formal and comprehensive bodies. (A "conference" requires consent of the WHO Executive Body and would include representatives

from all 152 member nations, rather than the 20 or so expected at the October meeting). Only six or so of the eighteen international infant formula companies are expected to attend. Given these conditions, WHO/UNICEF do not expect an industry-wide Code of Conduct for the marketing and promotion of infant formula or any "final solutions" to emerge from the meeting. They do think that they can set into motion a process which over the next few years could make implementable recommendations in all five areas. According to UNICEF Information Officer Anthony Hewett:

> We don't expect a code of ethics to emerge from it....Some sort of consensus is likely to emerge from the meeting which the multinational companies may take as guidelines, but those will not amount to a set of rules and regulations that any international organization could set down for individual companies or governments. It's a question of reaching agreement between various interests at the conference.
>
> Since the conference does not have the power to enforce anything it says, it would be silly to promote it as setting world guidelines for infant and young child feeding.
>
> (United Methodist Reporter, July 20, 1979)

WHO had originally planned a meeting as a forum to discuss the results and action follow-up of their nine country collaborative research project on breastfeeding. This coincided with a request by U.S. Senator Edward Kennedy that WHO examine on an international basis the issues raised at last year's Senate Hearings on the "Marketing and Promotion of Infant Formula in the Developing Nations" (U.S. Senate Subcommittee on Health and Scientific Research, May 23, 1978). Certain members of the infant formula industry (and Nestle in particular) have been trying to drain public support away from the boycott and other forms of action by posing this meeting as an alternative to the public activities. For example Nestle continues to urge the public in letters, speeches and documentation to "endorse" the WHO "conference" (as they insist upon calling it) rather than support the boycott. American Home Products, (the leading American infant formula seller in the Third World) argued against an ICCR shareholder resolution which asked for a Review Committee on marketing and promotion by claiming that the WHO would provide this function. In reality, the WHO/UNICEF meeting and public pressures are not only compatible but mutually re-inforcing. They are aimed at the same objective: controlling the commercial promotion of infant formula in order to provide a context in which governments and health workers can develop the policies that best meet the health needs of their people.

II. The WHO/UNICEF Position

WHO and UNICEF have consistently supported efforts to curb aggressive promotion of infant formula. In 1974 and again in 1978, the governing body of WHO unanimously passed resolutions calling on member states to promote breastfeeding and regulate the promotion of breast milk substitutes. In 1978, WHO Regional Office for Europe issued a report concluding that, "The distribution of free samples and other sales promotion practices for baby foods should be generally prohibited." Since 1976, WHO, in collaboration with the International Children's Center, has been carrying out a study on infant feeding, which includes marketing and promotion of infant foods, in nine countries around the world. WHO sent a representative to testify at the U.S. Senate hearings on the results of this study. This is the first time a WHO representative has been authorized to testify before a U.S. Congressional hearing. Dr. Carballo testified, suggesting the relationship between infant formula promotion and the decline of breastfeeding:

> ...it appears significant that in settings where mothers were provided with free samples of milk, there was also a marked low incidence of breast feeding. Similarly, the extent to which knowledge about brand products has extended into urban poor and rural communities, and the diverse network of distribution channels utilized in the marketing and distribution of infant foods, would also seem significant. The possible association of these practices with patterns of breast feeding cannot and should not be overlooked.

More recently, Dr. Carballo said in an article in Business Week (April 23, 1979): "To commercially push infant foods as just another product is too dangerous." As early as 1970, WHO and UNICEF helped to convene a series of meetings under the auspices of the Protein Advisory Group (PAG), bringing together the infant formula industry, government representatives and nutrition experts to discuss the nutritional problems caused by marketing of infant formula. This led to the promulgation in 1972 of PAG Statement #23, a series of compromise recommendations to deal with this issue. When the International Council of Infant Food Industries (ICIFI) issued its Code of Ethics in 1975, however, PAG immediately responded with a sharp critique, complaining that the code did not go far enough and posed a danger in that it provided too much room for interpretation.

UNICEF has long been concerned with infant malnutrition and has sponsored innumerable meetings, workshops, and direct assistance programs. In 1975 UNICEF published a five volume study entitled Priorities in Child Nutrition. UNICEF stated, in a 1978 position paper explaining the importance of breast feeding and causes for its decline: "Exposure to intensive marketing of infant formula is an equally important factor. Through advertising of breast milk substitutes, mothers are told and consistently reminded of products that are held up to be equal if not better than breast milk." UNICEF is now supporting breastfeeding promotion campaigns in the Philippines, Guatemala, Thailand, Colombia, Jamaica, Indonesia and other nations.

WHO/UNICEF see this meeting as part of their effort to promote breastfeeding and recognize that controls on promotion are an indispensable part of that task. Thus far, the industry has largely ignored the recommendations of the international health community in order to protect growing 3rd world markets.

III. What the Meeting Can Achieve

Senior WHO officials have made it clear in letters and conversations that no "Code of Conduct" can be agreed upon in a 3½ day meeting. They hope the meeting will produce a series of recommendations to national governments, the industry, and non-governmmental organizations. These recommendations will be made to the heads of WHO and UNICEF who will transmit them to the World Health Assembly (governing body of WHO) and the UNICEF Executive Board. These recommendations will require further specification and development, and the meeting may suggest setting up "working parties" to do this. It is likely that specialized, regional meetings will also be held to continue this work.

There are several different types of recommendations that could emerge from this meeting. Invariably, national governments will be called upon to take affirmative steps to promote breast feeding, improve nutrition education, upgrade training of health workers, reorient hospital policies, expand coverage of health services delivery, develop low-cost locally prepared weaning foods, and pass protective maternity legislation. With respect to the marketing and promotion of infant formula, there are also several possible outcomes. What follows is an analysis of the benefits and risks of some options.

A. National Legislation aimed at Controlling Marketing and Promotion

Since WHO is composed of countries, not companies, the thrust of the recommendations will be aimed at encouraging national governments to pass legislation to control the commercial marketing and promotion of infant formula, in accordance to local needs. Such legislation can address the problem of infant formula marketing as well as maternity legislation, hospital policies, health and nutrition education, etc. in a rational, integrated fashion. National legislation that restricts infant formula promotion could establish an important precedent whereby other potentially harmful, expensive and frequently unnecessary products could be scrutinized for their effects on "development". Direct government action can be far more effective in preventing abuses and sanctioning violations than any self-regulatory code.

Several governments are currently experimenting with alternative ways to control the commercial influence. In Algeria, Ghana, and perhaps other countries, for example, governments are moving towards systems whereby formulas are purchased in bulk on an international market by government agencies. The formula is then packaged or labeled locally in non-commercial labels that stress the advantages of breastfeeding and the risks and costs of formula use. The formulas could be made available through government health services and/or private sector, as needed, and at a controlled price. Since there would be no commercial marketing of infant formula (which produces no inherent benefits for the consumer, as Dr. James Post testified in the Senate hearings), there would be no risk that competitive pressures recruit new consumers from among those not able to use the product safely. Formula would be available for those who have a real need, but would not be "pushed" onto people who could otherwise breastfeed satisfactorily. To our knowledge, the impact of these programs has not yet been evaluated, but it stands to reason that they would work best when coupled with strong national programs to promote breastfeeding, assure adequate maternal nutrition, and encourage use of low-cost locally produced weaning foods. Governments would have to carefully monitor the program to be sure that distribution and sale is limited to those with legitimate needs and opportunities for safe use. It would not be in the best interests of public health to replace competitive commercial marketing with a state-run enterprise that also seeks to expand sales indiscriminantly.

In another interesting experiment, Papua New Guinea passed a law requiring a prescription for the purchase of feeding bottles and nipples. While this is not a solution

practical in every country, preliminary indications are that in the period following the adoption of the law, the incidence of breastfeeding has gone up and the health status of infants has improved.

Finally, a significant piece of new legislation has been introduced into the U.S. House of Representatives on May 15, 1979 by Congresspersons Dellums and Miller (D-CA). Called the Infant Nutrition Act of 1979, the bill would control the marketing and promotion of infant formula by U.S. companies in the third world in two ways. First, in order to sell infant formula abroad, a firm would have to obtain a license which is contingent upon filing extensive data about the consumers to whom the formula is actually sold, requiring guarantees that it is properly used. Secondly the bill would eliminate most forms of promotion for infant formula. This is an important bill because it explicitly recognizes the responsibility of the producing country to see that its firms are acting in the best interests -- health and economic -- of the people in the recipient nation. It may serve as a model for other industrialized nations.

What are the risks of relying on national legislation? Designing, passing, & implementing legislation can take a considerable amount of time. Passage of a law does not of course guarantee vigilant, ongoing enforcement. Moreover, legislation could be costly to the developing country host government if it requires skilled technocrats and a regulatory machinery. Many governments lack the political infrastructure and legislative precedents for such action. Implementation could be unwieldly and uneven.

Moreover, it can't be overlooked that multinational corporations have the power to affect which laws are passed and how they are enforced. For example, Nestle lobbied the South African government to adopt a code that is essentially a re-write of the ICIFI code. In some cases where the governments have issued restrictions on infant formula promotion, the companies bypass them. For example, the Jamaican Ministry of Health had forbidden mothercraft personnel ("milk nurses") from entering into government hospitals and clinics. Yet ICCR researchers found Bristol Myers milk nurses on the maternity wards of the government's largest maternity hospital, an episode recounted in the Canadian Broadcasting Corporation documentary, "The Formula Factor". The Malaysian Ministry of Health has issued a similar restriction, which are regularly ignored by industry personnel, according to ICCR investigations. When the Singapore government restricted milk nurses from hospitals, the Dumex company's milk nurses simply moved just beyond the gates of the hospitals to intercept mothers on their way in or out of the hospital. To reiterate, it may be politically very difficult for many national governments to pass and enforce regulations

simply because the industry is a powerful, organized lobby force with enormous economic resources at its disposal. Certainly, the same could not be said for breastfeeding mothers and their infants.

B. Code of Conduct for the Marketing and Promotion of Infant Formula

There has been a great deal of discussion of the various codes of conduct currently in force, and about the possibility of establishing a new industry-wide curb. The advantages of such a code, if strict and effectively enforced, include speed of implementation (corporations are run by executive order, not by legislative deliberation); lower direct cost to the host country; feasibility in the absence of strong national legislation; and elimination of competitive advantages for the least ethical firms.

Such a code, however, would have several inherent weaknesses. Ever since the Nestle trial in Switzerland sent a shiver through the entire infant formula industry, there has been a flurry of self-regulatory codes. Self-regulation is always the first response of an industry under attack, i.e. "We do not need external regulation; we will regulate ourselves!" The industry may prefer this route since it could leave them much more room to maneuver. Such a code could actually legitimize certain practices that need to be eliminated. It could, for example, specify how to distribute free samples rather than eliminating them altogether, as is the case in all current codes. Any code that merely eliminated or proscribed certain practices would be entirely inadequate. The history of marketing in general and the infant formula industry in particular reveals enormous flexibility and adaptability. The companies' marketing skills could be used to develop new, more ingenious forms of promotion not yet outlawed by the code.

A code would be difficult and expensive to monitor, and there is neither an obvious mechanism to perform this function nor a means to impose sanctions for code violations. There is no guarantee that all companies would agree upon such a code, given the significant differences that now exist among the codes in force.

There would be difficulties in defining the scope of the code: should it apply only to infant formula, or should it include other products that are commonly promoted or used as breast milk substitutes (powdered milk, infant cereals, corn starch products, etc.)? Obviously as the scope increases, so does the number of firms involved and the difficulty in obtaining consensus among them. The power of the companies is such that compromises might be necessary for agreement in the international arena. Concerned health professionals -- none of whom are specialists

in marketing and business affairs -- might be forced to accept certain forms of objectionable behavior in order to secure other concessions. While the industry devotes all of its time and resources to selling its products, health workers have a myriad of tasks, constituencies, and concerns and limited or non-existent resources.

One possibility is that the Code of Conduct encourages the industry to undertake a "market segmentation" approach. This means that firms divide up the population of a given country according to socio-economic, demographic, or health characteristics, and adjust their promotion accordingly. This is an absolutely minimal response to the problem, and it suffers from two defects, one practical and the other conceptual. Practically speaking, the infant formula industry has repeatedly stressed that it cannot be held responsible for the "end use" of infant formula because it cannot control its distribution. American Home Products V.P. John Stafford testified in the Senate: "The subsequent distribution of that product throughout the country, I think, would be very difficult for us to control." Conceptually, market segmentation implicitly accepts certain forms of promotion for certain population groups. This leaves the door open for the industry to inflate its definition of "appropriate promotion" and its definition of "safe users". A market segmentation approach should not be used to justify promotion to any segments of the population; it could, however, prove a useful tool if applied to the distribution of infant formula. In other words, national and international health agencies could agree upon definitions of real "need" for breast milk substitutes and of the conditions that would permit safe use. Mechanisms could then be developed to make products available -- without any promotion -- to those groups only. This is the thrust of the Dellums-Miller legislation pending in the U.S. Congress (described above).

IV. A Modest Proposal

In our view, both national legislation and an industry wide code of conduct are needed. National legislation will tailor comprehensive solutions to local priorities and needs; the code is needed to establish universally accepted limits on corporate conduct. The code that we believe should be adopted is relatively simple:

> No firm shall make any expenditure for the purpose of promoting infant formula or other tinned milks for infant use, including but not limited to all forms of communication, donations, or services intended to make persons aware of the availability, characteristics, or uses of such products.
>
> Appropriate education in this area shall be the sole responsibility of the government in cooperation with qualified health personnel.

The virtue of such a code is that it would simply eliminate all forms of promotion. And where there is no promotion, there is no need for expensive, unwieldy monitoring systems once the companies comply. Bi-lateral and multi-lateral assistance may be needed to help governments supply educational materials to health workers and consumers; it would indeed be a much-needed constructive step to replace the industry's promotional literature with objectively written literature that reflects the best available scientific knowledge. Similarly, it would be constructive if continuing education for health workers were furnished not by the food and drug firms, but by professional societies not beholden to private industry. In the final analysis, even the most progressive legislation will not succeed unless health workers in the field recognize their own role in the problem and in the solution.

Moreover, promotion for commercial weaning foods could also be proscribed by a similar code. It is important to recognize that as pressure mounts on the infant formula, some firms respond by stepping up promotion for weaning foods. Commercially produced weaning products are often considered inappropriate for nutritionally vulnerable infants, mainly because they are so expensive. The International Pediatrics Association cites figures to the effect that a European made cereal with milk costs 10 times more than a locally produced weaning food of equal nutritional value. Banning promotion of such commercial foods along with infant formula could represent a comprehensive approach to protecting infants under one-year from the influence of inappropriate sales promotion. Such a step could also enhance the governments' efforts to encourage the use of indigenous weaning foods and the development of low-cost protein-rich weaning foods on a national or regional basis.

It is clear that no long term solution to the marketing and promotion problem will be found until the industry substantially lowers its goals for sales and profits for infant foods. As long as managers are under pressure to sell (their performance is rewarded on the basis of sales and profitability), new consumers will be recruited from among the poor, and tragic misuse will follow. Different countries may choose different solutions such as government-run programs for distribution of non-commercial formula; prescription-only sales; import and/or production restrictions, etc. In all cases, legislation and codes of conduct must recognize that (1) no promotion of infant formula is appropriate (2) where the industry is permitted to operate, sales targets must change, and this can only be done through structural reform, and (3) the continuing widespread availability of infant formula to the poor is in fact the root of the problem. Until this indiscriminate availability is stopped, breastfeeding will continue to decline.

I. Conclusions

WHO and UNICEF concur that the aggressive promotion of infant formula is an important contributory factor to the decline of breastfeeding in the developing world, and thus to infant health problems. It is certainly not the only cause, and it is naive to assume that breastfeeding would return immediately upon cessation of promotion. Many other changes are necessary, in line with past recommendations from WHO, UNICEF, the International Pediactrics Association and the American Academy of Pediatrics. It is difficult, however, to imagine that breastfeeding promotion efforts will succeed until the flow of promotion and pressure from the infant formula industry is stopped.

Thus far, WHO/UNICEF recommendations in the food and drug area have often been disregarded by multinational firms. WHO's courageous attempts to break what WHO Director-General Halfdan Mahler has called the "drug colonialism" of the pharmaceutical industry have met with unstinting criticism and opposition from those firms. Controlling business activities which put profits over people is a task which demands courage and solidarity. This meeting represents an important step in that direction.

Action Suggestions

1. KEEP THE PRESSURE ON THE INFANT FORMULA INDUSTRY. It is extremely important that we maintain pressure on the industry for these reasons:

a. Public pressure has already produced some changes in policies and practices; more pressure will produce more changes. The pace will be slower since the industry has already made the easier, less costly concessions (e.g. no mass media advertising for some firms). In the event that the WHO/UNICEF process takes years to complete, additional lives may be harmed.

b. Public pressure on industry will strengthen WHO/UNICEF's hand in making strong recommendations to control marketing and promotion.

c. Pressure on the industry in their home countries will make the task of third world governments easier as they seek means to control corporate influence.

Continue to expand the boycott. In recent weeks new endorsements have come from the United Presbyterian Church, the United Auto Workers, American Federation of Teachers, National Organization of Women, United Church of Christ, Ambulatory Pediatrics Association, National

YWCA, and many other local, regional, national, professional, university, religious, and social justice organizations. Nestle already feels the "crunch" and will make more than cosmetic changes only when we make the cost of not changing greater than the cost of pursuing their current unacceptable policies.

Continue to show the CBS Documentary "Into the Mouths of Babes"; it just was awarded a first prize blue ribbon at the American Film Institute. ICCR and INFACT are both producing new materials -- your help is needed to get them out into your communities.

2. Write to Congress in support of the Dellums-Miller Legislation (H.R.:4093 - Infant Nutrition Act of 1979) Address one letter to Rep. Henry Waxman, Chairperson of the House Subcommittee on Health and the Environment, and another to Rep. Jonathan Bingham, Chairperson of House Subcommittee on International Economic Policy. Address letter to the House of Representatives, Washington, D.C. 20515.

Urge them to hold hearings on the bill, Only a strong flood of mail can assure this, as it did with the Senate hearings last May. Also write to your own Congressperson, urging him/her to co-sponsor and actively support the bill. Copies of the letters should be sent to your Senators and to the President. There are already more than 50 co-sponsors of the bill in the House.

3. Write to the Secretaries of State and HEW. Both departments will be sending delegates to be included on the 4-person U.S. delegation to the meeting. We want to let our representatives know that there is a large and concerned American public that supports the position of eliminating the commercial promotion of infant formula. Tell your Secretaries that you want the posture of the U.S. delegation to reflect this view, supporting in particular (1) Dellums-Miller bill and analagous legislation for all producer countries (2) national legislation in all countries (not just the third world) that eliminates all forms of promotion of infant formula (3) Bi-lateral and multilateral assistance for developing policies and projects to reverse the trend towards bottlefeeding, and for encouraging use of locally produced weaning foods.

Address your letters to:

Cyrus Vance
Secretary of State
Washington, DC 20523

Patricia Harris
Secretary of Health, Education & Welfare
Washington, D.C.

Send copies to your Congresspersons and Senators.

1981

NESTLÉGATE

SECRET MEMO REVEALS CORPORATE COVER-UP

The attached document is a rare and revealing look at the highly secretive Nestle Company--the focus of the first international grass-roots consumer boycott and the largest non-union initiated boycott in U.S. history. This confidential memo from a senior Nestle Vice-President to the head of the company reveals that the company has no intention of changing its life-threatening practices of promoting artificial baby formulas to poor people, but instead, is countering the boycott with an expensive and sophisticated public relations campaign.

To do this, Nestle is reaching deeply into academic circles, right-wing "think tanks," and the conservative business press. This internal memorandum demonstrates one such tie between Nestle and the "new right" Ethics and Public Policy Center. This is particularly interesting given the Center's relationship with Mr. Herman Nickel, Washington editor of FORTUNE magazine, and author of "The Corporation Haters," FORTUNE's vicious ideological attack on the Nestle Boycott and the churches which support it. This article has become the mainstay of what Nestle describes as its "counter propoganda operation."

WHY BOYCOTT NESTLE?

The aim of the boycott is to force this giant Swiss food company to stop its unethical promotion of infant formulas in developing countries. Where clean water is inaccessible and poverty is the norm, bottle feeding is called "the baby killer." Bottle contamination and formula dilution lead to diarrhea, malnutrition, and ultimately death. Throughout the Third World, millions of babies suffer from this "bottle baby disease." Nestle controls about half of the billion dollar infant formula market in the Third World. Its promotion helps convince mothers to abandon breast feeding in favor of the more "modern," Western bottle; and it convinces doctors and hospitals to start bottle feeding right at birth. INFACT started the boycott against all Nestle products and subsidiaries in 1977. Now the boycott has spread to 8 other countries.

NESTLE'S PUBLIC RELATIONS STRATEGY

Since the early 70's when European groups tried to stop Nestle's unethical practices, Nestle chose to fight in the public relations arena, rather than face the growing international consensus that babies' lives must come before corporate profits.

After the boycott started, Nestle mailed over 300,000 expensive packets to U.S. clergy and community leaders, under the direction of the world's largest public relations firm, Hill and Knowlton. When those tactics failed to stop the boycott's growth, they replaced the firm with the Daniel Edelman Company, which promoted a "low profile" strategy. After the World Health Organization and UNICEF published extensive recommendations in October, 1979, Nestle distributed hundreds of thousands of press releases claiming they were abiding by the international recommendations, in an attempt to convince the public that the boycott was over. Since then, they have adamantly refused to meet their critics in any public forum or meet with the broad-based International Nestle Boycott Committee (INBC) Negotiating Team.

This internal memo describes Stage Three of Nestle's public relations strategy. It is far more sophisticated and insidious because it depends on the infiltration of the media, health institutions and governments by "third parties" and "independent" specialists who will submerge their Nestle connection.

(continued on back page)

COMMENTARY: ISSUES AND PERSONALITIES WITHIN NESTLE DOCUMENT

Prepared by INFACT staff.

Mr. A. FURER The memo is addressed to Arthur Furer, General Manager (chief executive officer) of Nestle, S.A. He is the most powerful figure within the company; as the memo indicates, he is making even minor decisions (such as hiring additional staff) to counter the boycott. All mention of Vevey, Nestle's Swiss headquarters, will refer to him.

Mr. CIOCCA Henry (Hank) Ciocca was Assistant Corporate Secretary for Nestle, U.S. In the fall of 1977 he began the Office of Corporate Responsibility (formerly Public Relations). By the spring of 1978, BUSINESS WEEK reported the office had 15 full and part-time staff fighting the Boycott.

EDELMAN AGENCY The Daniel J. Edelman Agency was hired by Nestle in July, 1979, taking over the anti-boycott work of Hill & Knowlton, the world's largest public relations firm. Edelman is headquartered in Chicago, but has offices in most major U.S. cities. Whereas Hill & Knowlton put Nestle's "story" into the public with extensive mailings and debates, Edelman has advised a low-key approach, using third-party actors. The memo affirms that overall strategy.

STOUFFER A fully-owned Nestle subsidiary, purchased in 1974. With hotels and restaurants in over 40 cities, it is a major Boycott target.

WHITE PLAINS FUND-RAISING TEAM The "fund-raising" section promotes Nestle products to civic groups for their fund-raising projects. A major Boycott target, it was reported to us that sales in this division were down over 35%.

All references to White Plains will be to the U.S. company.

IBFAN The International Baby Food Action Network is a network of public interest, consumer, and health groups working on the baby food campaign. The network now has 48 groups in 35 countries, on all continents. It was formed in October, 1979, following the WHO/UNICEF Joint Meeting on Infant and Young Child Feeding, to monitor industry compliance with the meeting's recommendations.

WHO The World Health Organization which, together with UNICEF, are preparing an international marketing code for the infant formula industry. Nestle has recently threatened WHO that they will not abide by the code.

NOTE TO MR. A. FURER

US BOYCOTT - CONCLUSIONS BASED ON US VISIT (AUGUST 2/4, 1980)

This report summarizes a series of intensive discussions in the US both in Washington and New York. Mr. Ciocca's report of a review meeting involving the Edelman Agency and representatives from Nestlé Canada and Stouffer is attached, and fairly represents the content of that meeting. Also attached is a summary of the latest research.

1. Current Situation

(a) The factual, overt boycott situation is moving in the right direction - few letters; little press coverage; improved research indicators, etc. There are localized "hot spots", i.e., selected Stouffer picketing, and the White Plains fund raising team has some difficulties.

(b) There is an apparent "smouldering fire" situation beneath the surface, especially among selected groups. INFACT are doing everything possible to re-kindle the flame. However, they are having to resort to desperate measures such as reminding their supporters that "the boycott is still on!"

(c) A residual impact of the attacks on the image of Nestlé amongst selective groups must be presumed. However, we must not exaggerate this in the US context, where big business in general is totally suspect, and boycotts and similar action are a way of life. (During my visit, arrangements were being made for a protest march in Washington to which all those who simply had a grievance, of any sort, were invited to join!)

(d) The impact of the Fortune article has been highly significant already. Fortune has apparently never had so much correspondence on a subject, and everyone I spoke to had read the article and agreed with its sentiment.

(e) The frustrations felt by INFACT in their inability to obtain increased consumer and press interest in the formula issue in the USA, will escalate their determination to use the IBFAN international network to promote anti-industry propaganda to influence government delegates to WHO consult-

AID — The U.S. Agency for International Development which, thanks to initiatives by the campaign, now has $5.5 million to promote breast feeding in the developing world.

FORTUNE ARTICLE — "The Corporation Haters," June 18, 1980, which ends with the accusation that the campaign is really "Marxists marching under the banner of Christ." Written by Fortune's Washington editor, Herman Nickel , the article red-baits the National Council of Churches, et al.

MR. GUERRANT — David Guerrant is the President of Nestle, U.S.A. in White Plains. He was formerly President of Libby's, before its take-over by Nestle.

(It was recently announced that Jean Caste will replace Guerrant as head of the Nestle Company in May 1981, although Guerrant will stay on as President of Nestle Enterprises, the holding company for the Swiss Multinational's U.S. operations.)

MR. BROOKS — Hired from Sterling Drug "where he held similar duties," Brooks is a Public Relations specialist, now Vice-President of Corporate Affairs.

MR. RAFFE — Formerly manager of Nestle's operations in Malaysia, he was loaned to Nestle U.S. from the United Kingdom company, where he is vice-president. He spearheaded contacts with the health profession and academics.

ations, and medical opinion in third world countries. Given the sympathetic leanings of US AID, UNICEF and WHO towards anti-business sentiment, this propaganda activity is undoubtedly a most dangerous development.

2. Current Strategy for Dealing with the US Boycott

(a) The basic strategy for dealing with the boycott, i.e., containment of the awareness of the boycott campaign, without being ourselves responsible for escalating awareness levels, is working. It is unanimously endorsed by all those involved (see Mr. Ciocca's report of August 5). The credibility of third party rebuttals of the activists' case was also unanimously endorsed and the Fortune article, together with the interest of the Ethics and Public Policy Center, is the best opportunity we have had yet to put the record straight, and must be fully exploited.

(b) Positive Image Development. The development and testing of a series of positive image programmes for Nestlé is necessary, with great care being required to balance the components of the desired image; the vehicles for the development of the image; the target groups for concentrated effort, against a background of the lack of credibility in the US for any company to overtly sell itself when it has been attacked; and lastly, the availability of credible spokesmen to talk with authority about the Company. Further concrete and more developed plans on this issue are required and will be discussed between myself and Mr. Guerrant on my next visit.

3. Implementation

Whereas, the basic strategies outlined can be said to be technically correct, it does appear that, for a number of reasons largely due to personality and communications - "the human factor" - the implementation of the strategies have lost their "sparkle", as typified by the seeming lack of dynamic to exploit to the full, the tremendous opportunities at last provided by the Fortune article. The following are the main reasons:

The White Plains Project Team

(a) Mr. Brooks does have communications problems with Vevey, Edelman and others.

(b) Mr. Ciocca's gradual determination to leave White Plains (he finally leaves August 15) has led to a run-down of his own positive activities.

(c) Mr. Raffé's departure from White Plains has left the medical/scientific contacts without attention.

MR. AURELIO — Dick Aurelio was an active member in Mayor Lindsay's staff and campaign, known as a liberal.

From the long list of personalities:

MR. WARD — Thomas Ward is senior partner of Ward, Lalos, Leeds, Keegan, and Lett, trademark and anti-trust legal specialists. He represents Nestle in Washington, D.C.

MR. FRANTZ — Ed Frantz is Vice-President of Planning for Stouffer's, their primary spokesman against the Boycott.

MR. PETERSON — From Nestle's Public Relations Office, Canada, their primary lead in the country.

DR. LEFEVER — Ernest W. Lefever is founding director, now president, of the "Ethics and Public Policy Center," a right-wing think tank associated with Georgetown University. It became an independent non-profit organization in January, 1980. Lefever has worked with the American Security Council and is on the board of the Heritage Foundation. His most recent book is an attack on the World Council of Churches as Marxist dominated.

MR. NICKEL — Herman Nickel, the Washington editor of FORTUNE, began his "study" of the infant formula controversy in a study for the Ethics and Public Policy Center. He then sold the story idea to FORTUNE. He receives a percentage of all reprints of his article sold by the magazine; Bristol Myers alone has bought almost several hundred thousand to mail to every shareholder. The article has been expensively reproduced as a pamphlet, and is now being distributed unsolicited by bulk mail to "community leaders" by the Ethics and Public Policy Center.

(d) The departure of Mr. Aurelio from Edelman means that that agency is not the outstanding source of counsel that we hired. (Mr. Edelman himself has now taken over direct responsibility for the account).

(e) Whereas Mr. Guerrant is quite clear as to the relative roles of White Plains and Vevey with regard to this issue, Mr. Guerrant feels that maybe Mr. Brooks still does not adequately understand this, and thus the communication flow has been less than perfect since Mr. Ciocca left Vevey, when he was fully responsible for the communications and coordination effort, and things were at their best in this regard.

4. Action Proposed

Based on my discussions with Mr. Guerrant, which were extremely frank and open, my personal discussions with others concerned (Mr. Ward, Mr. Ciocca, Mr. Frantz, Mr. Peterson, the Edelman Agency, Dr. Lefever and Mr. Nickel), the following action is recommended:

(a) Strategy. There should be no change to the basic strategies for handling the boycott and the positive image development. We need to improve implementation.

(b) Implementation - Boycott. There must be maximum exploitation of the opportunities presented by the Fortune article and the Ethics and Public Policy Center's willingness to undertake additional activity. Mr. Guerrant is somewhat concerned that Nestlé should not be seen to be the dominant subscriber to the Ethics and Public Policy Center. Mr. Ward informs us that there are ways in which this matter can be satisfactorily handled, and in view of his own contacts with Dr. Lefever and his presence in Washington, I suggest that Mr. Ward remain closely involved in follow-up activity with the Center.

We should review the optimum mailing list for the Fortune reprint and then decide how to finance the operation. We should also give every encouragement to the development of Dr. Lefever's idea of a film, and to opportunities for encouraging Mr. Nickel's further work.

It is important that in future work, the rebuttal of the unfounded attacks on Nestlé itself be more directly addressed, and I have also spoken to Mr. Nickel about this. He will try to visit us in Vevey shortly.

(c) Implementation - Image. As stated above, Mr. Guerrant and I will review in concrete terms, the programmes being developed. It is particularly important to examine the extent to which White Plains' own executives can, with suitable audio-visual material, themselves give talks to

DR. ALBRECHT No specifics known.

local community leaders. It does seem that the so-called "grass roots" approach has the most credibility. It is also important that great care be taken to balance the Nestlé message between third world nutrition and our other activities. Equally, we should not seek business press articles at random without carefully analysing the direction such articles might take. We must avoid investigative journalists simply seeking out sensational pieces to further damage the representation of multi-national businesses as a whole.

(d) Implementation - People

(i) White Plains staff. Mr. Guerrant will consider the position of Mr. Brooks on the boycott issue, where it does appear that he has difficulties of communications on various fronts. Mr. Brooks has other responsibilities in the public relations field in which he is apparently performing satisfactorily.

Mr. Guerrant will advise me in advance of his recommendations regarding the replacement for Mr. Ciocca so that we can minimize the risk of further communication problems.

It would probably be wise to arrange for some sort of consultancy arrangement for Mr. Ciocca, so that there is no risk of our losing the contacts that he has built up.

It is suggested that perhaps Dr. Albrecht, who is well accepted in Vevey, wellknown to me personally, and a good, credible speaker on the issue, could supervise the boycott area leaving Mr. Brooks to continue with other public relations aspects.

The situation of the Edelman Agency without Mr. Aurelio needs to be closely reviewed. Mr. Guerrant proposes to see Mr. Edelman himself shortly, and we will again review the situation on my next visit in early October. It is desirable that White Plains should have confirmed, in writing, the need for open communications between themselves, the agency and myself, in order that all those key personalities involved quite clearly understand the thinking behind the policies that are being developed.

(ii) People - Vevey. We must tighten up again our coordination at this end. All those with interest in the matter must work with and through myself.

As agreed before my visit, Mr. Ciocca's role as my direct Vevey assistant for boycott matters must be reinstated, and we will look for a suitable candidate

QUALIFIED NUTRITIONIST — Nestle has moved quickly and hired Dr. Steve Allen, a biochemist, formerly with Catholic Relief Services in Cairo. His decision to work for Nestle surprised many of his colleagues.

MR. GURLEY — Chief of Legal Counsel, Nestle, Switzerland.

Mr. David Waters — Waters was evidently hired. He came to a discussion on the issue on September 4, at the Methodist UN office. Sitting in the back of the room taping the session made him an obvious stand-out. He was evasive on the reasons for his interest, but finally admitted he was working as a consultant for "Mr. Ward."

ICIFI — The International Council of the Infant Food Industry was established by Nestle days before the "Nestle Kills Babies" trial of Berne, Switzerland, 1975. The council now represents companies with over 85% of world wide sales. Two U.S. companies--Abbott and Bristol Myers--are not members; American Home Products is.

E.W. SAUNDERS — The author of the memo is the Ernest Saunders, Vice-President of Nestle Nutritionals, including infant formulas. A lawyer hired from another British transnational in July, 1978, he was brought on to lead Nestle's effort against the campaign. He is also the newly elected president of ICIFI, and as such, holds similar duties for the entire industry.

at once. All concerned agreed that communications between Vevey and White Plains were at their optimum during the last quarter of 1979, when Mr. Ciocca was performing his function.

We must also engage a qualified nutritionist with third world experience to be available to White Plains to maintain the contacts developed by Mr. Raffé; and further develop third party scientific publications on the issue. Given the rapid spreading of anti-industry medical seminars sponsored through AID and WHO, etc., one experienced nutritionist, who can speak authoritatively on such occasions is perhaps a minimum at this end.

Finally, in view of the overall propaganda campaign now being mounted through IBFAN and the professionalism of the forces involved, it is always possible that we could even win a battle in the US and lose the war as a result of determined pressure on third world governments and medical authorities. It is clear that we have an urgent need to develop an effect-counter propaganda operation, with a network of appropriate consultants in key centres, knowledgeable in the technicalities of infant nutrition in developing countries, and with the appropriate contacts to get articles placed.

On the recommendation of Mr. Gurley and Mr. Ward, I met twice during my stay with Mr. David Waters. It is Mr. Ward's s rong recommendation that I engage this individual as a consultant between now and the end of the year, to help me, as President of ICIFI, with worldwide infant formula attacks, to establish the network that is necessary, and as a bonus, to act as independent counsel on the adequacy of US measures. I would like your agreement to do this.

I have prepared a letter for you to send to Mr. Guerrant summarizing the action we require him to take.

E.W. Saunders

Attachments

(continued from front page)

Nestle's secret memo, reprinted here in its entirety, with explanatory comments on the facing pages, was sent to INFACT by a "friend" within Nestle's Swiss headquarters, who felt its content so important that it warranted considerable risk to make it public. All markings on the memo itself (except for the highlighting on page 3) is the work of the memo's author, Mr. Ernest Saunders, the Nestle Vice President for Nutritionals, and President of the infant formula trade association, The International Council of Infant Food Industries (ICIFI).

WHY IS THIS MEMO SO IMPORTANT?

- It reveals that Nestle has no intention of dealing substantially with the criticism that its promotional practices are life-threatening. Instead, it will try to buy favorable public opinion by placing articles in major journals, hiring third party spokespersons, and hiding behind organizations like the Ethics and Public Policy Center. In the entire memo, there is not a blimmer of self consciousness that Nestle may be killing babies, even if unintentionally.

- The memo indicates just how successful the Nestle Boycott and other forms of pressure have been. The fact that a senior Nestle Vice President is required to make extensive reports to the head of the company (annual sales over $13 billion) about efforts to contain the boycott, and asks his approval to take new steps (including hiring new staff and spending more money), shows how worried Nestle is about the boycott. Obviously, the decisions are being made only by the highest officers in the company. Nestle knows the stakes involved in this battle: Will Nestle be forced to change its routine marketing practices that harm public health by pressure from organized consumers and citizen's groups around the world? The precedent could be contagious.

- The memo demonstrates another important link in Nestle's growing involvement with the "new right." The Ethics and Public Policy Center (EPPC), headed by Ernest Lefever, has for years led the attack on social justice work by the churches. When the EPPC began a mass-mailing of its promotional fund-raising packet to recruit new supporters in September, 1980, it included an expensive reprint of the Nickel article, retitled "Crusade against the Corporations," but with the same red-baiting and innuendo, terming the churches support for the Nestle Boycott "Marxists marching under the banner of Christ."

Commenting on the relationship between Mr. Nickel and the EPPC, Mr. Lefever noted in his forward to the reprint: "This essay, which appeared in FORTUNE, is a direct outgrowth of a comprehensive study of the infant formula issue that Mr. Nickel is writing for the Ethics and Public Policy Center." THE WASHINGTON POST (January 4, 1981) revealed in an article entitled, "Infant Formula Maker Battles Boycotters by Painting Them Red," that "Nestle last year gave EPPC $25,000."

We hope that the publication of this memorandum will generate sufficient outrage to cause Nestle management to reconsider its strategies. We call upon Nestle to stop its public relations efforts, and deal directly with the problems resulting from their intensive promotion of infant formula to populations that have no hope of safe use. We call upon the public to continue to speak to Nestle in the most effective way and INTENSIFY THE INTERNATIONAL NESTLE BOYCOTT.

FOR FURTHER INFORMATION AND TO SUPPORT THE NESTLE BOYCOTT, CONTACT:

The Infant Formula Action Coalition (INFACT)
1701 University Ave. S.E.
Minneapolis, Minnesota 55414 U.S.A.
(612) 331-2333

The Interfaith Center on Corporate Responsibility (ICCR)
475 Riverside Dr.
New York, NY 10115
(212) 870-2750



NESTLEGATE

Secret memo reveals corporate cover-up

The attached document is a rare and revealing look at the highly secretive **Nestle** Company — the focus of the first international grass-roots consumer boycott and the largest non-union initiated boycott in US history. This confidential memo from a senior **Nestle** Vice-President to the head of the company reveals that the company has no intention of changing its life-threatening practices of promoting artificial baby formulas to poor people, but instead, is countering the boycott with an expensive and sophisticated public relations campaign.

To do this, **Nestle** is reaching deeply into academic circles, right-wing "think tanks", and the conservative business press. This internal memorandum demonstrates one such tie between **Nestle** and the "new right" Ethics and Public Policy Centre (EPPC). This is particularly interesting given the Centre's relationship with Herman Nickel, Washington editor of *Fortune* magazine, and author of "The Corporation Haters", *Fortune's* vicious idealogical attack on the **Nestle** Boycott and the churches which support it. This article has become the mainstay of what **Nestle** describes as its "counter propaganda operation."

Why boycott Nestle?

The aim of the boycott is to force this giant Swiss food company to stop its unethical promotion of infant formulas in developing countries. Where clean water is inaccessible and poverty is the norm, bottle feeding is called "the baby killer". Bottle contamination and formula dilution lead to diarrhoea, malnutrition and ultimately death. Throughout the Third World, millions of babies suffer from this "bottle baby disease". **Nestle** controls about half of the US $1 billion market in the Third World. Its promotion helps convince mothers to abandon breast feeding in favour of the more "modern", Western bottle; and it convinces doctors and hospitals to start bottle feeding right at birth. The boycott against all **Nestle** products and subsidiaries began in the US in 1977 and has spread to eight other countries.

Nestle's public relations strategy

Since the early 1970s when European groups tried to stop **Nestle's** unethical practices, **Nestle** chose to fight in the public relations arena, rather than face the growing international consensus that babies' lives must come before corporate profits.

After the boycott started, **Nestle** mailed over 300,000 expensive information packets to US clergy and community leaders, under the direction of the world's largest public relations firm, Hill and Knowlton. When those tactics failed to stop the boycott's growth, the Daniel Edelman Company took over and suggested a "low profile" strategy. After the World Health Organisation and UNICEF published extensive recommendations in October 1979, **Nestle** distributed hundreds of thousands of press releases claiming it was abiding by the international recommendations, in an attempt to convince the public that the boycott was over. Since then, it has adamantly refused to meet its critics in any public forum or meet with the broad-based International Nestle Boycott Committee (INBC) negotiating team.

This internal memo describes Stage Three of **Nestle's** public relations strategy. It is far more sophisticated and insidious because it depends on the infiltration of the media, health institutions and governments by "third parties" and "independent" specialists who will submerge their **Nestle** connection.

Nestle's secret memo, reprinted here in its entirety, with explanatory comments in the margin, was released by a "friend" within **Nestle's** Swiss headquarters, who felt its content so important that it warranted considerable risk to make it public. All emphasis indicated in the memo itself (except for some highlight shading) is the work of the memo's author, Ernest Saunders, the **Nestle** Vice President for Nutritionals, and President of the infant formula trade association, the International Council of Infant Food Industries (ICIFI).

Why is this memo so important?

- It reveals that **Nestle** has no intention of dealing substantially with the criticism that its promotional practices are life-threatening. Instead, it will try to buy favourable public opinion by placing articles in major journals, hiring third party spokespersons, and hiding behind organisations like the Ethics and Public Policy Centre. In the entire memo, there is not a glimmer of self consciousness that **Nestle** may be killing babies, even if unintentionally.
- The memo indicates just how successful the **Nestle** Boycott and other forms of pressure have been. The fact that a senior **Nestle** Vice President is required to make extensive reports to the head of the company (annual sales over US $13 billion) about efforts to contain the boycott, and asks his approval to take new steps (including hiring new staff and spending more money), shows how worried **Nestle** is about the boycott. Obviously, the decisions are being made only by the highest officers in the company. **Nestle** knows the stakes involved in this battle: Will **Nestle** be forced to change its routine marketing practices that harm public health by pressure from organised consumers and citizen's groups around the world? The precedent could be contagious.
- The memo demonstrates another important link in **Nestle's** growing involvement with the "new right". The Ethics and Public Policy Centre, headed by Ernest Lefever, has for years led the attack on social justice work by the churches. When the EPPC began a mass-mailing of its promotional fund raising packet to recruit new supporters in September 1980, it included an expensive reprint of the Nickel article, retitled "Crusade against the Corporations", but with the same red-baiting and innuendo, terming the churches' support for the **Nestle** Boycott: "Marxists marching under the banner of Christ."

Commenting on the relationship between Nickel and the EPPC, Lefever noted in his forward to the reprint: "This essay, which appeared in *Fortune*, is a direct outgrowth of a comprehensive study of the infant formula issue that Mr Nickel is writing for the Ethics and Public Policy Centre." *The Washington Post* (Jan 4, 1981) revealed in an article entitled, "Infant Formula Maker Battles Boycotters by Painting Them Red", that "**Nestle** last year gave EPPC US $25,000."

COMMENTARY

Issues and personalities within Nestle document. (Prepared by staff of the Infant Formula Action Coalition, INFACT).

MR A. FURER The memo is addressed to Arthur Furer, General Manager (chief executive officer) of Nestle, S.A. He is the most powerful figure within the company; as the memo indicates, he is making even minor decisions (such as hiring additional staff) to counter the boycott. All mention of "Vevey" will refer to Nestle's Swiss headquarters.

MR CIOCCA Henry (Hank) Ciocca was Assistant Corporate Secretary for Nestle, US. In the fall of 1977 he started the Office of Corporate Responsibility (formerly Public Relations). By the spring of 1978, Business Week reported the office had 15 full and part time staff fighting the boycott.

EDELMAN AGENCY The Daniel J. Edelman Agency was hired by Nestle in July 1979, taking over the anti-boycott work of Hill & Knowlton, the world's largest public relations firm. Edelman is headquartered in Chicago, but has offices in most major US cities. Whereas Hill & Knowlton put Nestle's "story" to the public with extensive mailings and debates, Edelman has advised a low-key approach, using third party actors. The memo affirms that overall strategy.

STOUFFER A fully-owned Nestle susidiary, purchased in 1974. With hotels and restaurants in over 40 cities, it is a major boycott target in the US.

WHITE PLAINS FUND RAISING TEAM The "fund raising" section promotes Nestle products to civic groups for their fund raising projects. A major boycott target, it was reported to INFACT that sales in this division were down over 35%.
All references to "White Plains" will be to the US company.

INFACT The Infant Formula Action Coalition, a US based public interest group that has been active on this issue since 1978. In 1977, INFACT organised a consumer boycott of Nestle products which has now spread to eight other countries.

FORTUNE ARTICLE "The Corporation Haters", June 16, 1980, which ends with the accusation that the industry's critics are "Marxists marching under the banner of Christ". Written by Fortune's Washington editor, Herman Nickel, the article red-baits the National Council of Churches, et al.

IBFAN The International Baby Food Action Network is a network of public interest, consumer and health groups working on the baby food campaign. The network now has 48 groups in 35 countries, on all continents. It was formed in October 1979, following the WHO/UNICEF Joint Meeting on Infant and Young Child Feeding, to monitor industry compliance with the meeting's recommendations.

WHO The World Health Organization which, together with UNICEF, is preparing an international marketing code for the infant formula industry. Nestle has recently threatened WHO that it will not abide by the code.

USAID The US Agency for International Development which, thanks to initiatives by the campaign, now has US $5.5 million to promote breast feeding in the developing world.

MR GUERRANT David Guerrant is the President of Nestle US in White Plains. He was formerly President of Libby's, before its take-over by Nestle. (It was recently announced that Jean Caste will replace Guerrant as head of the Nestle Company in May 1981, although Guerrant will stay on as President of Nestle Enterprises, the holding company for the Swiss multinational's US operations.)

Note to Mr. A. Furer

US Boycott — Conclusions based on US visit (August 2/4, 1980)

This report summarises a series of intensive discussions in the US both in Washington and New York. Mr. Ciocca's report of a review meeting involving the Edelman Agency and representatives from Nestle Canada and Stouffer is attached, and fairly represents the content of that meeting. Also attached is a summary of the latest research.

1. **Current Situation**

(a) The factual, overt boycott situation is moving in the right direction — few letters; little press coverage; improved research indicators, etc. There are localised "hot spots", i.e., selected Stouffer picketing, and the White Plains fund raising team has some difficulties.

(b) There is an apparent "smouldering fire" situation beneath the surface, especially among selected groups. INFACT are doing everything possible to rekindle the flame. However, they are having to resort to desperate measures such as reminding their supporters that "the boycott is still on!"

(c) A residual impact of the attacks on the image of Nestle amongst selective groups must be presumed. However, we must not exaggerate this in the US context, where big busines in general is totally suspect, and boycotts and similar action are a way of life. (During my visit, arrangements were being made for a protest march in Washington to which all those who simply had a grievance, of any sort, were invited to join!)

(d) The impact of the Fortune article has been highly significant already. Fortune has apparently never had so much correspondence on a subject, and everyone I spoke to had read the article and agreed with its sentiment.

(e) The frustrations felt by INFACT in their inability to obtain increased consumer and press interest in the formula issue in the USA, will escalate their determination to use the IBFAN international network to promote anti-industry propaganda to influence government delegates to WHO consultations, and medical opinion in third world countries. Given the sympathetic leanings of US AID, UNICEF and WHO towards anti-business sentiment, this propaganda activity is undoubtedly a most dangerous development.

2. **Current Strategy for Dealing with the US Boycott**

(a) The basic **strategy** for dealing with the boycott, i.e., containment of the awareness of the boycott campaign, without being ourselves responsible for escalating awareness levels, is working. It is unanimously endorsed by all those involved (see Mr. Ciocca's report of August 5). The credibility of **third party** rebuttals of the activists' case was also unanimously endorsed and the Fortune article, together with the interest of the Ethics and Public Policy Centre, is the best opportunity we have had yet to put the record straight, and **must be fully exploited.**

(b) **Positive Image Development.** The development and testing of a series of positive image programmes for Nestle is necessary, with great care being required to balance the **components** of the desired image; the **vehicles** for the development of the image; the **target groups** for concentrated effort, against a background of the lack of credibility in the US for any company to overtly sell itself when it has been attacked; and lastly, the availability of **credible spokesmen** to talk with authority about the Company. Further **concrete** and more developed plans on this issue are required and will be discussed between myself and Mr. Guerrant on my next visit.

3. **Implementation**

Whereas, the basic **strategies** outlined can be said to be technically correct, it does appear that, for a number of reasons largely due to personality and communications — "the human factor" — the **implementation** of the strategies have lost their "sparkle", as typified by the seeming lack of dynamic

to exploit to the full, the tremendous opportunities at last provided by the Fortune article. The following are the main reasons:

The White Plains Project Team

MR BROOKS Hired from Sterling Drug "where he held similar duties," Brooks is a Public Relations specialist, now Vice President of Corporate Affairs.

MR RAFFE Formerly manager of Nestle's operations in Malaysia, he was loaned to Nestle US from the UK company, where he is Vice President. He spearheaded contacts with the health profession and academics.

MR AURELIO Dick Aurelio was an active member in Mayor Lindsay's staff and campaign, known as a liberal.

(a) Mr. Brooks does have communications problems with Vevey, Edelman and others.

(b) Mr. Ciocca's gradual determination to leave White Plains (he finally leaves August 15) has led to a run-down of his own positive activities.

(c) Mr. Raffe's departure from White Plains has left the medical/scientific contacts without attention.

(d) The departure of Mr. Aurelio from Edelman means that that agency is not the outstanding source of counsel that we hired. (Mr. Edelman himself has now taken over direct responsibility for the account.)

(e) Whereas Mr. Guerrant is quite clear as to the relative roles of White Plains and Vevey with regard to this issue, Mr. Guerrant feels that maybe Mr. Brooks still does not adequately understand this, and thus the communication flow has been less than perfect since Mr. Ciocca left Vevey, when he was fully responsible for the communications and coordination effort, and things were at their best in this regard.

4. Action Proposed

From the long list of personalities:

MR. WARD Thomas Ward is senior partner of Ward, Lalos, Leeds, Keegan and Lott, trademark and anti-trust legal specialists. He represents Nestle in Washington.

MR FRANTZ Ed Frantz is Vice President of Planning for Stouffer's, and the primary spokesperson against the boycott in the US.

MR PETERSON From Nestle's Public Relations Office, Canada, and the primary spokesperson in that country.

DR. LEFEVER Ernest W. Lefever is founding director, now president, of the Ethics and Public Policy Centre, a right-wing think tank associated with Georgetown University. It became an independent non-profit organisation in January 1980. Lefever has worked with the American Security Council and is on the board of the Heritage Foundation. His most recent book is an attack on the World Council of Churches as Marxist-dominated.

MR. NICKEL Herman Nickel, the Washington editor of Fortune, began his "study" of the infant formula controversy on contract to the Ethics and Public Policy Center. He then sold the story idea to Fortune. Sources within the magazine state that he will receive additional compensation for the article, based on reprint sales. Bristol-Myers (a U.S. company which markets infant formula) purchased over 80,000 to distribute to every shareholder. (Bristol-Myers also contributed $10,000 to Lefever's Center in 1981.) The article has been expensively reproduced as a pamphlet and is now being distributed unsolicited by bulk mail to "community leaders" by the Ethics and Public Policy Center. Edelman arranged the list on order from Nestle, which paid for it.

Based on my discussions with Mr. Guerrant, which were extremely frank and open, my personal discussions with others concerned (Mr. Ward, Mr. Ciocca, Mr. Frantz, Mr. Peterson, the Edelman Agency, Dr. Lefever and Mr. Nickel), the following action is recommended:

(a) **Strategy.** There should be no change to the basic strategies for handling the boycott and the positive image development. We need to improve **implementation.**

(b) **Implementation — Boycott.** There must be maximum exploitation of the opportunities presented by the Fortune article and the Ethics and Public Policy Centre's willingness to undertake additional activity. Mr. Guerrant is somewhat concerned that Nestle should not be seen to be the dominant subscriber to the Ethics and Public Policy Centre. Mr. Ward informs us that there are ways in which this matter can be satisfactorily handled, and in view of his own contacts with Dr. Lefever and his presence in Washington, I suggest that Mr. Ward remain closely involved in follow-up activity with the Centre.

We should review the **optimum** mailing list for the Fortune reprint and then decide how to finance the operation. We should also give every encouragement to the development of Dr. Lefever's idea of a film, and to opportunities for encouraging Mr. Nickel's further work.

It is important that in future work, the rebuttal of the unfounded attacks on Nestle itself be more directly addressed, and I have also spoken to Mr. Nickel about this. He will try to visit us in Vevey shortly.

(c) **Implementation — Image.** As stated above, Mr. Guerrant and I will review **in concrete terms**, the programmes being developed. It is particularly important to examine the extent to which White Plains' own executives can, with suitable audio-visual material, themselves give talks to local community leaders. It does seem that the so-called "grass roots" approach has the most credibility. It is also important that great care be taken to balance the Nestle message between third world nutrition and our other activities. Equally, we should not seek business press articles at random without carefully analysing the direction such articles might take. We must avoid investigative journalists simply seeking out sensational pieces to further damage the representation of multi-national businesses as a whole.

(d) **Implementation — People**

(i) **White Plains staff.** Mr. Guerrant will consider the position of Mr. Brooks on the boycott issue, where it does appear that he has difficulties of communications on various fronts. Mr. Brooks has other responsibilities in the public relations field in which he is apparently performing satisfactorily.

Mr. Guerrant will advise me in advance of his recommendations regarding the replacement for Mr. Ciocca so that we can minimise the risk of further communication problems.

It would probably be wise to arrange for some sort of consultancy arrangement for Mr. Ciocca, so that there is no risk of our losing the contacts that he has built up.

DR ALBRECHT No specifics known.

It is suggested that perhaps Dr. Albrecht, who is well accepted in Vevey, well known to me personally, and a good, credible speaker on the issue, could supervise the boycott area leaving Mr. Brooks to continue with other public relations aspects.

The situation of the Edelman Agency without Mr. Aurelio needs to be closely reviewed. Mr. Guerrant proposes to see Mr. Edelman himself shortly, and we will again review the situation on my next visit in early October. It is desirable that White Plains should have confirmed, in writing, the need for open communications between themselves, the agency and myself, in order that all those key personalities involved quite clearly understand the thinking behind the policies that are being developed.

(ii) **People — Vevey.** We must tighten up again our coordination at this end. All those with interest in the matter must work with and through myself.

As agreed before my visit, Mr. Ciocca's role as my direct Vevey assistant for boycott matters must be reinstated, and we will look for a suitable candidate at once. All concerned agreed that communications between Vevey and White Plains were at their optimum during the last quarter of 1979, when Mr. Ciocca was performing his function.

QUALIFIED NUTRITIONIST Nestle has moved quickly and hired Dr. Steve Allen, a biochemist, formerly with Catholic Relief Services in Cairo. His decision to work for Nestle surprised many of his colleagues.

We must also engage a qualified nutritionist with third world experience to be available to White Plains to maintain the contacts developed by Mr. Raffe; and further develop third party scientific publications on the issue. Given the rapid spreading of anti-industry medical seminars sponsored through AID and WHO, etc., **one** experienced nutritionist, who can speak authouritatively on such occasions is perhaps a minimum at this end.

Finally, in view of the overall propaganda campaign now being mounted through IBFAN and the professionalism of the forces involved, it is always possible that we could even win a battle in the US and lose the war as a result of determined pressure on third world governments and medical authorities. **It is clear that we have an urgent need to develop an effective counter propaganda operation, with a network of appropriate consultants in key centres, knowledgeable in the technicalities of infant nutrition in developing countries, and with the appropriate contacts to get articles placed.**

MR GURLEY Chief of Legal Counsel, Nestle, Switzerland.

MR DAVID WATERS Waters was evidently hired. He came to a discussion on the issue on September 4, 1980 at the Methodist UN office in New York. Sitting in the back of the room taping the session made him an obvious stand-out. He was evasive on the reasons for his interest, but finally admitted he was working as a consultant for "Mr. Ward".

On the recommendation of Mr. Gurley and Mr. Ward, I met twice during my stay with Mr. David Waters. It is Mr. Ward's strong recommendation that I engage this individual as a consultant between now and the end of the year, to help me, as President of ICIFI, with worldwide infant formula attacks, to establish the network that is necessary, and as a bonus, to act as independent counsel on the adequacy of US measures. I would like your agreement to do this.

ICIFI The International Council of Infant Food Industries was established a few days before the "Nestle Kills Babies" trial in Switzerland in November 1975. Nestle was one of the founder members. ICIFI now represents companies with over 85% of world wide sales. Two major US companies — Abbott and Bristol Myers — and one UK company — Glaxo — are not members.

I have prepared a letter for you to send to Mr. Guerrant summarising the action we require him to take.

E. W. SAUNDERS The author of the memo is Ernest Saunders, Vice President of Nestle Nutritionals, including infant formulas. A lawyer hired from a British transnational in July 1978, he was brought on to lead Nestle's effort against the campaign. He is also the newly elected president of ICIFI, and as such, holds similar duties for the entire industry.

E. W. Saunders

We hope that the publication of this memorandum will generate sufficient outrage to cause **Nestle** management to reconsider its strategies. We call upon **Nestle** to stop its public relations efforts, and deal directly with the problems resulting from its intensive promotion of infant formula to populations that have no hope of its safe use. We call upon the public to continue to speak to **Nestle** in the most effective way and **intensify the international Nestle boycott.**

For further information, and to support the Nestle Boycott, contact:

The Infant Formula Action Coalition (INFACT) (612) 331-2333
1701 University Ave., S.E., Minneapolis, Minnesota 55414

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The Power of Consumer Activism: An Interview With Leah Margulies[1] [Part 1]

Leah Margulies, JD[1] and Maryse Arendt, IBCLC, BSEd[2]

Abstract

Leah Margulies was Director of the Infant Formula Program at the Interfaith Center on Corporate Responsibility in NYC from 1975 to 1985. She is a founder of the International Nestlé Boycott, Corporate Accountability (formerly INFACT), and one of the founders of the International Baby Food Action Network (IBFAN). She was hired at UNICEF in 1982 to set up the legal office for implementation of the International Code of Marketing Breast-Milk Substitutes, as part of the Baby Friendly Hospital Initiative. Previously, she was legal advisor to the Environment Unit of the United Nations Centre on Transnational Corporations. From 2006 to 2016, she was Project Director of LawHelpNY at the NYC Bar Association. Currently, she works for a legal non-profit, representing low-income Brooklynites, defending them against eviction. She is a lawyer, a second Wave Feminist, and a member of Veteran Feminists of America. She is also a musician and founding member of a pioneering women's rock band that played at the first national women's march for abortion rights in Washington, DC, 1972.

Keywords

advocacy, breastfeeding, ethics, historical research, Infant Formula Action Coalition (INFACT), Interfaith Center on Corporate Responsibility (ICCR), International Code of Marketing Breast-Milk Substitutes, Nestle Boycott, politics of breastfeeding, public health

This interview is a verbatim transcription edited for ease of reading. LM = Leah Margulies, MA = Maryse Arendt.

Interview

MA: When did you come in contact with breastfeeding issues first?

LM: I've been politically active since I was a teenager—in civil rights, anti-war, and then in the Women's Liberation Movement (Margulies, 1974). In New Haven, I was part of a collective focused on how the emerging global corporations of the 1960s were challenging the democratic institutions of national governments by transcending and operating outside of and beyond national laws. It was clear then that transnational companies (TNCs) put profits over people, and that they operated with impunity because there were no global laws holding them in check—and we are still dealing with this, 60 some odd years later!



Leah Margulies, JD



Maryse Arendt, IBCLC, BSEd

So, when I moved back to New York City (NYC) in 1974, I was 30 and just trying to get work. I knew some of the NYC-based and [Washington] DC progressive organizations and some of them knew of the work I was doing in New Haven on TNCs. They recommended me for a research assignment with Robert Ledogar, a former Maryknoll priest, who was editing the book *HUNGRY FOR PROFITS: U.S. Food & Drug Multinationals in Latin America* (Ledogar, 1975). He hired me to do research for the chapter "Formula for Malnutrition." To be honest, I hadn't thought much about breastfeeding before then and, initially, I thought maybe breastfeeding was counter to women's liberation. But I wanted to fight transnationals that put profits over people—the global corporations that were dedicated to resisting any democratic control over their practices. It was only as this campaign progressed that I learned how breastfeeding was actually key to the solution. Breastfeeding would

not only save lives of babies but would help liberate women by promoting health for mothers and babies, was cost effective, safe, and efficient, and was an environmentally sustainable resource. By preventing illness, breastfeeding can actually help liberate mothers by having fewer sick babies. But it was a learning process for me. The problems for working women were actually exacerbated by TNC marketing practices, and failure of governments to provide adequate maternity supports only made matters worse.

MA : So, you have learned about the unethical marketing of Breastmilk substitutes (BMS) in 1975. How did this influence your future work?

LM: After working with Robert Ledogar, I was lucky enough to get a job with the Interfaith Center on Corporate Responsibility (ICCR), a related project of the National Council of Churches. ICCR was one of the first groups to raise issues of social justice and corporate social responsibility among religious organizations that held stock in U.S. companies. ICCR was the organization that the U.S.-based church organizations established to implement socially responsible investment policies. So, here I was, Jewish activist, working with Christians on something I was passionate about, and although I did not share their religious convictions, it was clear we shared moral values and a fundamental belief in justice, equality, and democracy. ICCR started by raising ethical questions about investments in the apartheid regime in South Africa. As shareholders, under U.S. Security and Exchange Commission (SEC) law, the churches could raise issues with corporate management and request changes of practices through proposing and supporting shareholder resolutions. I was hired early in 1975, and I worked on a range of issues—the military industrial complex (the Vietnam War was just winding down), strip mining in Appalachia, and other environmental issues. But I was asked to find a way to challenge companies that might be contributing to the world hunger crisis. There are many global food problems, but many were too complex to fit easily into the shareholder strategy. So, I told ICCR members about what I had learned working for Robert Ledogar, how U.S. formula companies are contributing to the malnutrition and death of babies in developing countries by ignoring the poverty and lack of clean water while at the same time aggressively marketing infant formula in those very conditions. Some of the men on the Board of ICCR said "huh? We're going to promote breastfeeding?" But that year the President of the Board was a Presbyterian woman. She had to fight to breastfeed her babies in the 1950s (by which time—when she had her babies—the maternity wards in the U.S. hospitals were already controlled by the formula TNCs). I argued that here, in this issue, we might actually have some impact. The market was controlled by a relatively small number of companies, and our members already owned stock in most of these companies. So we went ahead and filed shareholder resolutions that asked the U.S.-based formula companies to disclose their promotional practices in developing countries, and we asked the companies to end certain really unethical practices, such as misleading advertising, aggressive promotional paraphernalia, and using "milk nurses" to promote products, giving them the cache of medical endorsement in countries where it was predictably impossible to use the products safely, due to lack of clean water, lack of refrigeration, lack of enough money to buy enough of the product, and inability to read the label.

MA : Tell us more about those shareholder resolutions.

LM: In 1975, we filed shareholder resolutions with three companies: Bristol Myers (BM), makers of Enfamil formulas; Abbott Laboratories, makers of Similac formulas; and American Home Products, makers of SMA formulas. The last company didn't have a big presence in the U.S. because the two others controlled the market here. Abbott Labs and Bristol Myers were pharmaceutical companies with big inroads into health care systems. They were able to control the market through secret contracts with hospital systems to ensure that mothers got free supplies of their formulas when they left the maternity ward. Breastfeeding at that point was largely discouraged throughout the health care system. American Home Products is more like Nestlé, a company with many consumer products. It may be one of the biggest corporations in the world that you've never even heard of! SMA line of formulas was mostly sold in developing countries at the time. Also, at that time, we were not focused on practices in industrialized countries.

MA: Can you explain how the shareholder resolution developed to a lawsuit against BM? And who helped you?

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LM: The lawsuit against BM, the company selling the Enfamil—Mead Johnson products was based on the shareholder resolution strategy that was the core of the work at ICCR. The shareholder resolution asked for information about its marketing practices for Enfamil formulas in developing countries. The company agreed to write a report about its marketing practices for infant formula and send it to shareholders. Under SEC law, the report had to be accurate and truthful. We thought, though, the report was inaccurate and misleading. One of ICCR's members, a Roman Catholic Order called The Sisters of the Precious Blood, owned stock in Bristol Myers. They agreed to file a lawsuit challenging the report as a violation of SEC law. No member of ICCR had ever done this before! They were courageous to take this action but were able to do this because, as a small Roman Catholic religious order, they did not need to get approval for this action beyond the order itself. I went to Ohio to meet with the Sisters to explain the process; however, it turned out to be much more complicated than initially thought. Our attorney originally was the Episcopalian Member of ICCR's Board of Directors. But he soon realized he needed help. He recruited as our pro bono [free] lawyer his Harvard Law School room-mate, Jonathan Churchill. Jonathon was a partner at a prominent law firm in NYC, with some liberal leanings. When he looked over our initial filing, he was dismayed! He said we needed much more information from developing countries—that what we had was insufficient to defend against a motion to dismiss from the company. This was years before I went to law school, so I barely understood the legal lingo or the process. At this point, I was still the only staff person in the U.S. working on this issue. This was pre-INFACT [Infant Formula Action Coalition] and pre-Nestlé Boycott. And I had other responsibilities at ICCR as well. So, I realized I needed help, and the National Student Association came to the rescue. They helped me find a student intern. That person, Douglas Clement, was entering his senior year of college. He later, after graduation, became the first staff person at INFACT, which would be led by Doug Johnson in Minnesota. But this was all a year later.

With Jon Churchill's help, we designed a questionnaire about infant formula promotion practices in developing countries. We weren't yet using the term "breast-milk substitutes" of which infant formulas are a subset. We asked Church missionaries throughout the world to help us gather information. I also began raising funds for the first time. With those funds, we were able to send a few doctors to countries in Latin America and Asia. In fact, the prominent international nutritionist, Dr. Derrick Jelliffe, and his wife went to several Asian countries to investigate company practices on our behalf. In addition, I had met Anwar Fazal in Mexico City at the UN Conference on Women the year before. He was at that time the Asian Director of International Organization of Consumers Union (IOCU). He recruited the Penang branch and Mexico branch of IOCU to investigate company practices as well. In all, we were able to deliver affidavits from 19 countries about the promotion practices of infant formula companies—but most of the information was about Nestlé promotional practices, because they were the largest in the market! But we did get information about Enfamil as well as the other U.S.-based company products to bolster our legal case.

At that time, Martin Khor, who later founded the Third World Network, and subsequently the head of the South Center in Geneva, was the Director of CAP Consumer Association of Penang, and he submitted the Affidavit from Penang, Malaysia. In other words, what evolved as part of the lawsuit was the first monitoring project of the campaign. We realized that getting actual data from countries was an absolute necessity for the campaign. To convince people that there really were practices that were harming babies, you had to document the actual practices.

Sometime during that period, the Canadian Broadcasting Company (CBC) reached out and asked me to do a documentary with them. It was originally supposed to be researched in Venezuela and Jamaica. In the end, CBC only went to Jamaica. But I went to Venezuela, which was a tipping point for me because for the first time I was seeing the problem firsthand and with my own eyes. A local Maryknoll priest set up visits for us in *favelas* very poor neighborhoods where water was delivered in trucks; no running water at all—and in government hospitals. In the largest maternity ward in Caracas, I saw and photographed close to 100 infants all lined up on tables being rehydrated intravenously due to having been bottle fed from contaminated bottles—so many died from diarrhea. Baby formula and dirty bottles were everywhere. So, ultimately, my testimony at the Senate hearing later that year was based on the affidavits we collected for the lawsuit and from my own eye-witness experiences in Venezuela and Jamaica.

MA: Did all this information you gathered bring success?

LM: In the long run, despite losing to Bristol Myers on their Motion to Dismiss, we won our first significant victory! In Jamaica, while I was with the CBC film crew, I ran into a Mead Johnson milk nurse on the ward of the biggest government hospital. This was against government and hospital policy, but the milk nurses had the run of the hospitals anyway. I interviewed her about what she was doing there. She was taking names and addresses off the roster in the maternity ward for later home visits to promote formulas. At that time, Bristol

Meyers had hired a famous American woman, Bess Myerson, a former Miss America, and the official hostess for a NYC Mayor, as their mouthpiece. She happened to be in Jamaica while I was there. She was also a Board member of a well-known U.S. NGO [non-governmental organization], the Center for Science in the Public Interest, based in Washington DC. I knew the Director of that NGO, and I asked him to arrange a meeting. I asked the President of the Rockefeller Foundation, who himself was a pediatrician, to host this meeting. I knew Bess Myerson would not say no to the President of the Rockefeller Foundation! Bess Myerson arrived in disguise and was initially very mistrustful. But I showed her the proof of the BM milk nurses in Jamaica occurring right when she was there. She was furious at being used by Bristol Myers to "whitewash" their activities, so, even though we lost the lawsuit, we won our first major victory. BM was the first company to announce that they were ending the practice of using "milk nurses," marketing people dressed as nurses, to promote their products. This was officially announced at the Senate Hearing later that year. Ultimately, the [International Code on Marketing of Breastmilk substitutes] Code would include a ban on milk nurses.

MA: You founded the Infant Formula Action Coalition (INFACT) in the U.S. at the end of 1976, which morphed into Corporate Accountability. Describe how this did happen and what were the objectives of INFACT?

LM: Again, I was very lucky in meeting and recruiting exactly the right people at the right time to the cause. In November 1976, a meeting of food and international development activists was held in Palacios, Texas, sponsored by International Coalition for Development Action (ICDA). I had just filed the lawsuit papers in court, and I was brimming with excitement. I met several people going to the conference at the airport in Houston. We had a 2–3-hour drive to Palacios. In the car with me was a guy named Douglas Johnson. He was heading up the Third World Institute in Minneapolis MN. I was describing everything we had learned from the affidavits about the promotional activities of these companies, including Nestlé. He told me he was a little bored with his work. I literally said to him, "if you join me in this struggle, you will never be bored again!" Also, at the Conference was an amazing activist named Mark Ritchie. Mark, about 8 years later, founded the Institute for Agriculture and Trade Policy and was a leader of the Seattle demonstrations against globalization. He ultimately was elected as Secretary of State for Minnesota and served for two terms. I shared with Mark my dream of a boycott of Nestlé. Once we had the data about Nestlé, I knew that was what had to happen, but I didn't have any way yet of getting it started. Mark was enthusiastic from Day One.

After I got back from this conference, I asked Mark to come to NYC for a couple of weeks to strategize, and I asked Doug to send someone from his organization to meet with us. Ultimately about five to six of us met at an apartment on the Upper West-side of Manhattan. We decided to start a grass-roots organizing effort to support the work of the national churches on the lawsuit in particular, and on the infant formula campaign generally, i.e., shareholder resolutions. We adopted the name INFACT, short for Infant Formula Action Coalition. I made up the name because it was an easy acronym to remember. At that time, this was not part of ICCR, but a grass roots' effort where we would organize at local and regional churches, at colleges, and within the non-profit and consumer activist worlds. Only Mark at that time knew about the Nestlé Boycott plan. This was end of December 1976.

MA: You helped to get the Nestlé Boycott started in 1977. Would you tell us more about this interesting time?

LM: Just to step back a little bit, after we retrieved so much data about Nestlé from the affidavits in the BM lawsuit, I felt in my heart of hearts that we had to boycott Nestlé. Nestlé was a Swiss company, and the churches did not own stock in Nestlé, so we could not do shareholder actions. In addition, shareholder resolutions do not put that much pressure on companies—they are mostly educational for the general public. But the U.S. subsidiary of Nestlé was the largest food company in the U.S. In the summer of 1976, I was invited to attend a meeting in Bern, Switzerland. A group of students in Bern had translated a booklet written by Mike Muller for War on Want in the UK called *The Baby Killer* (Muller, 1974). These students [Arbeitsgruppe Dritte Welt] translated the booklet into German, and called it *Nestlé Kills Babies*. Nestlé sued the group, and won a libel ruling after a trial, but the Judge fined every student a minor fee and castigated Nestlé for its practices (Sokol, 2005). The group held a meeting at the end of the lawsuit. Two North American's attended, myself and Ted Greiner, who had put together a monograph on company promotion as part of his Master thesis at Cornell University, under Dr. Michael Latham. I decided I should go to this conference with a plan, and my plan was to convince the students that their next action should be a boycott of Nestlé. I had pulled together a group of people in New York (NY) to try out the plan before going, it was at Francis Moore Lappe's house (Moore Lappe, 1971) in a suburb outside of NYC. I presented the pros and cons of a boycott, and everyone at the meeting thought that was a great strategy and they gave me their blessings to try to get the Swiss to start a boycott as their next action. But at the meeting in Bern the Swiss students said: "no way! We're done with this campaign now, and besides, only Americans know how to boycott." So, I came home

deflated, and because I was in the middle of the lawsuit, I couldn't imagine how to get a boycott going. Then, 4 months later, came the Palacios Texas meeting.

So, after we formed INFACT, Doug asked me to visit his groups in Minnesota (MN). My job: convince them that if a grass roots group in MN called on the nation to boycott Nestlé, the country would follow! So, from January to July 1977, we planned. I asked my boss at ICCR to lend INFACT $500 so we could print a newsletter announcing the boycott. Meanwhile, on the West Coast, Mark got two major things going. First, he convinced Public Media Center to develop an ad announcing the boycott. So, I went to SF [San Francisco] for a week or two to work with them. The ad got placed on the back cover of *Mother Jones Magazine*. Mark also knew people involved with direct marketing mail fundraising for liberal causes. They agreed to lead a direct mail promotion and fund-raising effort for the boycott. Both worked! This all took place in the months following the official launch of the boycott on July 4 [U.S. Independence Day] 1977. It wasn't until the fall, late October, that we held our first conference in MN for people who wanted to work on the boycott. Among ourselves, we raised about $1600 and asked Doug Clement to move to MN to help Doug Johnson set up the boycott office in the basement of the Newman Center at the University of MN (Johnson & Duckett, 2020; Johnson, 1996; Allain, 2021; Johnson, 2021)

Remember, this was just a couple of years after the fall of Saigon and the U.S. defeat in Vietnam. The left was exhausted from years of antiwar activity. This campaign benefited from the expertise of seasoned antiwar campaigners including from one of the founders of Vietnam Vets against the War, and one of the heads of CALC [Clergy and Laity Concerned about the War, one of the key leaders of the anti-war struggle].

MA: Meanwhile, your work at ICCR continued as well as your voluntary work with INFACT?

LM: Oh yes, during the shareholder season, we at ICCR would meet with large institutional investors whose vote on our shareholder resolutions could carry significant weight with a company. One of the top officials at the Ford Foundation introduced me to the director of a small UN agency called the Protein Advisory Group [(PAG) no longer in existence]. It was a collaboration among WHO, UNICEF [United Nations Children's Fund], the World Bank and the Secretariat. He was very interested in the project to hold the companies accountable for their unethical marketing and invited me to write an article for the PAG bulletin about the issue (Margulies, 1977). This was the very first time I reached out to anyone at the UN, although our Nestlé Boycott demands were based on policies to curtail marketing already adopted over many years by WHO and PAHO. Somehow, Nestlé learned about this and demanded equal space, which, of course, they got. But the controversy heightened interest in the issue and the boycott.

Sometime in late 1977 the ad on the back of *Mother Jones Magazine* [named after the woman who led the campaign against child labor in the U.S. in the early 20th century] was published at approximately the same time as we mailed fundraising appeals to hundreds of thousands of people. Doug Clement called me from MN, the post office was bringing big mail bags full of donations to the basement of the Newman Center. Now we could really launch the boycott. We started hiring staff, and the rest is history.

MA: Tell us more about how the boycott developed into a really big campaign.

LM: In the following year, the boycott spread like wildfire throughout the U.S., and Nestlé was sending its U.S. staff to debate boycott supporters at college campuses, in churches, at non-profits of all kinds throughout the country. INFACT circulated easy-to-use debate packets with scientific articles supporting breastfeeding and explaining the dangers of bottle feeding, with quotes from top health officials throughout the world, the examples of company promotions and more. The Nestlé staff were totally unprepared to debate these homegrown activists and, almost universally, they lost the debate when the group voted on whether or not to join the boycott. I debated the head of Nestlé's anti-boycott office at the Executive Board meeting of the American Public Health Association (APHA). APHA joined the boycott and later led the International Nestle Boycott Committee.

MA: You worked for the Interfaith Center on Corporate Responsibility for 10 years during that time. What was its overall role during those years?

LM: At ICCR, we started the campaign through the shareholder resolution strategy in 1975 and the lawsuit in 1976. But we couldn't really start a boycott, it had to come from another direction. When we created INFACT, and subsequently launched the Nestlé Boycott, we knew the campaign had to be a collaboration between these two entities, one, a major religious coalition of Protestant and Catholic organizations throughout the country who used their stock portfolios to share ethical questions about company practices, and the other, a small grass roots organization with a big dream. In that regard, I was the key: in one organization, I was staff, and in the other organization I was the volunteer founder. I would say back then that in a couple of years I would either be fired or loved for getting this whole project going.

It took about two more years, but ultimately, the NCC endorsed the Nestlé Boycott as did many other national Protestant denominations and Catholic religious orders and diocese across the country. By this time, of course, the Boycott had spread across the country, mostly at colleges and universities, and other major institutions. Then we started to get help from others with real

boycott experiences, such as from folks that had worked on the Farmworkers Boycotts, and others.

MA: And what was the special role of the Interfaith Center related to the boycott and the need to have a Code?

LM: Even though the NCC didn't endorse the boycott for a couple more years, many of the ICCR members endorsed the boycott. Basically, my office was the center of boycott activity for these national organizations, but it really was an everyday collaboration between me in NYC and the INFACT folks in Minnesota.

Editor's Note

The second part of the interview covering the Kennedy Hearings and the development of the International Code for the Marketing of Breast-Milk Subsitutes will be published in the next issue of *JHL*.

Author contribution(s)

Leah Margulies: Conceptualization; Writing – review & editing.
Maryse Arendt: Conceptualization; Validation; Writing – original draft; Writing – review & editing.

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References

Allain, A. (2021). Letter to the Editor: Comments about Doug Johnson interviews. *Journal of Human Lactation*, *37*(4), 668. https://doi/10.1177/08903344211049396

Johnson, D. A. Confronting corporate power: Strategies and phases of the Nestle Boycott. *Journal of Human Lactation*, *36*(4), 756–765 https://doi.org/10.1177/0890334420964752 (Reprinted from "Confronting corporate power: Strategies and phases of the Nestle Boycott," 1996, Research in Corporate Social Performance and Policy, 8, 323–344.)

Johnson, D. A. (2021). Response to Letter to the Editor. *Journal of Human Lactation*, *37*(4), 669–671. https://doi.org/10.1177%2F08903344211038930

Johnson, D. A., & Duckett, L. J. (2020). Advocacy, strategy and tactics used to confront corporate power: The Nestlé Boycott and International Code of Marketing of Breast-Milk Substitutes. *Journal of Human Lactation*, *36*(4), 568–578. https://doi.org/10.1177/0890334420955158

Ledogar, R. J., (1975) *Hungry for profits: U.S. Food & Drug Multinationals in Latin America*. New York : IDOC/North America.

Moore Lappe, F. (1971). Diet for a small planet. *Ballantine Books*. https://booksvooks.com/diet-for-a-small-planet-pdf-frances-moore-lappe-1.html

Margulies, L. (1974). The media: New images of women in contemporary society. In M. L. McBee & K. A. Blake, *The American woman: Who will she be?* Glencoe Press.

Margulies, L. (1977). A critical essay on the role of promotion in bottle feeding. *United Nations Protein Advisory Group Bulletin*. (Vol. *VII* (3–4). https://archive.org/details/a-critical-essay-on-the-role-of-promotion-in-bottle-feeding-pag-bulletin-1977

Muller, M. (1974). *The baby killer: A war on want investigation into the promotion and sale of powdered baby milks in the third world [film]*. https://waronwant.org/resources/baby-killer.

Sokol, J. E. (2005). *The Code Handbook*. International Baby Food Action Network.



INFANT FORMULA ACTION COALITION May 1979

Policy vs. Practice:
The Reality of Formula Promotion

INFACT has called for a halt to the promotion of infant formula. But the call is not a new one. Health professionals and international agencies such as the International Pediatrics Association have recommended restrictions on formula marketing since the early 1970s, when the hazards of formula promotion and use in poor communities first became widely-recognized. Nevertheless, formula manufacturers have portrayed the INFACT Demand as "simplistic" and "based on ignorance."

The quotations which follow -- taken largely from scientific studies and statements by health professionals and organizations -- provide some of the basis for the INFACT Demand. They demonstrate the actual impact of promotional practices and contrast this reality with the rhetoric of company statements. When viewed in the context of the public campaign to bring about greater corporate responsibility, they demonstrate that public pressure has effectively focused the concerns of the international health community.

The statements are categorized as follows:

A. Does Formula Use Increase Infant Health? p. 2-4

B. Is Formula Used by the Poor Under Unsafe Conditions? p. 5-7

C. How Do Health Professionals and International Health Agencies View Formula Promotion and Use? p. 8-12

D. Promotion to the Medical Profession. p. 13-16

E. Do Companies Stress Breastfeeding? p. 17-18

F. The Role of Milk Nurses. p. 19-20

G. What is the Impact of Free Samples? p. 21-22

H. Dilution of Formula. p. 23-24

I. The Working Mother. p. 25-26

J. The Need for Supplementation. p. 27-28

K. Solutions to Mother/Child Malnutrition. p. 29-31

L. Miscellaneous. p. 32

Clearly, it was impossible to include all the quotations that spoke to the issues listed above. We have tried to provide a representative sample, emphasizing those which were most accessible to the public. Many statements are taken from the report of Senator Kennedy's Health Subcommittee hearings on "The Marketing and Promotion of Infant Formula in the Developing Nations; May 23, 1978." These statements are cited as SHR, for Senate Hearings Record.

A number of statements are also taken from affidavits by health professionals filed with the Swiss Court during the Nestle lawsuit on this issue in Berne, Switzerland, from 1974 to 1976. These are dated May and June 1976. They are cited as SCS, for Swiss Court Statement.

Additional copies of this paper may be obtained for 80¢ plus postage from:

INFACT, 1701 University Ave. SE. Minneapolis, MN 55414 (612) 331-3437 or 331-2333

Does Formula Use Increase Infant Health?

Company Statement

"Statistics show that infant mortality rates have declined sharply in the very countries where artificial feeding has increased most."

Infant Feeding in the Developing Countries: Some Considerations on the Contribution of Nestle, Nestle, 1977, p. 10

Third World Reality

"To conclude from this that bottlefeeding has caused, or even contributed to, this decline in infant mortality is statistical nonsense...Infant mortality rates in New York City declined markedly between 1940 and 1970 while addiction to heroin increased and while divorce rates rose dramatically. But no one, except apparently a Nestle logician, would argue that infant deaths were reduced by heroin or divorce. Clearly infant mortality rates have dropped because of a host of factors such as improved health care, immunizations, higher standards of living, etc."

Dr. Michael C. Latham, Director, Program on International Nutrition, Cornell University "The Case Against Nestle" Statement to the N.C.C. Nov. 3, 1978

"You will also be told (upon walking into Nestle's public relations office) that in parts of the world where artificial feeding is widespread, the infant mortality rate has dropped. This is correct. But to assume that this is related to the artificial feeding is totally incorrect. It is more related to the fact that in those countries there has been a parallel increase in the social, economic, and environmental hygiene of the particular society. In fact, the area of the world where the IMR has dropped most spectacularly is in China, and in China breastfeeding is still very much the norm. But because there has been the parallel increase in the environmental, in the food distribution, and in the economic equity of Chinese society, the IMR has dropped...."

Dr. Derrick Jelliffe, UCLA, Speech in Los Angeles, Nov. 21, 1977

"Where poor socio-economic and cultural conditions prevail, both early weaning and artificial feeding of infants are dangerous practices. They limit a child's natural defenses against enteric infections and greatly increase his exposure to an unhealthy environment. Frequent and serious diarrheic processes are the result."

Dr. Moises Behar, Chief, Nutrition Section, World Health Organization, September 1975.

"Under the unfavourable economic and sanitary conditions found in low-income urban groups, the consequence of bottle feeding is a high prevalence of diarrhea and gastro-intestinal tract infections which, coupled with frequent over-dilution of the milk, leads to increased incidence of Protein Energy Malnutrition (PEM). Bottle feeding is also associated with an earlier age of onset of malnutrition."

Food and Agriculture Organization of the U.N. The Fourth F.A.O. World Food Survey, 1977 p. 44.

"With the seductive advertisements of the companies producing infant formula we felt that urgent action was required to stop or even reverse the growth in use of feeding

bottles. A survey carried out in Port Moresby revealed that of 136 infants, 48 (35%) were artificially fed. 69% of these children were malnourished...compared with 26% of the breastfed infants. 23% of the artificially fed infants were below 60% weight for age compared with just 3% of the breastfed infants."

J.N. Lambert, Government Nutrition Planner, Papua-New Guinea, July 12, 1978, SHR p. 810.

"The decrease in breastfeeding rate up to the early 1970's paradoxically went parallel with a remarkable improvement in child health and survival....Certainly there is no causal relationship. The development of improved child health has taken place in spite of decreased breastfeeding rates. This was possible because of the good economic situation and high hygienic standards in Sweden."

Dr. Ynge Hofvander, Prof. if International Health, Dept. of Pediatrics, University Hospital, Uppsala, Sweden, in LISHE, December 1978.

"The protective role of breastfeeding has also been demonstrated by an investigation by Van Duzen et al (1969) among the Navaho Indians. Of 114 children with severe protein-calorie malnutrition...76 per cent of infants with marasmus were bottlefed or received 'mixed milk feedings' as were all children diagnosed as kwashiorker....Kanaaneh recorded the incidence of infants hospitalized for diarrheal disease from three Arab villages in Israel in relation to the method of feeding used. Differences were striking, with contrasting rates of 0.5 per cent for those solely breastfed for 6 months compared with 24.8 per cent admissions in children bottlefed only for three months....The effects of the method of feeding on mortality in the neo-natal and post-neonatal periods, and in infancy are well demonstrated by Scrimshaw et al, in data collected in seven Punjab villages...The infant mortality rate in the artificially fed was 950 per 1000 live births compared with 120 in the breastfed."

Drs. D.B. and E.F.P. Jelliffe, Human Milk in the Modern World, (Oxford 1978) p. 278, 285, 289.

"Since introduction of widespread artificial feeding with cow's milk, clinical and epidemiologic observations have revealed that the frequency and severity of diarrheic processes have been greater among bottlefed babies than among breastfed ones."

Dr. Moises Behar, Chief, Nutrition Section, World Health Organization, September 1975.

"Among the (rich), the death rate among artificially fed babies is only slightly higher than that among breast fed babies. Among the...middle class population the death rate is distinctly higher. But among the coolie population, the really poor people of Chinatown and the kampongs, the death rate among artificially fed babies is at least twice as high as that of the breast fed babies."

Dr. Cicely Williams, "Milk and Murder," Singapore, 1939.

"Breastfeeding was associated with significantly less illness during the first year... The difference in significant illness between infants artificially fed and prolonged breast feeders was two to three-fold."

Dr. A.S. Cunningham, Journal of Pediatrics, May 1977; From a study of U.S. mothers.

"Sahar was almost killed by ignorance and poor hygiene. On weaning her...her mother started using a feeding bottle, that apparently miraculous product of western progress so relentlessly pushed by advertising of the big powdered-milk manufacturers. In a middle class home where the instructions for mixing the feed are comprehensible and where there are adequate and safe facilities for sterilizing the bottle, the method is both convenient and safe. In a poor village home, however, it is more likely that the mixture will be either too thin (to stretch the powder) or too concentrated (out of over-solicitousness), which may lead the child to vomit and lose the benefit of the milk anyway. In either case, the bottle is likely to be contaminated with the germs that cause diarrhea and dehydration."

Gerald Schmidt, United Methodist missionary with Arab refugees, West Bank Area, Middle East, April 1977.

"From our work in maternal-child health care, bottle feeding is a reason why infants between birth and 9 months die in this country. Statistically the highest death rate of infants in this age bracket are infants of the more well to do families that can afford to buy infant formula. The vast majority are poor and can't afford to buy formula, so continue to breastfeed as long as possible....As recently as April '77, Nestle employees were wearing white smocks and handing out samples to new mothers in the maternity wards of the hospitals and clinics in Kinshasa. They were expelled from the maternity wards in April '77, but then just moved their activities to the entrance gate and carried on where the doctor in charge had no jurisdiction."

Rev. Ralph K. Galloway, Kinshasa-Gome, Zaire. Letter to Rev. Douglas Gray, February 1979.

"I have no verifiable evidence that current misuse of infant formula is increasing the infant malnutrition and death rate in our area, but it is my opinion that it is. We see significant numbers of mothers and babies in our clinic here, and many more than in former years are using "bottles." Numbers of these, especially in warm weather, suffer from diarrheas as a direct result of poor bottle technique. Some of these babies die, of course. The fact that numerous brands are available on the market and advertised in the papers have increased the use of such preparations."

Dr. Phyllis Irwin, Bach Christian Hospital, Qalanarabad, Pakistan. Letter to Rev. Douglas Gray; February 10, 1979.

"In September 1978 a Nestle representative gave some of our hospital staff attractive stickers advertising Nestum...At that time there were advertisements in recent Indian magazines....I was told Nestle does hire nurses in _____ City to talk with mothers of new born babies...Nestle advertisements on their products encourage their use...Bottles are mentioned where most people cannot afford nor do they understand how to sterilize bottles....Nestle's biggest advertising here seems to be with hospitals at present...In our area there are instances where too little and contaminated infant formula are given that do endanger infant lives."

Name Withheld, India. Letter to Rev. Douglas Gray; January 17, 1979.

Is Formula Used by the Poor Under Unsafe Conditions?

Company Statements

"We have seen no evidence that there is a vast amount of abuse."

Frank Sprole, Bristol-Myers Co.,
CBS Reports, July 5, 1978.

"The formula products are usually purchased by people who can afford them. It is the working women and the women in the upper-income groups who are most likely to use formula products."

"Infant Formula in the Developing Countries: The Nestle Position" Fall 1978 p. 5.

Third World Reality

"From our own experience alone, we know this is untrue...large numbers of poor women convinced by advertising that formula makes healthy babies, are making terrible financial sacrifices to secure it for their babies, and then are forced to dilute it because they simply cannot keep paying the price required."

Dr. and Mrs. John Sibley, 17 years of overseas service Letter to Nestle, October 10, 1978.

"If the product if it's once sold by the manufacturer, whether it be Nestle or anyone else to a distributor, a food wholesaler, then legally the manufacturer no longer has any claim on that product, he has no way to assure that that product will be sold where it should be sold and not sold out in the bush somewhere..."

Doug Groner, Nestle Co.,
WCCO-TV, April 5, 1979.

"Formula feeding bottles have invaded even the most remote part of the "Green Hell" (the jungle) where civilization and basic health education is still sadly lacking and living conditions leave much to be desired."

Fatima Patel, R.N. Has worked for over 7 years in the Peruvian Amazon jungle, SHR, p. 21.

Kennedy: "What do you think your corporation ought to be doing in terms of reviewing, to the extent that it is being used in those (poverty) areas?"
Ballarin: "Well, of course, we can study and we can review."
Kennedy: "Well, are you doing that?"
Ballarin: "Not yet. We cannot review that...."

Senator Kennedy and Mr. Ballarin of Nestle-Brazil, SHR, p. 132.

Bristol-Myers: "Would you say there is widespread abuse of the use of infant formula among the poor families in the Philippines?"
Dr. Maria Galvez: "Yes....due to the high cost of infant formula which they cannot afford, they overdilute their formula, causing malnutrition."

Dr. Maria S. Galvez, District Health Officer, Manila Health Dept. SHR*, p. 1373, in response to a Bristol-Myers questionnaire.

"Milk sampled from feeding bottles in several Maternal-Child Health (MCH) clinics is highly contaminated by fecal organisms....it would appear that gross contamination

occurred in the preparation of the milk by these mothers....nearly one half of these children had suffered an episode of diarrhea within the last month, a high rate for this population....Our sample of 53 babies is clearly biased towards the better-off segments of society....The high rates of education among the mothers further substantiates this impression. In spite of these factors, only 1 in 4 of the mothers had mixed the milk to a proper dilution. The majority were overly dilute. Most of the dried milk powder used was sold in cans with clear directions written in the Indonesian language. Thus, in spite of written guides adequate levels of formal education, some awareness and concern for health of their children (as evidenced by attendance at the clinic) and a better than average economic situation, even these mothers were not providing safe, properly mixed bottled feeds for their children....It is clear that improper preparation of milk feeds leading to gross bacterial contamination and incorrect formula strength occurs in a substantial proportion of cases using bottle feeds."

Dr. Dan Surjono, et al. "Bacterial Contamination and Dilution of Milk in Infant Feeding Bottles"
Yogyakarta, Indonesia, 1978. pp. 5-6.

"Similarly, the extent to which knowledge about brand products has extended into urban poor and rural communities, and the diverse network of distribution channels utilized in the marketing and distribution of infant foods, would also seem significant. The possible association of these practices with patterns of breast feeding cannot and should not be overlooked."

Dr. Manuel Carballo, World Health Organization
SHR, p. 101.

"Infant formula use in Ijede (a rural Nigerian village) was very high...It was not an uncommon sight at all to see infant bottles handled with very poor technique relative to contamination by bacteria and not at all uncommon to see a half full bottle of formula sitting in a window sill in the sun...I also feel strongly that because most villagers have poor understanding of germ theory and sterilization of bottles, the spread particularly of enteric diseases, is augmented because of the use of bottle feedings implemented with poor sanitary techniques."

Dr. Richard Wampler, Institute of Cultural Affairs, SHR, pp. 602-3.

"We visited one of the very poor outlying areas (of Guatemala City)....The houses were made of wood, cardboard and some corrugated iron. They normally consisted of one room and were crowded together. Dirt floors were common fare. Water was fetched from a common faucet in the area. We stopped at one pharmacy in the area...(it) carried a wide variety of infant formulas and powdered milks, including Similac, Nan, Nido, SMA, S-26 and Morinaga."

Sr. Dorothy Gartland and Rev. Charles Dahm, "Observations on the Effects of Infant Formula Use in Guatemala" Feb. 4, 1978.
SHR, p. 731.

"I have noticed almost all the infant suffered from sever gastroenteritis with high rates amongst the bottlefed. Another very vital factor in bottlefeeding is the cost. If one child in a family is on bottle feeding, it will take the lion share of the limited family budget and thereby other young children of that family suffered from severe malnutrition."

Dr. M.A. Quader, Prof. of Pediatrics, Rajshahi Medical College and Hospital, Bangladesh.
Statement to Swiss Court, May 29, 1976

"Yemen, officially recognized as one of the poorest countries in the world, has seen a rapid rise in bottlefeeding in the last ten years....One study done in 1977...indicated that 63.3% of the children under two years of age that were seen in the clinic were either totally or partially bottlefed; the majority being totally bottlefed. Estimates from nutritionists working in the major cities put this figure closer to 80%...Unfortunately, Yemen does not possess an environment compatible with the safe use of the bottle...only 10% of the population has easy access to water. The other common danger is improper dilution..."

Sharon Beatty, R.N. Yemen Arab Republic,
SHR, pp. 594-5

"With both water and fuel being such a luxury, they are used sparingly. The bottle may be rinsed out in a bowl of water which has been used for many purposes; the water to mix the formula will be scooped out of the bucket with any old utensil, hands won't be washed since soap is another luxury item. The unfinished formula will be left laying around with the nipple exposed, flies swarming and settling on it; and when needed, the formula will be stuck into the crying, hungry infant's mouth giving it a big dose of mortal poison."

Fatima Patel, R.N.
Peruvian nurse with 17 years experience
in developing countries, SHR, p. 22.

"The industry has argued that freedom of consumer choice was reason enough to allow its products to be sold, and that they were not responsible for the lack of pure water, the poverty, or the illiteracy...But that argument cannot legitimize a product whose misuse is predictable and calculable...In Colombia, it was learned that only 29% of rural populations and 72% of urban populations have the potable water required for mixing with powdered infant formula. And yet, formula was available to consumers and promoted to health personnel throughout that nation. No manager familiar with this issue could authorize distribution and marketing in Colombia without also knowing that there was a high probability of misuse...And this refers only to potable water."

Dr. James Post, Boston University,
SHR, p. 118.

"I questioned the nearly 200 mothers in my sample in depth about bottle feeding hygiene, and there is no question that it is absolutely impossible for the vast majority of them to maintain the necessary cleanliness, let alone sterility. Few had electricity, fewer still a refrigerator, and none had access to safe water...The Financial impact of bottle feeding at the family level is also disastrous....Together these two factors are probably responsible for most Vincentian infants receiving dilute, contaminated bottle feeds... I spoke about the problem of bottle feeding in St. Vincent to two of its past pediatricians, two doctors, the national nutritional officer, and several Sisters and nurses, and all felt that bottle feeding was an important causal factor in the high levels of infant diarrhea, malnutrition and mortality experienced."

Theodore H. Greiner, M.A.Ed., M.S.,
Nutrition Consultant, F.A.O.
Affidavit to U.S. District Court, 1977.

How Do Health Professionals and International Health Agencies View Formula Promotion and Use?

"Talking from fifteen years of actual field experience, working amongst the lower-income groups in South Africa, Jamaica and South America...bottle-feeding is Poison for the majority of the infant population of the Third World."

Fatima Patel, R.N. Letter to Abbott/Ross Labs August 20, 1977

"So far as the problems, the medical problems associated with malnutrition are concerned, the presence of a wide pattern of use in bottle feeding makes it very, very difficult to even start with the problems...I think that malnutrition was here before formula feeding came in, but I think that formula feeding exacerbates the problem and makes it more difficult to deal with."

Dr. Allan Jackson, Tropical Metabolism Research Unit, SHR, p. 9.

"I feel strongly from my observations in Nigeria that the infant formulas contribute a significant component to nutritional problems in developing infants in the country of Nigeria."

Dr. Richard Wampler, Institute of Cultural Affairs, St. Anthony Hospital, SHR, p. 604.

"My interpretation of the scientific evidence leaves absolutely no doubt in my mind first that bottle feeding is a major cause of morbidity and mortality in developing countries and secondly that the promotion of formulas by Corporations such as Nestle has contributed significantly to this most tragic of problems."

Dr. Michael C. Latham, Director Program on International Nutrition, Cornell Univ. Former Director, Nutrition Unit, Tanzanian Ministry of Health, Statement before the NCC: Nov. 3, 1978.

"The mass marketing of expensive imported infant food preparations in developing countries should be discouraged by education campaigns and appropriate government regulation as an unnecessary drain on the purchasing power of the poor."

Drs. Baumslag and Sabin, "Perspectives in Maternal-Infant Nutrition" Office of International Health" H.E.W. Sept. 1978, p. 19.

"I, as a senior teacher and Consultant Pediatrician in the Institute of Child Health, Kabul, very unhappily state that the incidence of breast feeding is declining rapidly in my country and as a result of this incidence of infant mortality is increasing and also incidence of diarrhoeal diseases and malnutrition is increasing day by day. Sole reason for this is different methods of sales promotion of baby foods and formula milk adopted by different milk producers."

Dr. M.I. Fazel, Institute of Child Health, Kabul, Afghanistan, SCS

"Artificial milk manufacturers follow a non-human and non-ethical method in advertisement and propaganda, the result of which is the high rate of artificial milk consumption by the poor people who in several instances ask for therapeutic methods to dry their breasts, neglecting the natural and true needs of their babies, impressed by the modern

and colourful propaganda. My personal recommendation is to stop advertisement of these artificial milks."

Dr. A. Mostafa Eisa, Dept. of Pediatrics,
Alazhar University, Cairo, Egypt, SCS

"Hereby I solemnly declare that the over-emphasized propaganda of all milk products should be stopped immediately for depriving innocent babies of their natural food."

Dr. Ki Young Lee, Assistant Prof.,Dept. of
Pediatrics, Yonsei Univ. Seoul, Korea, SCS

"We are convinced that breast feeding because of its well-known favourable qualities is one of the main factors which helps the adequate growth and development of our infants, and any fact which obstructs the breast feeding becomes cause of diseases, death, negative socio-economic and political implications. Precisely the very astute commerical campaigns executed by Nestle and other baby food companies are diminishing the percentage of breast fed babies in my country."

Dr. Edison Altamirano, Prof. of Growth,
Development and Perinatology, Central
University of Ecuador, Quito, Ecuador, SCS

"It is very sad to observe an increasing trend away from breast feeding. The widespread promotion of artificial milk products by industries in the developed world is partly responsible for this trend....There is no doubt that within unhygienic environment and without proper instructions, bottle feeding leads to tragic events--gastroenteritis, malnutrition and eventually high death tolls among the babies of The Third World. We strongly think that the milk industry is responsible for such tragic events...and thus it is their responsibility to solve the problem by stopping any unethical sales promotion...We strongly demand that the milk industry should: Stop unethical malpractice in advertisement and sales promotion...Abandon promotions to the medical profession for promotion of sales."

Dr. D.H. Shrivastava
Head, Dept. of Pediatrics
G.R. Medical College
Gwalior (M.P.) India

Dr. Dwi Atmadji Soejos
Dept. of Child Health
Airlangga University
Surabaya, Indonesia

Dr. Suchitra Nimmannitya
Senior Pediatrician
Children's Hospital,
Bangkok, Thailand

Dr. Achmad Surjono
Dept. of Child Health
Gadjah Mada University
Yogyakarta, Indonesia
SCS

Dr. M.D. Abdur Rub
Dept. of Pediatrics
Mymensingh Medical College
Mymensingh, Bangladesh

"We blame the big multinational milk firms that based upon their powerful resources are trying to chagne and modify the secular habits of infant feeding in the developing world. Consequently we strongly demand that these multinational firms must stop all sort of insidious forms of advertising via posters, pamphlets and free samples, for the people of the developing world."

Dr. Aljandro Flores
Despt. of Pediatrics
San Carlos University
Guatemala

Dr. Jose S. Bedoya
Dept. of Pediatrics
Univ. of San Augustin de Arequipa
Arequipa, Peru
SCS

"More and more mothers are turning to tinned foods because advertisements promis a new generation of super-children--'bonny', 'bright-eyes' and 'strong-nerved'....Milk food companies profess that their products are the best substitutes for mother's milk, but is there a substitute for mother's milk? Milk food companies advocate tinned milk for 'when your breast milk is inadequate', and this insinuation that her milk is insufficient is often the first step towards lactation-failure...The milk industry, with its persuasive propaganda, is probably more of a threat than a promise to the citizens of tomorrow."

Dr. M.K. Sainaba, Assoc. Prof. in Child Health, S.A.T. Hospital, Medical College, Trivandrum, S. India, SCS

"The promotions of sales of powdered milk...definitely contributes to more use of these powdered milks which lead to higher morbidity and mortality. In the Sudan, like most developing countries, facilities available to the Medical People to spread information against bottle feeding are too meagre compared to those available to the drug companies."

Dr. Hafiz Shazali, Senior Pediatrician, Wad Medani Civil Hospital, Wad Medani, Sudan SCS

"Unfortunately, my country is not free from unethical sales promotion activities conducted by so many milk companies, e.g. through gift packs of milk given in maternity wards, home to home visits by salesman, advertisement in press, radio, television and cinemas that, of course, will influence our population in the wrong direction."

Dr. A.H. Pallencaoe, Senior Lecturer
Dr. Azhali M.S. Senior Lecturer
Bagian Ilmu Kesematan Anak
Bandung, Kepada, Indonesia
SCS

"It would seem that the mothers in some way, even though they denied being attracted to advertisement, have been misled on the superiority of powder milk compared to their own natural milk. I can only conclude that the intensive campaign conducted by baby powder milk firms has contributed to this change in attitude among the women. I would like to point out again that these women lived in squatter areas and they are among the poorest of the poor. I feel it is important that something must be done to stop advertisement of baby powder milk from reaching these poor people....I shall fully support your campaign against the misleading advertisement put out by the baby powder milk firms."

Dr. Khairuddin Yusof, Dept. of Obstetrics, University of Malaya; Letter to International Organization of Consumers Unions, December 22, 1978.

"In developing countries, babies who are not breastfed die. Contaminated water, poor hygiene, lack of refrigeration and poverty, causing formulas to be "stretched" to nutritional impotency, make safe preparation virtually impossible. It's hard enough for these babies to survive under the best circumstances; exploitative marketing and merchandising is tantamount to mass infanticide."

Dr. Samuel J. Fomon, University of Iowa, Vice President of the 12th International Congress on Nutrition; December 1978.

"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."

Dr. Cicely D. Williams, D.M. (Oxon), F.R.C.P., D.T.M.&H.(Lon.) and F.A.A.P. (hon.). From "Milk and Murder", 1939.

"What we want is for the milk companies to leave infants under six months alone, so as not to hamper our efforts in encouraging mothers to breastfeed their babies."

Spokesperson, Subcommittee of Malaysian Pediatrics Association; National Echo, May 17, 1978.

"The baby food industry stands accused of luring mothers from breastfeeding by promoting their products in communities that cannot use them properly; by using advertising and sales girls dressed in nurses' uniforms, a thing that makes the mothers think that the milk is part of the regular health system and are only ready to listen to anything told them about bottle feeding. Health officials on the other hand do not seem to be aware of the misconception and to correct it."

Editorial, LISHE, Tanzania Food and Nutrition Centre Journal, December 1978.

Bristol-Myers: "Occasionally infant formula manufacturers...donate hospital equipment or hospital supplies to the nursery....(Should this) continue or should this be stopped?"
Dr. Maria Galvez: "This must be stopped. Sometimes, inducements like the above somehow influence the personnel concerned that they are induced to recommend the use of infant formula indiscriminately without exerting all efforts to choose only those who can afford formula feeding....There really is no substitute for breast milk....The truth about it is, we are prompted to please the formula manufacturers and hence don't exert all our efforts to encourage to the greatest extent breast feeding....because infant formula is easier to prescribe...not enough is done to fully encourage breast feeding."

Dr. Maria Galvez, District Health Officer, Manila Health Dept. SHR, p. 1376, in response to a Bristol-Myers questionnaire.

"The pediatric nutritionist is left increasingly frustrated by the well-financed steam roller, marketing techniques of the food industry to sell totally unaffordable and inappropriate infant foods in impoverished communities, while mouthing sanctimonious platitudes about their world role in improving child nutrition."

Dr. Abraham Horwitz, Director Emeritus, Pan American Sanitary Bureau of the World Health Organization, SHR, pp. 89-90.

"Formula is more dangerous than most prescription drugs. Let them sell Milo or Nestum or any other product that doesn't compete with breast milk. No one believes that Milo alone will meet the full nutritional needs of an infant. But formula is a competitor to breast milk and it shouldn't be pushed at all."

Dr. Jon Rohde
Rockefeller Foundation Field Staff
Indonesia, August 1978.

"The advertising of food for nursing infants or older babies and young children is of particular importance and should be prohibitied on radio and television....Finally, the distribution of free samples and other sales promotion practices for baby foods should be generally prohibited."

World Health Organization, Regional Office for Europe, UN Press Release, January 1978.

"1. Sales promotion activities of organizations marketing baby milks and feeding bottles ...must be curtailed by every means available to the profession, including, where necessary and feasible, legislation to control unethical practices.
2. Dissemination of propaganda about artificial feeding and distribution of free samples of artificial baby foods in maternity units should be banned immediately."

International Pediatric Association, Recommendations for Action Programs to Encourage Breast Feeding, 1975.

"Strong action should be taken to prevent: 1) Advertising of commercial milk products on government premises, especially hospitals, health clinics and schools by the distribution and use of calendars, diaries, posters and milk samples. b) Access of "commercial milk" nurses to government premises, especially hospital wards, health centers and schools. c) Acceptance of "free" milk samples. If however, the need arises to supplement diets of malnourished children, these milks should be issued only in unlabelled containers."

Pan American Health Organization, Scientific Publication #217, 1970.

"As nutritionists professionally concerned with the well-being of infants in low income countries, each of us is personally aware of many infants who have died because their mothers substituted inadequate bottle feeding for breastfeeding....Insofar as there is now way in which such (infant formula) products can be used safely for the vast majority of infants in developing countries, we believe that the time has come for Nestle to change its marketing strategies in the developing world....(W)e energetically recommend that Nestle immediately take the following action in developing countries:
A. Discontinue all promotion of milk formulas.... B. Discontinue all promotion of the use of feeding bottles. Specific forms of promotion which should be stopped are:
1. Mass media advertising. 2. Use of 'milk nurses.' 3. Distribution of free samples to hospitals, clinics and homes (except for supervised use for infants who cannot be breast-fed. 4) Promotion among health professionals of products which cannot be afforded by their clients."

Petition to Nestle, S.A.'s Board of Directors. Signed by over 250 nutritionists from such nations as Chile, Ecuador, Brazil, Venezuela, Iran, India, Bolivia, Nicaragua, Egypt, Colombia, Guatemala, U.S.A., Sweden and Australia. Also, top officials of U.S. Agency for International Development and U.N.I.C.E.F. At the Eleventh International Congress of Nutrition, Rio de Janeiro, Brazil. August 27-September 1, 1978.

Promotion to the Medical Profession

Company Statement

"The health services are recognized as the main intermediary between the manufacturer and mothers."

Nestle Infant Food Policy, February 1978.

"Our promotion consists principally of providing infant formula as free goods for hospital use, free samples for distribution at doctor's discretion, the donation of incubators, scales and other equipment for hospital use, and the support of medical symposia....any suggestion that professional judgment is compromised by such promotion is unjustified and offensive."

Frank Sprole, Bristol-Myers, SHR, p. 146.

Third World Reality

Moyers: "In the Dominican Republic, your company (and Abbott/Ross, Nestle and American Home Products) belongs to a pharmaceutical association. That association and the Dominican Medical Association have an agreement that guarantees a certain percentage of sales of all pharmaceutical products, including infant formula, to the doctors' association. In other words, a kind of sales commission goes to the doctors every time a pharmaceutical product gets sold. Do you think that doctors can be really independent when they have a financial stake in the sale of a particular product?"

Sprole: "I am not aware of this particular association or anything about that so I... I will have to look into it, I just can't comment upon that...."

CBS Reports, "Into the Mouths of Babes," July 5, 1978.

Company Statement

"We also disagree strenuously with critics that promotion to the health care profession in the Third World should be stopped...the evolving medical structure in those countries seems to be the most appropriate source of direct nutritional guidance....Decisions about infant formula should reside solely in the hands of health care professionals."

Abbott/Ross Labs, SHR, p. 202, and Code of Ethics, 1977.

Third World Reality

"I would also note that most often the problem is not a "scientific" one. The problem is poverty and the inadequate home environment which makes the use of prepared formulae so lethal. This the physician is not uniquely qualified to understand. In fact, he may be precisely the most unqualified to understand, since he undoubtedly comes from a different socio-economic background and may have no idea of the home conditions of the poorest mothers of his own society."

Dr. John Knowles, President of the Rockefeller Foundation, September 1975.

"Well, as department head of pediatrics, they come to me and we are only human. Unless you have a very, very strong conviction that this will not be good for our people, you cannot say no. This comes in banquets they will sponsor; they will sponsor a plane ticket. And that seems to be part of the scheme...."

Dr. Natividad Clavano, Baguio General Hospital, Luzon, Philippines. SHR, p. 16.

"This particular teaching institution (Logos University Teaching Hospital) felt considerable pressure not to make moves against infant feeding formula problems because their institutions where in some major degree economically dependent on monies which came from these corporations promoting infant feeding formulas in Nigeria."

Dr. Richard Wampler, Institute of Cultural Affairs, SHR, p. 604.

CBS Reports: "So what happens is that the doctor serves as the promoter of the product?"
Formula Salesman: "Yes. The doctor is an indispensible collaborator. But the one who promotes it is me....There are two parts to promotion: personal as well as scientific. If we don't help the doctors, the doctors won't help us."

CBS Reports, "Into the Mouths of Babes", July 5, 1978.

"Health professionals who otherwise know the benefits of breastfeeding often succumb to the gimmicks of milk advertisements....Milk companies sponsor scientific meetings, research awards and material support to health or nutrition projects. They also give generous samples to pediatricians....Because Filipinos have a strong trait of indebtedness for favors done, called "utang na loob", these health professionals feel that inner constraint to advertise or prescribe milk even against their better judgment."

Dr. Leonor Barrion, Chief of Clinics, St. Paul's Hospital, Tacloban City, Phillipines, SHR, p. 606.

"When the pediatricians graduate from college, it seems like the American Home Products, Co. is very generous in providing about 20,000 boliveras' worth of liquor...which comes to almost $5,000 U.S. Whenever there are professional meetings of pediatricians and so on, Nestle, for example, will fly in certain doctors and they will always have the last banquet...So, one doctor said 'I have conscience problems even eating there, but I should be there as a professional, so I feel trapped.'"

Fr. Daniel Driscoll, with 11 years in Venezuela, SHR, p. 14

"And when a new nursery is being set up, the companies fall all over themselves with offers of assistance."

Pediatrician
Private hospital
Manila, Philippines, July 1978.

"All the pediatrics conferences are organized by the milk companies. It defeats the purpose of these conferences. Doctors are understandably 'grateful' to the companies, so they tone down their voices. If any criticism is expressed, it is very muted. Important points cannot be stressed if they are critical of the companies. It's ridiculous. It's madness.

Furthermore, the milk companies can lobby better than we can. They go from ministry to ministry in order to get their points across. They have the time and money for this; doctors do not."

Dr. Mohammed Sham Kasim, General Hospital, Kuala Lumpur, Malaysia, July 1978.

"For example, Wyeth Labs sponsored a seminar in Infant Feeding and Infections...It cost them about M $5,000 (US $2,175) to run this seminar. They got a lot more than $5,000 worth of advertising out of it. They got $100,000 worth of advertising because it's so subtle, so effective."

Dr. Mohammed Sham Kasim, General Hospital, Kuala Lumpur, Malaysia, July 1978.

"Representatives of the baby food industry should not be allowed anywhere near the maternity and child health centers....Indiscriminate and misleading sales promotion by representatives of milk powder producers is one of the important factors for the decline in breast feeding."

Dr. Ruby Abdul Majeed, Malay Mail, September 9, 1977.

"Mothers who see the widespread use of commercial or artificial feedings to all infants in hospital maternity wards or other health facilities may be discouraged from breast-feeding their babies. Moreover, some mothers make the mistake of thinking that the milk formula itself, or company personnel selling the product, are part of the regular health system and listen to understandably biased arguments in favor of bottle feeding. By and large, health professionals are not sufficiently aware of this situation and do not attempt to counteract these harmful misconceptions."

Dr. Johanna Dwyer, "The Decline of Breast-feeding: Sales, Sloth or Society?" UNICEF News, 86, 1975, no. 4.

"Not only quality of product, but skillful promotion to pediatricians, general practitioners and hospitals have enabled Similac to hold its market leadership."

Abbott Labs Annual Report, 1967 p. 16

"In East Africa and West Africa, strengthened medical information services, plus improved territorial coverage, resulted in strong sales gains."

AHP Annual Report, 1973, p. 4.

"In less developed countries, the best form of promoting baby food formulas may well be the clinics which the company sponsors, at which nurses and doctors in its employ offer child-care guidance service. One fruitful by-product of this operation is that at christenings and birthday parties, Nestle products often are given as presents."

Business Abroad, June 1970, p. 33.

"Baby formula is a high volume item that is practically pre-sold to new mothers via physician/hospital endorsement."

American Druggist, 162:43, Aug. 24, 1970

"All the pediatrics conferences are organized by the milk companies. It defeats the purpose of these conferences. Doctors are understandably 'grateful' to the companies, so they tone down their voices. If any criticism is expressed, it is very muted. Important points cannot be stressed if they are critical of the companies. It's ridiculous."

Dr. Mohammed Sham Kasim
General Hospital
Kuala Lumpur, Malaysia, July 1978

"Promotion is intense and it works. They do it for the survival of the companies. We have to counter them with breast feeding promotion for the survival of Thai babies."

Pediatrician, Ramathibodi Hospital
Bangkok, Thailand, August 1978

"A second approach in the promotion of infant formulas is the regular visiting of Dr.'s offices to distribute free samples and talk about their product...I questioned one Dr. on his opinion about whether or not Dr.'s are influenced by the milk salesman's sales talks and his answer was an astonished 'Of course!'"

Sharon Beatty, R.N. Yemen Arab Republic, SHR, p. 596.

"The milk companies have gained access to the health services in Government and private sectors with advertising and promotional material...These are difficult to resist because they are given free and to inexperienced health staff, and seem only to be offers of much needed help...milk companies have become skilled at what is to them low-cost moulding of professional opinion."

Dr. S.C.E. Abraham, Senior Consultant Pediatrician
Hdea, Dept. of Pediatrics, General Hospital
Kuala Lampur, Malaysia, "Towards a New Role for the Infant Food Industry" 1977, p. 2.

"Regrettably, the (health) profession at times has put itself into a position where their loyalty can be questioned. In the somewhat naive belief that they are better able to influence industry from within, they sometimes act as counsellors to industry. More often than not it is not made clear to the public that they are in fact receiving a financial renumeration for doing so...The health profession has to take such challenges seriously. The days of innocence, so to speak, are over. The issue has become politicized and will remain so."

Dr. Elisabet Helsing, Institute for Nutrition Research, University of Oslo, Norway, "Feeding Practices in Europe: Beliefs and Motivations--and Possibilities for Chagen, October 1978, p. 15

"Violations are happening all the time. It's only occassionally that we get proof. The companies should not gear their promotion to the newborns. They have changed some of their practices but there is no change of heart. They are just acting under pressure. You close one door and they find another."

Public Health physician
Singapore, July 1978.

"To be fair, I have to point out that maybe 5 or 10% of the doctors do not accept gifts but the majority do. For example, if you need new tires for your car, some people say, O.K., we'll get you new tires--prescribe our products."

Dr. Rafael Mena, Santo Domingan Pediatrician,
CBS Reports "Into the Mouths of Babes",
July 5, 1978

"All the shop and pharmacy clerks I approached were quite enthusiastic about the merits of the milk. None of them evidenced hesitation in recommending its use. I might add here, that very few of the pharmacists in Yemen are, as yet, adequately trained. Many of those who dispense drugs have no training at all, and therefore, cannot be expected to be aware of the adverse affects of the products they sell. Much of their information comes from the formula salesmen."

Sharon Beatty, R.N. Yemen Arab Republic
SHR, p. 596.

"If a regular doctor is attending a conference, we the medical representative would recommend him to the country for sponsorship. The company would then pay for his travel expenses and other expenses. Again, in this situation we use the criterion--"potentiality" of the doctor attending the conference." ("Potentiality" is defined as the degree of exposure to newborns: the higher the exposure the higher the potentiality of sales promotion benefits.)

A Nestle "medical representative from the Philippines, Letter to ICCR,
September 1978. Name withheld on request.

Do Companies Stress Breastfeeding?

Company Statement

"Superiority of Breastfeeding. This is to be clearly featured on all product labels, educational materials and advertising..."

Nestle Infant Food Policy, Feb. 1978.

"Our Code of Marketing Ethics...specifies that our product labels stress the importance of breastfeeding...and graphically display the proper techniques for the preparation and use of our products."

Abbott/Ross Labs, SHR, p. 200.

"Advertising posters put across the basic promotional philosophy for Nestle infant foods: 'Breast feed your baby--but when you have to supplement...'"

"Infant Feeding in the Developing Countries"
Nestle, 1977. p. 22.

Third World Reality

"In February 1978 an ICCR researcher...in Guatemala brought back 32 cans of various commercial milk products for infants...Only 3 mention anything about the preferability of breast feeding. And even in the cases where it was mentioned just how strongly and unambiguously was breastfeeding really recommended?...Consider these labels:

SIMILAC with Iron (no mention of breast feeding) "There is no food equivalent that more closely resembles the milk of healthy well-fed mothers...Similar to Mothers Milk."

"Wyeth S-26 (no mention of breastfeeding) Nourishes the baby like the mother's breast. S-26. A Superior Food for the Infant."

"Nestle Nan. Maternal lactation is the most adequate for the baby, but in the case of its total or partial absence, or for other reasons, it's necessary to replace or complement it, you can use NAN with total confidence, a powdered food quantitatively and qualitatively similar to mother's milk, for use right from the infant's birth."

Edward Baer, "The Label Game",
SHR, p. 720.

"Nestoban is designed for the feeding of nursing infants from birth, as a substitute for maternal milk or as a complement to the same...Enriched with vitamins and all the iron necessary to ensure normal and regular development. (No mention that mother's milk is preferable in any way.)"

Nestoban infant formula, purchased in
Tegucigalpa, Honduras, Jan. 3, 1979.

"The point of contention is not so much what you affirm as how loudly you affirm it. Your advertising and promotional efforts for infant formula appear to speak, in our judgment, with considerably more loudness than your advertized admissions that breast is best. I have in front of me, for example, two Nestle labels...from infant formula cans purchased...in Kenya this spring. There is on each label a full-size picture of a healthy baby (a blonde, Caucasian baby, no less!) who is obviously the beneficiary of the product...But in only three lines in small type (albeit set in white) is the primacy of breastfeeding affirmed. The overwhelming impression of the label is that this product is very attractive--"scientifically formulated" as the label says."

Rev. Richard W. Gillett, Pasadena CA
Letter to Nestle Co., August 23, 1978.

"While most of the basic directions and information is correctly explained in Swahili, the emphasis of the importance of breastfeeding is clearly played down in the Swahili..."

Prof. Charles Pike, Dept. of Afro-American Studies, Univ. of Minnesota, Analysis of Lactogen can label from Kenya, May 6, 1978 SHR, p. 718.

"More and more mothers are turning to tinned foods because advertisements promise a new generation of super-children--'bonny,' 'bright-eyes' and 'strong-nerved'...Milk food companies profess that their products are the best substitutes for mother's milk, but is there a substitute for mother's milk? Milk food companies advocate tinned milk for 'when your breast milk is inadequate,' and this insinuation that her milk is insufficient is often the first step towards lactation-failure....The milk industry, with its persuasive propaganda, is probably more of a threat than a promise to the citizens of tomorrow."

Dr. M.K. Sainaba, S.A.T. Hospital, Trivandrum, South India. SCS.

"In most formula promotion literature, there is a subtle or not-so-subtle message that mother's milk sooner or later will fail. Phrases like "When mother's milk fails," "when breast milk is not enough," "the best supplement to breast milk" abound in advertisements and on tins...mothers are led to believe that their own milk will not suffice ...and the natural fears of any mother that her breast milk will be inadequate are nicely reinforced by all this. As you probably know, the baby who is discouraged in any way from sucking at the breast is thereby prevented from stimulating the mother's milk supply. Thus, the early use of supplementary bottles or of other foods for that matter is the very way to diminish the mother's milk supply...the formula companies... do this not out of ignorance, but out of their awareness that this is a sure way to diminish first the mother's confidence in her milk supply, and soon the supply itself."

Helen C. Armstrong,
Kenyan Lactation Counselor
Letter to ICCR, Sept. 10, 1978.

"Four months ago, I gave birth to a baby girl. During my visits to the government prenatal clinic, I grew disgusted at the amount of effort which the milk companies were making to convince women to bottle feed. Saleswomen wearing white nurse-like uniforms would make their rounds in the waiting room, advising pregnant women to buy their brands of formula, and handing out sample tins of milk and pamphlets...(Since) each patient usually had to wait 1-3 hours to see the doctor, the saleswomen had no trouble at all in getting the patients to listen to them. They also made loud, friendly chatter with the clinic nurses, which gave the impression that the clinic endorsed their sales work. On the walls were attractive posters of Malaysian babies with a well-known milk company's name displayed prominently in one corner. The only information on breastfeeding which was publicly displayed was a tattered poster hung in an obscure corner....later in noticed that that poster had been removed. The saleswomen were polite but pushy. When I told them I intended to breast feed, they replied that chances were I wouldn't have enough milk, so it would be better if I simply gave the baby their formula from the start. One saleswoman even made two visits to my house in a vain attempt to convince me to buy her formula."

Gail Nichols, Peace Corps Volunteer,
Jitra Kedah, Malaysia. Letter to the
Peace Corps Director; May 15, 1978.

The Role of Milk Nurses

Third World Reality

"Mothercraft nurses also visit patients on the wards of the hospitals, despite a Ministry of Health directive expressly forbidding this! As the (public) nurse/midwife explained, 'Now they come during visiting hours when anyone is allowed on the wards. How can we stop them; we're not policemen?' Often mothercraft nurses follow mothers into their homes...This doctor also expressed that, 'the aggressiveness of promotion is most obvious in home visiting. The milk nurses are obliged to show a certain amount of return each month.' Speaking of mothercraft nurses, a public service nurse complained, 'We have to work that much harder to counteract their influence...I've never heard a mothercraft nurse give really good instructions on breastfeeding or even good instructions on how to prepare feeding bottles safely....Are you trying to stop the company nurses? It would make our work much easier.'"

Edward Baer, "Infant Formula Promotion in Malaysia, July 1978." SHR, p. 781-782.

"Hopeless, dreadful. Their business is to sell milk: it isn't to look after children. Some of them are trained, but some of them....In Africa, I wouldn't let them in. They came to me about it, but I said no, not as long as I'm here. Then I went to Singapore and found that Nestle had nurses, these girls dressed as nurses, dragging a good lactating breast out of the baby's mouth and pouring in baby milks."

Dr. Cicely D. Williams, D.M.(Oxon), F.R.C.P., D.T.M.&H.(Lond.), F A.A.P.(Hon.) Interview with The Lansing Star, October 18, 1978.

Company Statement

"The main duty of Nestle medical representatives is to assist the health services. In keeping with this concept, appropriately qualified personnel (e.g. nurses, dieticians, health educators) may assist in nutrition and health education work if requested to do so by the appropriate health authorities....In order to underline their educational function...the salary paid to Nestle representatives is not related to sales."

Nestle Infant Food Policy, Feb. 1978.

Third World Reality

"As a medical representative, my main responsibility is to promote the Nestle infant formula products....I am covering a particular area and most of the time I am visiting doctores, especially pediatricians...people in the medical profession who are directly in contact with infants....I am a contented employee, enjoying all the incentives like car plan, commissions, etc."

Statement of a "Medical Representative" of Filipro, Nestle's Philippines subsidiary. Sent to ICCR, Sept. 1978. She asked that her name be withheld for her personal safety.

Company Statement

"(We are) emphasizing the importance of breastfeeding in our promotion to physicians... with prior professional consent, we do the same for new mothers through contacts by our professional representatives (PSRs), sometimes called mothercraft personnel."

Statement of Wyeth International (AHP), SHR, p. 154.

Third World Reality

"Job description. Professional Service Representative (S.E.Asia). Responsibilities: I. To supplement WIL's promotion of infant formula to doctors and paramedical personnel through personal contacts...II. To support the promotion of Wyeth infant formulas by providing special services to antenatal and postnatal women..."

Wyeth International Limited (WIL), (AHP)
SHR, p. 173.

"Milk nurses were banned in Jamaica "because it was felt that their presence in the hospitals, having an early effect on mothers, is likely to influence mothers to utilize bottle feeding at an early stage, which was considered undesirable."

Dr. Allan Jackson, Director Tropical Metabolism Research Unit, Kingston Jamaica, SHR, p.8.

"Nestle products have acquired, in 1970, market leadership thanks to their quality, the efforts of the nurses and their contacts with the medical sector in the entire country."

Nestle Annual Report, 1971.

"Company milk nurses are not allowed in the hospital by order of the Medical Superintendant. But we still have trouble with them. They try to sweet-talk staff into promoting their products...They were not even nurses but wore white uniforms. We stopped that because the doctors were outraged."

Pediatrician
Assunta Hospital
Kuala Lumpur, Malaysia, July 1978.

"Now the milk nurses come during visiting hours when anyone is allowed on the wards. How can we stop them? We are not policemen."

Nursing Sister
Penang, Malaysia, July 1978.

"We need a law: If the milk nurses come onto the ward, they should be punished. We have to stop this selling in the hospitals."

Pediatrician
Chulalongkorm Hospital
Bangkok, Thailand, August 1978.

"University Hospital stopped the milk nurses from coming on the wards. But now they come not in uniform to see patients. They come during visiting hours when we are not around to stop them. They are often friends of the government nurses and they make new friends with liberal gifts and samples...But they still find out names and visit mothers in their homes. Supposedly, they are only allowed to pay visits if the doctor or nurse agrees. But this is not true. They still find a way."

Dr. S.K. Teoh, Obstetrician
University Hospital
Kuala Lumpur, Malaysia, July 1978.

"Nestle has apparently taken the white uniforms off the Nestle milk nurses but they still employ such persons to peddle their products which are a danger for many third world mothers. This action is like taking the uniform off the members of a firing squad or the hood off the hangman."

Dr. Michael C. Latham, Director
Cornell University's Program on International Nutrition.
Speech before the N C.C , November 3, 1978.

What is the Impact of Free Samples?

Company Statement

"With respect to samples, these are distributed by us only to health care professionals. However, their purpose is not to induce or enable mothers to abandon breastfeeding. They are intended for the convenience and instruction of mothers for whom our product has been selected by a health care professional, and to familiarize such personnel with their characteristics and performance."

Abbott/Ross Labs, SHR, p. 201.

"Infant milk samples may only be given to mothers by official health personnel."

Nestle Infant Food Policy, Feb. 1978.

Third World Reality

"We give away Nestle infant formulas...to doctors, pediatricians and midwives, and of course to mothers too...In return for these free samples, the recipients would of course, recommend, in one way or another, Nestle formulas."

Statement of a "Medical Representative" of Filipro, Nestle's Philippine subsidiary. Sent to ICCR, September 1978. She asked not to be identified for security reasons.

"Sales promotion activities of organizations marketing baby milks and feeding bottles ...must be curtailed by every means available....Dissemination of propaganda about artificial feeding and distribution of samples of artificial baby foods in maternity units should be banned immediately."

International Pediatrics Association, October, 1975.

"It is difficult to justify the continuation of the practice of handing out free samples, given their purpose. If a mother is poor enough to need a free sample she is too poor to use it properly, and the promotional impact of that sample on her and her friends is unjustifiable."

Dr. S.C.E. Abraham, Senior Consultant Pediatrician, Head Dept. of Pediatrics, General Hospital, Kuala Lampur, Malaysia. "Towards a New Role for The Infant Food Industry" 1977, p. 6.

"The inducement to artificial feeding in the place of breast feeding can result, in as little as three days, in the drying up of the breast as a milk source due to hormonal stimulation, the mother thus becoming prey to bottle milk."

Dr. G.F. Ebrahim, Tropical Health Unit, Institute of Child Health, London. July 1976.

"Nurseries are supplied with a variety of artificial milk by milk companies for the use of babies while in the nursery. Where rooming in is not the practice, babies are given bottlefeeding while in the nursery so that most mothers either ask for suppressing their milk or babies no longer want to breastfeed when they go home."

Dr. Leonor Barrion, Pediatrician, Chief of Clinics; St. Paul's Hospital, Talcoban City, Philippines, SHR, p. 606.

"(The public health midwife) resorts to the path of least resistance by prescribing artificial milk formula, especially if there are starter cans donated by representatives of the milk companies that she can give to the mother."

From the forthcoming World Health Organization Study on Breastfeeding in the Philippines.

"In the Philippines, 27% of mothers coming from the urban (wealthy) backgrounds were given free milk samples...of the rural population samples, 41% had been given milk samples. In Guatemala, the social group most exposed to this practice was the urban poor...it appears significant that in two of the settings (countries) where mothers were provided with free samples of milk there was also a marked low incidence of breastfeeding."

Dr. Manual Carballo, World Health Organization, SHR, p. 109-113.

"Maternity services should be given primary allocation of free samples, geared to producing potential sales."

American Home Products, Infant Formula Sales Manual, 1975.

Dilution of Formula

Company Statement

"The Second problem charged against us is that because of their costs, many mothers cannot afford adequate quantities and they overdilute the product, thus leading to malnutrition. We are not aware of even one controlled study which documents this event with the use of our products."

American Home Products, SHR p. 155.

Third World Reality

"Mothers in the waiting rooms of two urban hospital Mother Child Health clinics and of two rural health centers were asked to provide a 10 ml sample of milk from the bottles they were using to feed their infants....43% had suffered diarrhea in the last month ....(Of the bottles sampled) one third were less than 50% of proper strength and only ½ were within ±20% of the recommended concentration according to the manufacurers label ....Neither the degree of contamination nor dilution was correlated with the attained educational level of the mother."

Dr. Dani Surjono et al, "Bacterial Contamination and Dilution of Milk in Infant Feeding Bottles"
Yogyakarta, Indonesia, 1978. pp. 3-4.

A study in Barbados found that over 80% of women who were exclusively bottle feeding their babies had substantially over-diluted them, making four-day supplies last as long as three weeks.

The National Food and Nutrition Survey of Barbados, Sci. Pub. No. 237 (Washington, D.C. Pan American Health Organization, 1972)

"A recent study has been carried out in Kingston of well babies at a clinic, and the feeds that were being given to the babies at that clinic were analyzed in the laboratory to test the nutrient content of the feed, as against the nutrient content that ought to have been in the feed. Out of 69 bottles that were tested, only 10 contained the correct nutrient content, as advised by the manufacturers."

Dr. Allan Jackson, Director, Tropical Metabolism Research Unit, Kingston, Jamaica SHR, p. 7.

"Parents are often ignorant about how to reconstitute the milk from milk powder for infant feeding. They prepare a very diluted formula. All the milk powder tins mention that one measureful of powder should be added to one ounce of water. In practice, the parents do not have an ounce measure at home...They take one cupful or at times glassful of water to which they add one measure milk powder making a four to six times diluted formula....commercial milk powders were not within the reach of rural parents. Only 28% of urban mothers knew the proper technique of reconstitution...Severe malnutrition sets in when the babies are fed with the bottle and teat. Unhygienic conditions and improper sterilization in bottle feeding play havoc....Hence, a vicious cycle of bottle feeding, diarrhea, further dilution of the formula and marasmus continues."

Dr. P.M. Shah, Professor and Head, Institute of Child Health, Government Hospitals. Bombay, India; "Main Nutrition Problems During The Weaning Period and Their Solution" August 1978.

"Among the less educated Bantu, anything of whitish colour is classifiable as milk."
Dr. F. Ford, "Infant Feeding in South Africa" Quart. Rev. Pediat. 13:245 (1958)

"In Tlepok Wetan (a small rural village) I asked mothers how they know how much milk powder to mix. 'Till it turns white,' they said."
Divinity Student
Jogyakarta, Indonesia, August 1978.

"I knew a mother of four children, all between the ages of six years to a few weeks who, when she had spent the available cash to buy baby formula requirements, would lift up the lid and say that the food would soon be ready. In the meantime, one by one, the children would cry themselves to sleep. The expenses of formula feeding leads to the over-dilution of the formula and the undernourishment of the rest of the family."
Fatima Patel, R.N. Peruvian nurse with 17 years experience in developing countries.
SHR, p. 23.

"Most of the mothers using these formulas cannot read the instructions on the label and therefore either overconcentrate the feed to get, almost overnight, results with their infant looking like the bonny, white baby on the poster. Once they find that the tin doesn't last as long as it should, for the price it costs, they over-dilute, giving the water a milky color to stretch the contents over a much longer period."
Fatima Patel, R.N. Peruvian nurse with 17 years experience in developing countries.
SHR, p. 23.

The Working Mother

Company Statement

"Available evidence points to a mother's need, or desire, to work, as the principle reason for the breast feeding decline."

The Infant Formula Controversy: A Nestle View Nov. 1978. p. 12

Third World Reality

"A widespread misconcept is that a main reason (for the decline in breastfeeding) is the mother's need to participate in paid labor outside home. This is not borne out by the studies. Even in the North European countries the need to work outside the home accounts for less than 10% of the cases of cessation of breast feeding."

Dr. E. Helsing, Institute for Nutrition Research; University of Oslo, Norway. "Feeding Practices in Europe: Beliefs and Motivations--and Possilibities for Change" p. 7. October, 1978.

"The importance of the increasing employment of women as a factor causing breastfeeding to decline is commonly exaggerated...employment does not cause early weaning in many women in most Third World Countries. E.F.P. Jelliffe cites several studies showing the low percentage of mothers employed in many Third World Countries. Almroth in a review of eleven different infant studies found that employment was given as a reason for weaning by an average of only 6% of mothers surveyed."

Dr. S.C.E. Abraham, Senior Consultant Pediatrician, Head Dept. of Pediatrics, General Hospital, Kuala Lampur, Malaysia. "Towards a New Role for the Infant Food Industry" 1977, p. 2.

"Employment of the mother, often cited as an important reason for weaning, was an insignificant factor in the communities studied. Of the 17% who were gainfully employed, fewer than half worked outside the home and only 16 women (of 1,712) claimed that their jobs kept them from breast feeding."

Drs. Plank and Milanesi, WHO Bulletin, 1973

"(In) Colombia, Orbendorfer and Mejia analyzing the reasons which promoted the cessation of breastfeeding among 1,412 mothers found that only 3.3% of women stopped breastfeeding because they were employed outside their home."

Dr. Jelliffe, "The Impact of the Food Industry...", 1975.

"Peking is as industrialized as Paris; Moscow is as urbanized as Manchester; and Leningrad has a higher rate of working women than does Los Angeles. Yet the majority of infants in Peking, Moscow, and Leningrad are breastfed, whereas in Paris, Manchester and Los Angeles, the huge majority are bottle fed...Clearly in the examples given above the differences are in part at least, idealogical and political....However, some socialist countries are among those in transition from breast to bottle, and in many capitalist countries, all of them developing, breast feeding predominates."

Dr. Michael C. Latham, in Greiner, T. Regulation and Education: Strategies for Solving the Bottle Feeding Problem, Cornell Univ., 1977

"I think one thing you might point out to the company representatives who come up with the argument that the urban women who can afford their products can also learn to prepare them properly, is that the working urban woman at least here in Kenya, frequently has her baby taken care of by a relative or hired helper who is not literate enough to follow written directions, and who has not benefitted from any hospital-based instruction in sterilizing procedures."

Helen C. Armstrong, Kenyan Lactation Counselro, Letter to ICCR, Sept. 10, 1978

"True, working mothers have a problem in breast feeding their children. However, only a small number of the women in Tanzania are able to get paid employment to keep them away from the baby, so we must find other reasons for the decline in breast feeding."

Editorial, LISHE, Tanzania Food and Nutrition Journal, Dec. 1978.

A study carried out in four regions of Colombia, interviewed 1700 mothers, and found that in each of the regions the mothers who were working actually breastfed longer than those who were not working."

Dr. Mendez, Unpublished study, Javeriana University, Bogota, Colombia, 1978.

"In India, a low-paid working woman would have to use her total income in order to purchase a manufactured formula milk in sufficient quantities."

Food and Agriculture Organization of the U.N., The Fourth F.A.O. World Food Survey, 1977, p. 45.

The Need for Supplementation

Company Statement

"Because of the lack of an adequate diet, many mothers cannot even satisfactorily breast feed their baby...All this means that in the developing countries, breast milk is not sufficient in many cases except during the first three or four weeks of the baby's life."

Nestle Publications, New Series No. 1
c. 1977, pp. 6-7.

Third World Reality

"In India, women belonging to the poor income groups--both rural and urban, successfully breastfeed their infants for prolonged periods of time. Lactation failure is virtually unknown."

Dr. S.G. Srikantia, National Institute of Nutrition, India, "Nutritional Problems During the Weaning Period" Sept. 1978. p.2.

"Inadequacy of breastmilk, again, is seldom a genuine argument in favor of discontinuing breast feeding."

Dr. M.K. Sainaba, Assoc. Prof. in Child Health S.A.T. Hospital and Medical College, Trivandrum India, 1976

"Unsupplemented human milk is all that is required to sustain growth and good nutrition for the first six months of life in the babies of well-nourished mothers...The volume and composition of human milk in poorly nourished women is surprisingly good...Limited studies with supplementary feeding of poorly nourished women...have suggested improvement in volume of output...to be feasible."

Drs. D.B. and E.F.P. Jelliffe, Human Milk in the Modern World, 1978, pp. 79-80.

"The quantity and quality of breast milk is usually surprisingly good, even in poorly nourished women."

National Academy of Sciences, Conference Report, August 1978. p. 3.

"Even under famine conditions, the effect on breast milk appears to be slighter than expected."

And among mothers who come from the poorest classes, "early growth...is seldom seriously defective and often well up to (Harvard growth) standard."

"Lactation is not seriously impaired, if at all, in mothers who have given birth to babies of low birth weight."

Above three quotation cited in Thompson and Black, "Nutritional Aspects of Human Lactation" WHO Bulletin, 52, 2, 1975

"Mothers should be encouraged to breast feed exclusively until the infant is six months old and to supplement weaning food with breast milk after that time. At the same time, a high priority must be given to the mothers nutrition during pregnancy and lactation--

indeed, adequate nutrition for the mother who is pregnant and then breastfeeding is the cheapest and most efficient protection for the health of the infant."

Drs. Baumslag and Sabin, "Perspectives in Maternal Infant Nutrition", Office of International Health, H.E.W. Sept. 1978 p. 15.

"The emphasis should be in large measure on the mother. The title of a recent paper by Sosa et al (1976) encapsulates this approach: "Feed the mother and thereby the infant." By feeding the mother with locally available foods during pregnancy and lactation, it will be possible to optimize the volume and composition of breast milk, to avoid the economic, infective and distributive complexities of...bottle feeding unnecessarily and also to avoid assisting still further a decline in breast feeding in the community."

Drs. D.B. and E.F.P. Jelliffe, Human Milk in the Modern World, 1978, p. 83.

"It is better to be exposed to a period of slight undernutrition than to run the risk of infections and diarrhoeal diseases following administration of formulas."

Acta Paediatr. Scand. Editorial, 1977, p. 130.

"I had had three babies and I nursed them all but when Billy was born I kind of gave out of milk. And then my father had a solution: home brew....And I drank three bottles of home brew every day....Believe me, Billy got plenty of milk."

Miss Lillian Carter, 79 year old mother of the President, Speaking to members of Congress, July 13, 1978 (Washington Post, July 15, 1978)

"Companies manufacturing infant formulas sometimes attempt to justify the distribution of their products in developing countries on the following premises: undernourished mothers are unlikely to be able to provide adequate nourishment from their breast milk alone for the normal growth of their infants; prolonged lactation is likely to intensify any existing maternal undernutrition. During the Sahel drought and famine of 1974, we were able to follow the weights of Nigerian mothers and their infants which were fed exclusively for at least 6 months on breast milk....(Our data) shows clearly that mothers, undernourished by nonfamine standards of contiguous African nations were able to provide enough breast milk for normal growth of their infants to 6 months of age without detriment to their health.

Dr. John and Anne Murray, Univ. of Minnesota, Amer. J. Clin. Nutr. 32:4; April 1979

Solutions to Mother/Child Malnutrition?

Company Statement

"Infant milk formula products are nutritious foods which have made a significant contribution towards improved child health worldwide. The availability of processed milk products and especially infant formula, has coincided with reductions in infant mortality."

"Infant Formula in Developing Countries: The Nestle Position" Fall, 1978 p. 1

Third World Reality

"This is a resume of a 4-year study done at the Baguio General Hospital Philippines from 1973 to 1976...in nearly 10,000 newborn babies, we were able to reduce our deaths by 47.2% and our diseases by 58%. Now, diseases due to infection were reduced by 66% and mortality due to septicemia was reduced by 81% and the diarrhea was reduced 79%. This means that just by giving back the babies to their mothers and not using any infant formula in the nursery, we were able to put down our deaths and diseases...Our breastfeeding went up to 81% and this is the result we got."

Dr. Navidad Clavano, Baguio General Hospital Luzon, Philippines, SHR, p. 11.

"Two years ago, in 1974, the University of Chile...started in a suburban community... a special program designed to prolong the breastfeeding practice. The only resource to implement this was the PROPAGANDA done through education and support in the same was as private companies used to do it with the powder milk...The results were better than expected, the breastfeeding practice was prolonged to a period of more than six months in the 74% of babies (without the addition of bottles. Before the program only 20% reached this time), the nutritional state was tremendously improved, the incidence of diarrheas and bronchopneumonias laid down as shown in the table (five and 13 times fewer cases of pneumonia and diarrhea in breastfed babies relative to bottlefed) and as a consequence there was a saving in medical time and money....Summarizing, we could say that...the problem of establishing a successful breastfeeding is not as impossible as it seems if we stop other feeding methods that caused lactation failure; stop educating or publicizing for artificial feeding and stop forcing early weaning."

Dr. Patricia Marin, Senior Professor of Child Health, University of Chile, Santiago, Chile, SCS, June 2, 1976.

"As with so much else concerning the health and nutrition of young children, the emphasis should be in large measure on the mother. By feeding her with locally available foods during pregnancy and lactation, it will be possible to optimize the volume and composition of breast milk, to avoid the economic, infective and distributive complexities of introducing cow's milk and bottle feeding unnecessarily and also to avoid assisting still further a decline in breast feeding on a community basis."

Drs. Jelliffe, "The Volume and Composition of Human Milk in Poorly Nourished Communities" Amer. Journ. Clin. Nutr. 31:March 1978,p.509

"Mothers should be encouraged to breastfeed exclusively until the infant is six months old and to supplement weaning food with breast milk after that time...Adequate nutrition

for the mother who is pregnant and then breastfeeding is the cheapest and most efficient protection for the health of the infant."

Drs. Baumslag and Sabin, Office of International Health, H.E.W., September 1978.

"Breast milk alone is insufficient to meet the nutritional needs of an infant beyond the age of 5 to 6 months...additional feeds are necessary around this age...It is clear that predominantly milk-based products cannot be used in developing countries both because of cost and because of low milk production...What is needed appears to be the development and popularization of weaning foods--multimixes, based upon locally available, culturally acceptable. traditional inexpensive vegetable foods."

Dr. S.G. Srikania, National Institute of Nutrition, Hyderabad, India, "Nutritional Problems During the Weaning Period" August 1978, pp. 3-6.

"S.M.A. can be 'the logical alternative to mother's milk' here in North America where we have clean water and enough money. This is just not true over there. The preferred supplementation when needed is locally produced dried milk and locally available high-protein plants."

Dr. Elizabeth Hillman, Prof. of Pediatrics, Memorial University of Newfoundland, Ex-Secretary of Kenyan Pediatrics Assoc. Letter to INFACT, May 8, 1978.

"Most mothers in developing countries breastfeed very well. Unfortunately, if their situation is less than adequate, and their nutritional status is not very good, they may not be able to breastfeed as long alone as well-mourished women--which is about six months in most cases....The companies say: give supplements in the form of bottle feeds. This is not correct. What is needed is to give more attention to the mothers, to try to see that the mothers are better fed in pregnancy and lactation. If one introduced formulas unnecessarily, the results are entirely predictable; introducing formula induces anxiety and lack of confidence. The production of milk also depends on sucking. If you introduce the bottle feeding, you will produce a decline in suchking....However, even if one assumed taht supplementary feeds were required, would they be required from an expensive formula, or would they really be required from a formula which is least costly and least advertised?"

Dr. Derrick Jelliffe, UCLA. Speech in Los Angeles, Nov. 21, 1977.

Thomson, et al, have found that mothers are about 90% efficient in converting the food they eat into breast milk. ("The Energy Cost of Human Lactation", Brit. J. Nutrition, vol. 24, p. 565-572, (1970)). Thus, one could take the formula which Nestle says should be given to the baby, give it to the mother instead, and produce and almost equal amount of breast milk. As Nestle admits, breast milk, is far superior to infant formula. But, of course, the high cost of formula makes this an absurd alternative to the mother's consumption of local foods.

A considerable number of studies demonstrate that supplementary foods can effectively increase lactation:

1) C. Gopalan "Studies in lactation in poor Indian communities" J. Trop. Pediat. 4, 1958, 87.

2) W. Peoplau and C. Schlage, "Nutrition and Health-Usumbara" in Kraut and Cremer: Investigations into Health and Nutrition in East Africa (Munich)

3) O. Bassir, "Nutritional studies on breast milk of Nigerian women. Determination of the output of breast milk." Afr. J. Biol. Chem. 1, 1975, 15.

4) J.C. Edozien, et al, "Protein deficiency in man: results of a Nigerian village study", J. of Nutrition, 1975.

5) R. Sosa, M. Klaus, and J.J. Urrutia, "Feed the nursing mother; thereby the infant" Journal of Pediatrics, 1976.

While the relative costs of food and formula vary from place to place, it is generally true that the extra 500 calories and 15-20 grams of protein needed by a lactating mother can be far more cheaply obtained from local staples than the cost of equivalent amounts of formula. In Guatemala, for example, it has been estimated that feeding the mother costs about one-tenth as much as bottle-feeding. (Habicht, et al. "Proc. 9th Congr. Nutr." Mexico, 1972, vol. 2, p. 106. Basel: 1975) As a generous rule of thumb, "if a mother were to eat all the additive calories recommended during nursing...the cost would still be less than a third of that necessary to provide artificial feeding to the infant." (A. Berg, The Nutrition Factor. (Brookings, 1973) p. 92)

Miscellaneous

Nestle: "These people (Third World women) must have supplements. Their breast size is smaller than women in this country."

Steve Korsen, Nestle Public Relations Director, Interview with the Philadelphia Tribune, Sept. 3, 1977.

"The pattern of use indicates a preference to formulas in general rather than preference by brand name. Advertising copy may reinforce the use of formulas rather than persuade women to purchase specific products."

Morales and Larkin, Ecology of Food and Nutrition, vol. 1, 1972, p. 131-135.

Stafford: "Our customers tend to be...the middle class of those countries and the abject poor in the rural environment is not the customer that we target at..."
Kennedy: "You don't target, but do you know what gets into the poor people?"
Stafford: "Yes, the product is available in stores throughout."

Sen. Kennedy and John Stafford of American Home Products, SHR, p. 191.

"The government is undertaking a program to train village health volunteers in the rural areas. These are young women 18-25 years old, who will be given rudimentary health care training, and then return to their villages. I know that Wyeth (AHP's formula subsidiary) has been giving samples to these volunteers. Obviously if she bottle feeds her own baby, all the other members of the village will follow her because of her status! I was so upset to find out that the company has taken advantage of our volunteers. I know this is happening in the Northeast area, and probably elsewhere, too. One problem is that we have allowed the companies to take advantage of the health centers. The health centers sell infant formula at a small profit to mothers in the villages. This supplements the money from the government which is not enough to run the centers. But this gets infant formula out into the villages and it is associated with the health centers."

Faculty member, School of Public Health, Mahidol University, Bangkok, Thailand
August, 1978

"In addition to the cost to children's health of a decline in breast feeding, there is an economic cost that should not be overlooked. Breast milk is a commodity of very high nutritious value and low production cost which is potentially almost perfectly equitably distributed among the needy--something that, as has been shown cannot be said about supplies of other types of food....The economic cost of a suitable formula milk necessary for replacing breast feeding has been estimated at 50% of the minimum wage in Tanzania and Kenya. In India, a low-paid working woman would have to use her total income in order to purchase a manufactured formula milk in sufficient quantities."

Food and Agriculture Organization of the U.S.N The Fourth F.A.O. World Food Survey, 1977, p. 45.

On the W.H.O. Meeting

"It is not anticipated that a final Code of Ethics can be agreed upon in a three and a half day meeting."

Dr. R.H. Strudwick, Division of Family Health, World Health Organization.
Letter to ICCR, February 20, 1979.

Leah

The Code was won **forty years ago** by people power!

In 1974, exposes about deadly marketing that harmed babies were published in Europe and the US.

Based on these,

I led an interfaith organization to file shareholder resolutions, and a lawsuit, challenging company practices.

By 1977, we formed Infact and started the Nestle Boycott. We mobilized hundreds of thousands of people and put 50,000 letters on Senator Kennedy's desk, demanding action. He sponsored a Hearing, and WHO came to testify.

After hours of testimony,

the companies would not agree to substantial changes, so Kennedy asked WHO to take the lead.

At WHO's 1979 meeting, Anwar Fazal, Doug Johnson, Andy Chetley, and myself were official delegates.

The marketing practices sub-group was deadlocked between the corporations and us;

so the IBFAN strategy was for each of the **other** sub-groups to call for a Code;

and **that's** how the International Code of Marketing of Breastmilk Substitutes was born!

After 2 years of negotiations, the Code was adopted by the World Health Assembly. The US was the only country to vote No on the Code—which caused worldwide outrage—and IBFAN was launched on the international stage!

Today's Headline:

U.S. ANNOUNCES BREAST IT IS NOT AGAINST FEEDING!!







'There's a real mother'

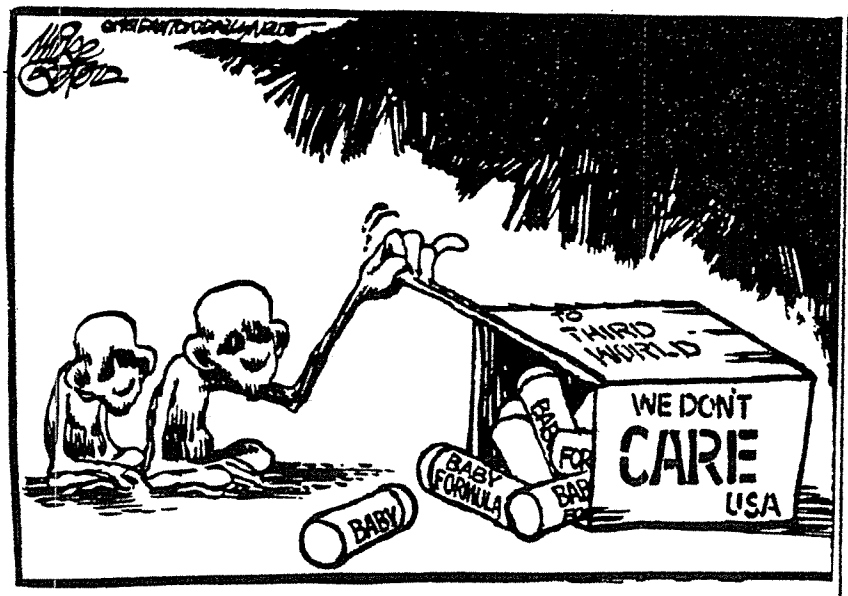











TO THIRD WORLD
WE DON'T CARE
USA
BABY FORMULA
BABY


BILL SCHORR
Money is the Mother's Milk of Politics


Now who are you going to believe-- the World Health Organization or me?
FORMULA


3rd World
Let them drink baby Formula..


NOW, DON'T GO INTERPRETING OUR U.N. VOTE AGAINST THE INFANT FORMULA CODE AS OUR OPPOSITION TO BREAST FEEDING..
ADMINISTRATION CHOICE POLICY


THE CARE and FEEDING OF CORPORATE AMERICA
US FORMULA MANUFACTURERS
BOSTON SUNDAY GLOBE


THIS INTERNATIONAL BABY FORMULA FUROR WAS ME STUMPED!
DO PEOPLE ACTUALLY EXPECT REPUBLICANS TO SUPPORT MOTHERS MILK OVER BIG BUSINESS??
IT JUST ISN'T NATURAL!!

Baby bottle disease~there's big money in it.

Declining birth rates in western countries have sent infant formula manufacturers looking for new markets. They've found them mostly in the Third World.

But no more than 10% of third-world mothers—those who can't breast-feed—have any real need for formula. So the manufacturers launched aggressive marketing and advertising campaigns to convince the other 90% that bottle-feeding is modern and scientific, breast-feeding backward and primitive.

These campaigns have been incredibly successful. In Singapore, in 1951, 71% of all babies from low-income families were breast-fed. Twenty-years later, only 5% were.

But the problem is much more serious than just promoting an expensive and unnecessary product. To use infant formula safely requires pure water, a way to sterilize bottles and nipples, and enough money to buy the necessary amount of formula. A refrigerator is also needed unless the formula is to be prepared every few hours.

Because exclusive bottle-feeding can cost over 80% of their total income, many families overdilute infant formula, which



leads to malnutrition.

They must also mix the formula with contaminated water, because that's the only water available. They can't afford fuel to boil water, so the bottle and nipple become contaminated too. Then the prepared bottle usually bakes in the sun. The result is diarrhea, which also leads to malnutrition.

Malnutrition causes irreversible brain damage in infants. If prolonged, it brings death. The problem is so widespread that doctors speak of an epidemic of "baby bottle disease."

By the time baby bottle disease is diagnosed (if it ever is), it's usually too late to do anything about it, because the mother's own milk has already dried up.

Chronic malnutrition directly due to the unsafe use of infant formula by mothers who could have breast-fed has killed thousands of third-world babies and caused severe mental retardation in countless others.

Church groups here have used stockholders' petitions and lawsuits to force some U.S. formula manufacturers to discontinue their promotion of infant formula to mothers who can't afford to use it safely.

But Nestle, the gigantic Swiss transnational which sells more than a third of all the infant formula in the world, is, by its structure, immune to such pressures. They ignore moral arguments. The only way to get at them is a boycott. A partial list of Nestlé products (and products of companies they control) is at the bottom of this page.

For more information about the boycott, or to help us organize it, or to contribute to the cost of running it, contact the Infant Formula Action Coalition at 1701 University Ave SE, Minneapolis, MN 55414.

But most important, when you see a Nestlé product, remember what it represents—third-world babies who died for the lack of their mothers' milk.



Crunch Nestlé quick.

Boycott anything with the name Nestlé on it, including Taster's Choice, Quik, Nescafé, Nestea, Decaf, Crunch, Souptime and Lactogen; all Libby's and Stouffer's products; as well as Crosse & Blackwell's, Keiller, Maggi, McVities, Crawford, James Keller & Son; also Deer Park Mountain Spring Water, Jarlsburg and Swiss Knight cheese.

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The Marketing of Infant Feeding Products: Proposals for Appropriate Control

IBFAN
International Baby Food Action Network

INTERNATIONAL BABY FOOD ACTION NETWORK

IBFAN is a cooperating coalition of representatives from non-governmental organisations working actively on the issues concerning infant and young child feeding. It was established following the October 1979 WHO/UNICEF meeting on Infant and Young Child Feeding when the need for coordinated international action on these issues was recognised by NGO delegates.

The NGOs with representation on IBFAN are: Baby Milk Action Coalition (BMAC, UK), Berne Third World Action Group (Switzerland), Ecumenical Study and Action Centre on Investment (OSACI, Holland), Geneva Infant Food Group (Switzerland), Infant Formula Action Coalition (INFACT, US), Interfaith Centre on Corporate Responsibility (ICCR, US), International Organisation of Consumers Unions (IOCU, Malaysia), Oxfam (UK), and War on Want (UK). As well, IBFAN is in contact with active groups in Australia, Costa Rica, Germany, Japan, Kenya, Norway, New Zealand, Panama, the Philippines and South Africa together with individual contacts from many more countries around the world.

IBFAN's main purpose is to provide an international network to coordinate and share amongst the various organisations the research gathered in monitoring the ongoing promotional activities of the infant food industry, in order that a strong international campaign on this issue can be sustained.

Anyone wishing further information about IBFAN should contact either the US Clearinghouse: IBFAN, c/o 1701 University Ave. SE, Minneapolis, MN 55414, USA; or the European Clearinghouse: IBFAN, c/o Geneva Infant Food Group, Quaker House, 13 Ave. du Mervelet, 1209 Geneva, Switzerland.

The Marketing of Infant Feeding Products: **Proposals for Appropriate Control**

IBFAN
International Baby Food Action Network

Introduction

This document has emerged as a result of years of campaigning on the part of many of the representatives of IBFAN, and of the organisations connected with IBFAN, on the issue of infant and young child feeding. During that time, on many occasions, representatives of IBFAN have had the opportunity to examine at first hand, the activities, attitudes, practices and promises of various companies engaged in the marketing of infant feeding products. At the same time, we have established and maintained links with well respected health professionals who are working to establish better infant and maternal nutrition.

The evidence that has accumulated over the years shows without question that the promotional practices of the infant food industry have contributed to a decline in breast feeding, and with that decline, all too often, has come a tragic picture of infants suffering from the consequences of the loss of breast milk and the inappropriate introduction of artificial feeding.

It has been our experience that the infant food industry has tended to look at the nutritional problems facing mothers and infants in the world today as an opportunity to introduce technologies and practices that are in many cases alien and totally inappropriate. Infant feeding products, which were originally developed as a life saving tool for the minority of infants who were deprived of their mother's milk, have been promoted in a manner that portrays them, incorrectly, as an indispensable part of child rearing. The rationale for this shift from the original purpose ascribed to infant feeding products lies in the need for corporations to achieve satisfactory growth patterns, increasing sales quotas, and to satisfy the demands of investors and shareholders. All too often, the policies for infant feeding have been formulated in boardrooms thousands of miles away from the realities of the living situation. Through the use of sophisticated marketing practices, advertising, sampling, "education", and unfortunately, sometimes through the acquiescence of the health profession, the infant food industry, in the words of a **Lancet** editorial, "has achieved too dominant a place in the moulding of infant feeding practices."

IBFAN agrees with that editorial position which goes on to say, "Infants should not be nutritionally vulnerable to such commercial pressures; in food businesses, conflicts of interest continually arise between the necessary profit making and the social and nutritional considerations. To achieve the right balance means some control of promotional activities and an informed medical profession."

It has been the experience of IBFAN that the infant food industry is

extremely reluctant to remove that conflict of interest. Often the industry refuses to admit to any conflict, maintaining as it currently does, that its activities are not "promotional" but "educational and instructional". Over the years, our experience has shown that the industry prefers to argue over the semantics of its activities, changing a phrase here and there, rather than radically altering the activity.

It is because of this experience, and because of our desire to see the decisions about nutrition made by the proper authorities, by governments and health professionals uninfluenced by the pressure of corporations, that we offer the following document.

We feel it can serve two purposes: first, it can provide some guidelines from which national governments in both developing and developed countries may be able to evolve legislation; and secondly, it can provide guidelines from which independent international organisations may be able to evolve a strong and effective code of conduct which will serve to monitor the marketing of infant feeding products.

As well, from both the spirit and letter of this document, it may be possible to extract a charter which spells out the undeniable right of mothers and their children everywhere to have access to the most natural and ideal forms of nutrition which take into account the cultural, social and economic circumstances in which they find themselves.

IBFAN believes that the rights of infants to good health should not be compromised by the aggressive marketing tactics of corporations. It is for this reason that we have outlined proposals that will lead to an end to advertising, sampling, and the unacceptable exploitation of health care facilities by the infant food industry as channels for the promotion of its products.

May 1980

Information: Information or education about infant feeding shall not be disseminated to the public by any company, industry association or company personnel except as permitted by the provisions listed for labelling below.

Labelling: Product information to the public and instruction for its safe hygienic preparation issued by a company shall be confined to the container or the affixed label of any breast milk substitute or bottle fed supplement and may be included in printed material enclosed in the container or in a box in which the container is sold. Information shall be provided in the local language(s) and/or dialects, and shall include clear graphic instructions.

No container, label or box shall:

- refer to the product as "humanised", "maternalised" or any analogous statement;
- make any comparison of the product to breast milk, other than an agreed statement on indications and contraindications as outlined below;
- include any suggestion as to the possibility of the failure of breast feeding;
- have any graphic or photographic illustration of a well baby or member of the health profession.

Agreed Statement: In addition to the above information, and any internationally or nationally required information, the label on any container in which a breast milk substitute or bottle fed supplement is sold and any box in which such a container is sold shall contain a statement which sets out the specific requirements for safe, hygienic preparation and the indications and contraindications of use:

(This statement should be drafted by WHO/UNICEF to include:
emphasis of the superiority of breast milk due to its anti-infective properties; its role in the prevention of allergies; its aid in establishing a mother/child bond, etc.
It should include a clear indication that bottle feeding is dangerous; stressing the need for cleanliness, sterilisation, etc.
There should be an indication of cost of the product in terms of the quantity required along with a recommendation that it should only be used on the advice of health personnel.)

As well, an agreed graphic symbol warning of the dangers of improper use shall be on each label, together with instructions for safe preparation using a cup and spoon or other appropriate traditional vessels and utensils.

Sweetened Condensed Milk: Sweetened condensed milk is not suitable for infant feeding, and all labels, containers, and any advertising or promotional or any other material associated with this product shall carry a textual and graphic warning against its use for infants. There shall be no instructions or tables for mixing making any reference to infants nor shall

there be any reference to infants or feeding bottles in the brand name or any graphic or photographic illustration depicting infants or feeding bottles associated with this product.

Unsuitable Products: Products that are not suitable **alone** for infant feeding, such as cornstarch, cassava flour and cereal flours, shall carry a clear textual and graphic warning to this effect, as well as instructions for use that **explicitly** give indications of proper use of the products in such a manner so as not to interfere with continued lactation, and shall not be promoted, advertised or marketed as breast milk substitutes.

Weaning Foods: Products intended as non-bottle fed supplementary weaning foods shall contain on all labels, advertising or other means of promotion or publicity, a statement to be drawn up by WHO/UNICEF:

(This statement should include the following:

This product is intended for use from the age of four months onwards as a non-bottle fed supplement to breast feeding and should be used as follows; (indications of proper use to avoid interference with lactation);

Earlier introduction of this product should only take place upon the recommendation of health personnel.

This product should never be used as a breast milk substitute or bottle fed supplement.)

These products shall not be associated in any way, either through text, graphic or photographic illustration with bottle feeding, and shall include a graphic and textual warning which shows the product being used along with breast feeding in a correct time sequence, and the non-use of feeding bottles.

2. CONTACT BETWEEN THE INFANT FOOD INDUSTRY AND MOTHERS

GENERAL PRINCIPLE: Mothers have the right to correct and **full objective** information. Care must be taken that this information is appropriate to the situation of the mother, and is made available at the correct time. The responsibility for education to mothers about infant feeding rests with governments, in cooperation with health personnel and relevant non-profit public and private organisations. Therefore, relations between the infant food industry and mothers should be limited to labels or circulars **enclosed** in the container or box in which the product is sold.

SPECIFIC PROPOSALS:

Direct Contact: Company personnel shall not make direct contact with the mother, whether that be in the mother's home, in health care facilities or any other place, except in the specific case of product complaints. This

prohibits, **inter alia**, the selling, giving, servicing, demonstrating or promoting of breast milk substitutes, bottle fed supplements, feeding bottles, teats or dummies, as well as educational, nutritional or health care information, demonstration or advice by any company personnel.

Samples: Samples of breast milk substitutes, bottle fed supplements, feeding bottles, teats or dummies, whether free or at a reduced price shall not be given to mothers or pregnant women by companies, company personnel or industry trade associations **either directly or indirectly.**

Demonstrations: Company personnel shall not participate in, assist or furnish any of the materials for demonstrations of artificial feeding, as the responsibility for education and instruction on infant feeding rests with governments, in cooperation with health personnel and relevant non-profit public and private organisations.

3. RELATIONS BETWEEN THE INFANT FOOD INDUSTRY AND HEALTH CARE INSTITUTIONS

> **GENERAL PRINCIPLE:** It is the responsibility of health care institutions to ensure the establishment and maintenance of breast feeding for as long as possible. Therefore, health care facilities should not be used by the infant food industry as a channel for the marketing, promotion, advertising, distribution or otherwise publicising the availability of its breast milk substitutes or bottle fed supplements.

SPECIFIC PROPOSALS

Use of Facilities: Company personnel shall not use, or request the use, or cooperate in any way in the use of facilities of the health care system, including nurseries, for the promotion of artificial feeding, or the sale of breast milk substitutes, bottle fed supplements, feeding bottles, teats or dummies. They may not use health service channels or property for placards, posters, displays, distribution of literature or any other form of advertising, marketing, promotion, instruction or education.

Training Materials: Companies or their trade associations shall not furnish materials to be used in the training of health care personnel in infant feeding procedures.

Services and Equipment: No company or trade association shall provide either services or gifts of equipment to health care institutions.

Samples: No company shall offer free samples to health care institutions (except for orphanages), nor shall they enter into any closed-contract arrangements with institutions.

Supplies: No company shall offer free supplies to health care institutions for

routine use in infant feeding. Free supplies may be provided for medical treatment of sick babies.

Other Information: Health care information distributed to institutions by companies which cover subjects other than infant feeding shall not have any advertising or other mention of the company's infant feeding products.

4. RELATIONS BETWEEN THE INFANT FOOD INDUSTRY AND HEALTH PERSONNEL

> **GENERAL PRINCIPLE:** Health personnel have a responsibility to ensure the initiation, establishment and maintenance of breast feeding and should provide support for the mother. Therefore, health personnel should not be offered any inducements by the infant food industry which might in any way attempt to deflect them from this primary aim.

SPECIFIC PROPOSALS

Information: Information to health personnel shall be restricted to information on product composition and the indications and contraindications for use. It should be based upon and include the previously mentioned agreed statement.

Gifts: A company may not make a gift to health personnel or to any member of the family of health personnel.

Travel Expenses: A company shall not incur any expenditure for the benefit of health personnel, except that at the request of a ministry of health or a medical society or health institution, a company may pay the transportation and expenses of health personnel to attend a professional meeting or conference, provided such a sum is paid into a blind fund administered by the health ministry or publicly accountable association and that any such payments shall be subject to full public disclosure as to the amount paid and for what purpose.

Other Expenses: A company or industry trade association shall not provide funds for the expenses of meetings, seminars, conferences or research unless such funds are directed to a blind fund, administered by a ministry of health or a publicly accountable association and that any such payments shall be subject to full public disclosure as to the amount paid and for what purpose.

5. RESPONSIBILITIES OF COMPANY EMPLOYEES

> **GENERAL PRINCIPLE:** Company employees should be responsible for the enforcement of these provisions. They should be required to sign a statement each year stating that they have read, agree with and will enforce these provisions.

Proposals for Appropriate Control

1. CONTACT BETWEEN THE INFANT FOOD INDUSTRY AND THE PUBLIC

GENERAL PRINCIPLE: Messages concerning infant and young child feeding should be consistent and should be set in the context of overall maternal and child health practices and national nutrition policies. Therefore, in order to avoid any conflict of interest influencing such messages, there should be no direct contact between the infant food industry and the public except for product information and directions for safe, hygienic preparation of the product contained on labels and circulars **enclosed** in each can or box of breast milk substitute or bottle fed supplement.

SPECIFIC PROPOSALS

Promotion: Breast milk is the natural and ideal food for infants and therefore no product shall be promoted or publicly referred to by a company, any company personnel, or an industry trade association **as the equivalent of breast milk or in any way compared to breast milk.**

Advertising: As promotion to the public is prohibited, this includes a ban on advertising. No advertising to the public shall be produced, distributed, displayed, used or paid for by a company or industry trade association in whole or in part, directly or indirectly, which:

— deals in any way with infant feeding;

OR — identifies the company as a producer or seller of breast milk substitutes, bottle fed supplements, feeding bottles, teats or dummies;

OR — identifies such a company's product by its trade name;

OR — associates either through text, graphic or photographic illustration a well baby or member of the health profession with bottle feeding, or with a container of breast milk substitutes, bottle fed supplement, feeding bottle, teat or dummy;

OR — associates a well baby or member of the health profession with such a company's logo or product trade name.

This ban includes such things as advertising in the media, in professional publications, baby books, mother books, posters, placards, billboards, brochures, reminder items, height and weight charts or cards, calendars, bibs, nappies, wrist bands, decals or other adhesive materials, T-shirts, feeding bottles, teats or dummies.

SPECIFIC PROPOSALS

Compensation: The compensation of company personnel shall not be a function of sales or growth of sales of products used or sold to be used as breast milk substitutes or bottle fed supplements.

Attire: Company personnel shall not be attired as physicians, nurses or health personnel, or otherwise wear any costume which in any way links them with the health services.

Work Situation: Company personnel shall not work within the health care system, in any capacity, paid or unpaid.

Adherence: All company personnel shall annually receive a copy of the provisions and shall be required to sign a written statement to the effect that they have read the provisions, agree with them and are prepared to implement, adhere to and enforce them.

Training: All literature published or distributed for company personnel, or used for their training or instruction, referring in any way to infant feeding or to products used in feeding infants shall emphasise the superiority of breast feeding and the risks of bottle feeding, and shall include the aforementioned agreed statement on indications and contraindications.

6. INDUSTRY RELATIONS WITH RETAILERS/WHOLESALERS/ DISTRIBUTORS

> **GENERAL PRINCIPLE:** Companies have a responsibility to explain to retailers, wholesalers and distributors the need to avoid interference with breast feeding when marketing breast milk substitutes or bottle fed supplements.

SPECIFIC PROPOSALS

Trade Advertisements: Companies shall not advertise breast milk substitutes, bottle fed supplements, feeding bottles, teats or dummies in trade publications.

Point of Sale: No company, nor company personnel shall offer to, nor cause to be distributed to retailers, wholesalers or distributors any point of sale advertising material; nor shall they encourage premium pricing designed to persuade mothers to buy the products; nor shall they encourage discount coupon offers or free give away promotions.

Information: Companies shall distribute annually to retailers, wholesalers and distributors copies of these provisions as well as a copy of the agreed statement on the superiority of breast milk and the indications and contraindications for breast milk substitutes and bottle fed supplements.

Contracts: If the company contracts for the marketing of breast milk substitutes, bottle fed supplements, bottles, teats or dummies:

a) the terms of the contract shall be filed with the Ministry of Health of the country of use or any other part of the government charged with responsibility and with the Monitoring Office (as outlined below in Section 9), and

b) the company shall cause the contractor to comply with these provisions, **mutatis mutandis**, and to monitor such compliance.

7. QUALITY

SPECIFIC PROPOSALS

International Standards: No commercially produced infant food shall be marketed which does not meet the recommended international standards covering foods for infants and young children developed by the Codex Alimentarius Committee on Foods for Special Dietary Uses and the elaboration of standards by that Committee.

Testing: All commercially produced infant foods shall be thoroughly and extensively pre-tested before they are introduced onto the market.

8. ADDITIONAL COMPANY RESPONSIBILITIES

SPECIFIC PROPOSALS

Legislation: All companies shall comply with national legislation both in their home country and in the country in which their products are used, dealing with the marketing of breast milk substitutes or bottle fed supplements, and shall cooperate with the system of monitoring established for these proposals and shall abide by these proposals.

Responsibility: The practices used in the marketing of the company's breast milk substitutes, bottle fed supplements, bottles, teats and dummies, shall be recognised by it as a headquarters' responsibility.

Monitoring: In addition to the monitoring activity of the Monitoring Office, and any independent monitoring undertaken by governments, health officials, or by public or private groups, all companies shall monitor their compliance with these proposals and shall report annually to the Monitoring Office the results of such monitoring.

9. MONITORING OFFICE

SPECIFIC PROPOSALS

Establishment: A Monitoring Office shall be established by an independent, international body such as WHO or UNICEF for the purpose of

providing a service to national governments in terms of assisting in the implementation of these proposals, and in the development of national legislation consistent with these proposals; to monitor and investigate industry compliance with and infringements of these proposals; to provide a definitive interpretation of the proposals; to enforce these proposals, primarily through publication of infringements; and to establish an archival record of documents of relevance to the proposals.

Studies: The Monitoring Office will make such special studies at the request of governments, within its competence, as its governing body shall determine, to assist governments in the development of national legislation dealing with breast feeding, breast milk substitutes, bottle fed supplements, feeding bottles, teats and dummies.

Interpretation: The Monitoring Office shall interpret the proposals and decide the applicability of the proposals at the request of a government, a health ministry, a company, or any other group or individual, or on its own initiation.

Publication of Interpretation: Interpretations of the proposals and decisions as to its applicability shall be made publicly available through publication in journals such as the International Digest of Health Legislation.

Reporting: The Monitoring Office will report at least every third year as to:

a) the world status of breast feeding;
b) its activities since its last report, and
c) any recommendations it may have for revisions of the proposals.

This report shall be made to its governing body. In addition a quarterly report will be made available to the general public detailing the extent of industry compliance with and breaches of these proposals.

Confidentiality: Material submitted by companies which is proprietary shall be kept confidential by the Monitoring Office upon the request of the company. Confidentiality of persons or organisations submitting material to the Monitoring Office will also be maintained upon the request of the person or organisation.

Archive: In order to establish an archive of material for the purpose of monitoring compliance with the proposals, all companies shall send to the Monitoring Office the following materials that have been produced, displayed, distributed or otherwise in use during the past year, and just prior to enactment of these proposals:

a) **Tear sheets of all advertisements which mention infant feeding** in any way, and of institutional advertisements, with related information as to the dates and places where such advertisements were used or appeared;
b) **Scripts of video tapes and of radio and television material,** which portray infant feeding;

c) **All promotion material** dealing in any way with infant feeding, including labels, boxes, booklets, posters, and all materials referred to in the section on Advertising in Part 1.

d) **Educational material** furnished without charge, whether or not making specific reference to infant feeding;

e) **Training manuals** and other materials used in the training of company personnel;

f) **Handbooks, manuals and other documents** used to control the conduct of company personnel, relating in any way to the marketing, promotion or distribution of breast milk substitutes, bottle fed supplements, feeding bottles, teats or dummies;

g) **Details on contracts of employment** for company personnel.

When any of the aforementioned material is in a language other than one of the official languages of the United Nations, it shall be accompanied by a translation into one of those languages.

Timetable: Following enactment of these proposals, all companies shall submit to the Monitoring Office a timetable for implementation of the proposals, and shall be required to submit copies of any of the items listed above that are produced or distributed between the time of enactment and final company implementation.

10. DEFINITIONS

Artificial Feeding: Infant feeding other than with breast milk.

Breast Milk Substitute: Any food that is used to replace breast milk, whether or not intended by the producer to be so used.

Breast Milk Supplement: Any food that is used to supplement breast milk, whether or not intended by the producer to be so used.

Company: A corporation (or the controlling corporation of an organised group of corporations) engaging or proposing to engage in the business (whether directly or through a corporation controlled by or under contract with it) of producing breast milk substitutes or breast milk supplements, and of marketing them.

Company Personnel: Any person employed by a company (or by a corporation or agency controlled by or under contract with a company for a purpose related to artificial feeding) on a part-time, full-time, agency, or commission basis, whose functions relate in any way to the promotion, marketing or distribution of breast milk substitutes or breast milk supplements.

Health Care System: Any governmental, non-governmental or private system for the delivery of health care, including maternity facilities.

Health Personnel: Persons employed or serving as volunteers in a health care system, or otherwise rendering health care services.

Health Institution: Any physical unit in the health care system.

Parts of this document are similar in content and interpretation to the provisional first draft of a Code of Marketing of Infant Formula, drawn up by WHO/UNICEF and discussed in consultation with various groups during February and March 1980. IBFAN has elaborated on some of those points, as well as including additional proposals. The views expressed in this document are those of its authors and do not necessarily reflect the complete position of individual organisations who have representation with IBFAN.

EXCERPTS FROM DOCUMENTS: WHO/UNICEF MEETING ON INFANT AND YOUNG CHILD FEEDING, Geneva, Switzerland, October 9-12, 1979

From October 9-12, the World Health Organization (WHO) and UNICEF jointly sponsored a "Meeting on Infant and Young Child Feeding" at WHO headquarters in Geneva. The purpose of the meeting was to summarize knowledge and discuss what steps could be taken to decrease malnutrition and infectious diseases in children. The meeting was held as part of the WHO and UNICEF's commitment to promote and support breastfeeding.

For the first time in United Nations history, nongovernmental organizations like the Interfaith Center on Corporate Responsibility, were invited to participate as equals along with national governments. Also attending were experts in nutrition and medicine, the infant food industry and specialized U.N. agencies, all told about 150 delegates.

A major impetus behind the meeting is the increasingly successful international campaign aimed at halting the aggressive marketing and promotion of infant formula and other breastmilk substitutes. While the promotion of infant formula is not the only cause for the widespread decline of breastfeeding in developing countries, it has been identified as a significant factor by WHO and UNICEF as well as the International Pediatrics Association, the Food and Agriculture Organization and other international health agencies. Dr. Derrick Jelliffe, a leading authority on infant nutrition who attended the meeting, estimates that there are some ten million cases a year of malnutrition and infectious disease directly attributable to bottle feeding.

ICCR has been criticizing the promotion of infant formulas by American based multinational corporations for over five years. In 1977, ICCR joined with the Infant Formula Action Coalition (INFACT) to organize a boycott of Nestlé products. ICCR has filed shareholder resolutions with American corporations, supported legislation aimed at improving maternal and child health by curbing promotion, and is currently investigating the "bottle baby" problem within select low income communities in the U.S.

The following excerpts are taken from official WHO/UNICEF documents. The Background Paper consists of a preface, a summary of "Current Knowledge" on infant feeding and "Themes for Discussion" at the October meeting. Prepared by WHO/UNICEF scientific consultants and staff, it represents the position of the WHO/UNICEF secretariats.

The meeting's final report consists of a Statement on Infant and Young Child Feeding and Recommendations which grew out of four days of intense dicussions in working groups and plenaries. The five sections of both the Background Paper and Recommendations correspond to the five working groups at the meeting.

The meeting's final recommendations on marketing and promotion are more general than corresponding sections of the Background Paper because the infant food industry refused to go along with the prevailing opinion among delegates which was to accept the guidelines articulated in the Background Paper. The final recommendations nevertheless provide the basis for an international code of conduct and national legislation aimed at controlling marketing and promotion. Strong codes, complemented by legislation and recommendations in other areas could materially improve the health and welfare of infants around the world.

These excerpts were selected by Leah Margulies and Edward Baer of the ICCR infant formula program from WHO/UNICEF documents (available from the Division of Family Health, WHO, 1211 Geneva 27, Switzerland). The WHO also has the preliminary report of the WHO Collaborative Study on Breast Feeding, reports on breastfeeding workshops from Barbados and Guatemala, World Health Assembly resolutions, and speeches and press releases from the October meeting.

BACKGROUND PAPER

"Preface"

Malnutrition is today the most widespread and serious problem affecting young children; combined with infection it is the major cause of death of millions; it is also responsible for retarded growth and development in even greater numbers. Malnutrition is more than a medical problem; it is related to the situation of families and women; it has social, economic and political roots and is closely associated with poverty.

Breastfeeding is ideally suited to the physiological and psychosocial needs of the infant. Artificial feeding has some disadvantages for babies everywhere. In adverse socioeconomic and environmental situations it constitutes a major public health problem because of such factors as contaminated water and unsanitary environment; lack of facilities for the appropriate preparation and storage of breastmilk substitutes or formulas; high cost of these formulas in relation to income, leading to their overdilution and underconsumption; and lack of information about their appropriate use.

It is clear that there should not be public promotion of the use of formulas or milk preparations as breastmilk substitutes. Changes in marketing practices are necessary and regulations by governments of both exporting and importing countries may be desirable.

THEMES FOR DISCUSSION

I. Encouraging and supporting breastfeeding

Many of the practices of modern maternity wards and hospitals have also contributed to the decline in breastfeeding by limiting the possibility of its early initiation, as well as feeding on demand and close contact between the mother and the infant during the first days. The attitudes and practices of the health staff too have an important bearing on whether or not a woman breastfeeds. Similarly the structural design of the maternity ward itself may determine whether close continued contact between mother and infant is possible. Feeding

An ICCR Brief appears in each edition of The Corporate Examiner, a monthly newsletter on corporate social responsibility. Each brief highlights a particular social area and focuses on one or more corporations. It also provides information about action options and resources for issues studied.

Copies of the ICCR Brief may be obtained from the Interfaith Center on Corporate Responsibility, Room 566, 475 Riverside Dr., New York, N.Y. 10027. Telephone:(212)870-2936. Price: 1-10 copies, $.60 each; 11-19 copies, $.40 each; 20-49 copies, $.35 each; 50 or more copies, $.15 each.

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schedules, for example, may be set to suit hospital staff routines rather than the needs of the mother and infant, and in some cases mothers may be led to believe that medical and health personnel consider formulas to be as good as, if not better than, breastmilk. In the case of institutional delivery, the abuse of anaesthesia, medication or surgery during delivery can also interfere with initiation of lactation and breastfeeding.

Another factor is the infant food industry. While it has met certain needs, it has also diffused new and often inappropriate ideas on infant feeding and has created an unnecessary demand with well-known health hazards. The advertising and promotion of breastmilk substitutes, particularly in health facilities, has contributed to the decline in breastfeeding. Promotion of breastmilk substitutes by commercial concerns has been more extensive and pervasive than the provision of information concerning the advantages of breastmilk and breastfeeding.

In the absence of strong interventions designed to promote and support breastfeeding, it can be anticipated that these trends will continue. Even larger numbers of infants and young children will be placed at risk of infections, malnutrition and death.

Infant health and the outcome of childhood can determine a country's potential for socioeconomic development. Ill health in childhood is a drain on national economy. Breastfeeding contributes to health and development. Taking into account the cost of the extra food required by a lactating mother, the relative economic value of breastmilk is high as compared to the cost of industrially processed substitutes. Studies have shown that in some countries mothers who do not breastfeed need to spend as much as 75% of their basic wage on purchasing commercial formula in the amounts necessary to meet the infant's needs. Inevitably, expenditures such as these have repercussions on other family members and their food intake.

II. Promotion and support of appropriate weaning practices

It is generally feasible to meet the nutritional requirements of older infants and young children with proper combinations of the foods regularly consumed by older children and adults. Appropriate weaning with local foods is socioculturally more acceptable. It is also likely to have economic advantages for families, communities and countries since it eliminates the necessity of importing expensive weaning foods. The cost of industrial processing, packaging, transportation and commercial distribution makes the retail price several times higher than the cost of a home-prepared mixture.

Apart from cost, there may be problems relating to the misuse of weaning foods. Foods intended as supplements have in some areas been widely used as complete baby foods, and have created serious problems of malnutrition .... Labelling and advertising of these foods should be clear as to their proper use and indicate that they are not and should not be used as complete baby foods.

In general, the introduction into any market of industrially processed weaning foods should be subject to the criterion of "public purpose". Public purpose implies that before any product is sold or distributed in a country, or to a particular population group, the overall public health and socioeconomic impact of that product has to be assessed; benefits as well as possible dangers have to be identified and evaluated.

It is not sufficient to argue that the marketing of a product provides consumers with an additional choice or an alternative to what are already established practices and available products. The concept of legitimate markets and public purpose is a tool that national administrators and planners should use in assessing whether a particular product serves the interest of the country and the community

III. Information, education, communication and training

The subject of breastfeeding has tended to be neglected in the training of health professionals and health workers, and in general they have been ill prepared to advise mothers and the public on this subject. Various aspects of this issue—health, nutritional, psychological, economic—must be emphasized and incorporated into training courses.

Support for breastfeeding and appropriate yound child feeding, however, must come from the community at large. Unless the community is aware of the importance of this problem and sensitized to the ways in which it can help families and complement the work of educators, health workers and workers in other sectors, progress will be slow.

IV. Health and social status of women in relation to infant and young child feeding

Contrary to expectations, there is evidence in many parts of the world that the situation of many mothers and, by association, children is deteriorating. This is especially true in developing countries and among economically disadvantaged groups. In many instances this deterioration appears to be linked to changing styles of life, behavior and occupational roles and, more specifically, to current patterns of development which are bypassing women and reducing their ability to meet the nutritional needs of their children.

In many situations the type of health care available to women has not helped either. One of the problems has been the tendency for the process of reproduction to be dealt with in much the same way as disease, rather than be treated as the normal biological process that it is.

The absence of openings for female employment and the lack of legislation designed to protect and support women also needs to be dealt with in many countries. Maternity leave and better job security should be seen as basic principles of social and economic development.

A number of actions are required if the health and social status of women is to be improved and, through it, infant and young child feeding. The revival of breastfeeding in some of the most industrialized countries, particularly among highly educated women, suggests that there is no incompatibility between breastfeeding and improvements in the overall social status of women.

V. Appropriate marketing and distribution of breastmilk substitutes

Even in the most ideal socioeconomic and environmental conditions, artificially fed babies are at a disadvantage for several reasons; these include the absence of breastmilk related immunity and decreased bonding to the mother.

For the majority of the population in developing countries, however, the risks are so much greater, that the use of breastmilk substitutes presents a major public health as well as an individual or family problem.

The widespread use of breastmilk substitutes, moreover, has an adverse effect on breastfeeding practices. In addition, the cost of breastmilk substitutes in relation to low incomes, often leads to overdilution of the formula and causes severe strain on the family budget.

Breastmilk substitutes, however, are also widely used by those who voluntarily choose not to breastfeed and the marketing and unjustified distribution of breastmilk substitutes is pervading all segments of the population, both urban and rural, in developing countries.

At present the practices used in marketing breastmilk substitutes vary according to the economic system that prevails in a given country, the existence of national policies re-

garding the marketing of these substitutes, the attitudes of medical and health authorities and the policies and practices of individual companies. A combination of techniques is used, including promotion to medical and health personnel and institutions; mass media advertising; persuasive labeling; distribution of free product samples or feeding accessories; introductory discount sales and personal contact with mothers by company representatives in maternity wards or at home.

Some countries, however, have introduced specific actions to regulate the distribution of breastmilk substitutes. In some cases, for example, information about infant formula can only be obtained through health personnel and at the latter's discretion. Similarly, breastmilk substitutes themselves are available only through health care systems where specific and carefully established criteria are used to determine when there is a need for them. The advertising potential for specific brands of products, moreover, has been limited in other instances by packaging them under a single product name. Feeding bottles have, in one country, been placed on prescription; this permits the health team to evaluate the need for them and also allows them to explain to mothers what the risks involved are.

WHO and UNICEF consider that the measures taken should include the cessation of all advertising and promotion of breastmilk substitutes to the public. In addition, the medical profession should only be provided with "ethical" and factual information necessary for their consideration of product composition. National and international codes of conduct for the marketing of breastmilk substitutes should be adopted by all producers and be nationally enforced.

It is recommended that codes of conduct should include at least the following points:

(a) There should be no advertising of breastmilk substitutes to the general public and sales representatives should not contact mothers.

(b) Breastfeeding should be encouraged and supported and informational literature or labeling should always indicate that breastfeeding is superior.

(c) Clear instructions, particularly on labeling, should be provided for proper use of breastmilk substitutes.

(d) In addition to information and guidance provided through ministries of health, medical, education and professional associations, physicians and other health professionals concerned may be given ethical information on breastmilk substitutes by companies, but the health service and health personnel should not serve as a promotional channel for industry.

(e) There should be no direct or indirect promotion of breastmilk substitutes through health and health related services. Agents promoting breastmilk substitutes should not have access to mothers in maternity facilities. Posters and other advertising materials should not be displayed in government, nongovernment or private health facilities.

(f) Because of the inherent conflict of interest, producers of breastmilk substitutes and of foods used as such should not be involved in any way in the staffing of health services.

(g) Sales bonuses or other incentives should not be applied to sales of breastmilk substitutes.

(h) There should be no promotional sales; distribution of free samples to the public should be prohibited; samples supplied to physicians should be strictly for professional examination.

(i) Bottles and teats should not be promoted.

(j) The packaging of industrially processed weaning foods, milk and cereal products used as weaning foods should be clearly different in appearance from that of breastmilk substitutes.

(k) Whether labeling should contain information on how to use weaning foods as ingredients of breastmilk substitutes should be determined by national health authorities.

In 1974 the World Health Assembly, in resolution WHA27.43, urged "Member countries to review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation where necessary."

In addition to the great value of a code of conduct adopted by industrial groups, it may be desirable and necessary for governments to regulate advertising and promotion. If codes of conduct are sufficiently comprehensive, the purpose of regulation will be to enforce these codes and prevent the invasion of the market by companies not adhering to them. Regulations should also be considered with regard to exports, imports, and national production of breastmilk substitutes and weaning foods.

THE FINAL REPORT

"Statement on Infant and Young Child Feeding"

Poor infant feeding practices and their consequences are one of the world's major problems and a serious obstacle to social and economic development. Being to a great extent a man-made problem, it must be considered a reproach to our science and technology and our social and economic structures, and a blot on our so-called development achievements. It is not only a problem of the developing world; it occurs in many parts of the developed world as well.

Malnutrition in infants and young children cannot be separated from malnutrition and poor health in women. The mother and her infant form a biological unit; they share also the problems of malnutrition and ill-health, and whatever is done to solve these problems must concern them both together.

The problem is part of the wider issues of poverty, lack of resources, social injustice and ecological degradation; it cannot be considered apart from social and economic development and the need for a new international economic order.

Breastfeeding is an integral part of the reproductive process, the natural and ideal way of feeding the infant and a unique biological and emotional basis for child development. This, together with its other important effects, on the prevention of infections, on the health and well-being of the mother, on child spacing, on family health, on family and national economics and on food production, makes it a key aspect of self-reliance, primary health care and current development approaches. It is therefore a responsibility of society to promote breastfeeding and to protect pregnant and lactating mothers from any influence that could disrupt it.

"Recommendations"

I. The encouragement and support of breastfeeding

The health care system in general should ensure that all mothers, particularly during the period of pregnancy, are systematically provided with the type of breastfeeding education that is in keeping with their life situations and presented in practical ways.

Obstetrical procedures and practices should be consistent with the policy of promoting and supporting breastfeeding. In this respect, unnecessary sedation, routine use of

episiotomy, and routine use of lactation suppressants should be avoided.

Breastfeeding should be initiated as soon after birth as possible, normally during the first half hour and, in order to facilitate breastfeeding, mothers should be encouraged and permitted to keep their infants with them in the same room or close to them and to practice on-demand feeding; maternity routines and structures should be conducive to this practice.

All postnatal health care should be oriented towards ensuring the maintenance of breastfeeding for as long as possible. All babies should receive colostrum. For optimal breastfeeding, the use of supplementary bottlefeeding – water and formula – should be avoided. A healthy well-nourished mother who is fully breastfeeding her infant should not need to introduce any complements during the first 4-6 months of life, according to the needs of the infant.

A baby who is not breastfed should receive special attention from the health care system. Adequate instructions for the use of infant foods as well as warnings about its problems should be the responsibility of the health care system. Supplies of infant formula would thus be required for distribution only where necessary and not as a routine.

Paid maternity leave of not less than three months postnatal, job security and economic support should be provided to all mothers whenever possible, and wherever possible, and the responsibility for economic support during maternity leave should be carried by government, the industry in which the woman is working and other relevant international and national institutions.

II. Promotion and support of appropriate and timely complementary feeding (weaning) practices with the use of local food resources

Food complementary to breastmilk will need to be introduced by 4-6 months; when the nutrition of the mother is poor and/or environmental conditions are unfavorable it may often need to be introduced earlier. However, too early introduction of supplements may have a negative effect on breastfeeding and may also increase the risk of infection.

Foods that are locally available in the home can be made suitable for weaning and their use should be strongly emphasized. Mothers need guidance to improve these traditional foods through combinations with other foods available to them locally. Countries should determine the need for subsidizing weaning foods or otherwise helping to ensure their availability to low-income groups.

To avoid infection and interference with continued breastfeeding, infants during weaning should not be fed by bottle but rather by cup and spoon or other suitable traditional vessels and utensils.

III. Strengthening of education, training and information on infant and young child feeding

Basic and continuing education and upgrading of information on all aspects of breastfeeding is necessary for health service staff at all levels,. . .particularly primary health care workers. Training should place particular emphasis on management of breastfeeding and be related to the economic, cultural and social background of the mother and family. Training should consist of the appropriate knowledge on available culturally acceptable, locally grown foodstuffs which are suitable for use as weaning foods for the young infant and supplementary foods for the pregnant and lactating woman. They should also be enlightened about the dangers and hazards of advertising infant foods in clinics.

IV. Development of support for improved health and social status of women in relation to infant and young child feeding

The woman is pivotal for all action related to breastfeeding. Breastfeeding is best for the health of the young baby, but also for the health of the mother including the physical, emotional, and psychological aspects of her health. Government action and community development activities including the help of breastfeeding mothers should be taken to support these mothers to breastfeed. Programs to develop appropriate technologies. . .to reduce these women's workload and to organize community-based day care of children should be emphasized.

Governments should ratify and apply the ILO conventions through national legislation concerning maternity protection which are to be developed (and which extend existing protective measures to increase the period of time of maternity leave) for facilitating the breastfeeding, including facilities for breastfeeding, paid nursing breaks, flexible schedules, day care centers and other measures to ensure the physical closeness of mother and child; these measures should ensure that women's earnings are not substantially reduced or that complementary measures are introduced to provide subsidies; and that any discrimination of nursing mothers in employment should be prohibited.

V. Appropriate marketing and distribution of infant formula and weaning foods

Breastfeeding is the only natural method of feeding babies and it should be actively protected and encouraged in all countries. Therefore, marketing of breastmilk substitutes and weaning foods should be designed not to discourage breastfeeding.

There should be no sales promotion, including promotional advertising* to the public of products to be used as breastmilk substitutes or bottle-fed supplements and feeding bottles. Promotion to health personnel should be restricted to factual and ethical information.

There should be an international code of marketing of infant formula and other products used as breastmilk substitutes. This should be supported by both exporting and importing countries and observed by all manufacturers. WHO/UNICEF are requested to organize the process for its preparation, with the involvement of all concerned parties, in order to reach a conclusion as soon as possible.

Monitoring of marketing practices is recommended. Usually this will be done under government auspices.

There should be no marketing or availability of infant formula or weaning foods in a country unless marketing practices are in accord with the national code or legislation if these exist, or, in their absence, with the spirit of the meeting and the recommendations contained in this report or with any agreed international code.

Facilities of the health care system should never be used for the promotion of artificial feeding. Therefore, advertising or promotional distribution of samples of breastmilk substitutes through health service channels should not be allowed. Artificial feeding should not be openly demonstrated in health facilities.

No personnel paid by companies producing or selling breastmilk substitutes should be allowed to work in the health care system, even if they are assigned more general responsibilities that do not directly include the promotion of formulas, in order to avoid the risk of conflict of interest.

*This includes the use of mass media and other forms of advertising directly to the mother or general public, designed to increase sales of breastmlik substitutes, to the detriment of breastfeeding.

A ROOTS plenary presentation by Leah Margulies, Esq. Founder of INFACT, the Nestle Boycott, and IBFAN

How Did Breastfeeding (inadvertently) Become An International "Cause Celebre"

The story of the campaign to control the inappropriate and even deadly marketing practices of the breastmilk substitutes industry from 1975 to the passage of the International Code of Marketing of Breastmilk Substitutes and beyond.

In this presentation, I will lead people through the campaign beginnings to its growth into the International Nestle Boycott, and finally into the Code. There are many steps through this, and in many instances, it was a matter of pure crazy luck and serendipity. Here are a few highlights—and at each step of the way, there are interesting and sometimes humorous and other times shocking turns of events, which I can share to the extent possible:

1975 – Anwar

- How ICCR (Interfaith Center on Corporate Responsibility) decided to work on the problems of bottle feeding in poverty circumstances and the predictable and disastrous health consequences to babies.

hungry for profits

- What was accomplished through shareholder resolutions and why. Started gathering documentation

- How the media helped, including the documentaries "Bottle Babies," followed by the McNeil Lehrer Report on WNET, the Canadian Broadcasting Corp and the Bill Moyers films—also both for TV

- The incredible lawsuit: "The Sisters of the Precious Blood vs. Bristol Myers," and the extraordinary effort to get notarized documentation from developing countries about marketing practices to submit in Federal Court in NYC.

July 4 1977

- How the lawsuit led to the idea of a boycott of Nestle and how it was launched, including the origin of the boycott demands. Demands granted in PAHO +

- The impact of the Nestle Boycott ad on the back cover of Mother Jones magazine, and the direct mail campaign. (The campaign leaped from churches, religious and school affiliations to the general public.)

National Churches - Colleges

Nestle Debates

Church Magazine

50,000 letters

- The campaign for the Hearing in the US Senate Chaired by Senator Edward Kennedy, who testified at the hearing, and what was accomplished.

- How the Hearing led to WHO's decision to sponsor the development of a Code of Conduct for a specific industry.

- The Code negotiations and the birth of IBFAN

- The US "No" vote on the code and how it backfired on President Reagan, giving him his first defeat in a Senate confirmation process, and raising the profile of the campaign internationally.

I'm not sure I can cover all of this in one session, but I can hit the highlights, tell a few great stories, share some insights and the fact that an incredible number of lucky meetings, coincidences, and insider information led to some major victories and campaign highs.

Bio: Leah Margulies is a second wave feminist and lawyer, who in her youth started the campaign to stop the dangerous and deadly marketing practices of the breastmilk substitutes industry. She represented the US advocacy groups in the negotiations that led to the International Code of Marketing of Breastmilk Substitutes, one of the most important steps of international policy development for protecting mothers, babies and breastfeeding.

Leah went to law school following the Code negotiations. She set up the first legal office at UNICEF aimed at assisting governments in developing laws implementing the Code. Most of her legal career, however, has been aimed at providing free legal services to low-income and poor people in the US to protect their fundamental rights. Her focus right now is to prevent evictions of poor people in Brooklyn, NY in the face of explosive gentrification in that part of NYC.

Contact information: Leah Margulies, leahmargulies@gmail.com. Cell 646 – 734-3352.
Address: 29 Chester Court, Brooklyn, NY 11225

- How the lawsuit led to the idea of a boycott of Nestle and how it was launched, including the origin of the boycott demands (from WHO and PAHO policy documents).
- The impact of the Nestle Boycott ad on the back cover of Mother Jones magazine, and the direct mail campaign. (The campaign leaped from churches, religious and school affiliations to the general public.)
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Leah went to law school following the Code negotiations. From 1992 to 1996, she set up the first legal office at UNICEF aimed at assisting governments in developing laws implementing the Code. Previously she was a legal advisor to the Environment Unit at the UN Centre on Transnational Corporation. Much of her legal career, however, has been aimed at providing free legal services to low-income and poor people in the US to protect their fundamental rights. Her focus right now is to prevent evictions of poor people in Brooklyn, NY in the face of explosive gentrification in NYC.

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WHAT HEALTH PERSONNEL SAY ABOUT INFANT FORMULA PROMOTION IN THE THIRD WORLD



"Bottle feeding is poison for the majority of the infant population of the Third World."
Fatima Patel, Rural Public Health Nurse in Peru, in letter to Abbott Laboratories, August 20, 1977.

"In developing countries, babies who are not breastfed die. Contaminated water, poor hygiene, lack of refrigeration and poverty, causing formulas to be "stretched" to nutritional impotency, make safe preparation virtually impossible. It's hard enough for these babies to survive under the best circumstances; exploitative marketing and merchandising is tantamount to mass infanticide."
Dr. Samuel J. Fomon, Professor of Pediatrics, University of Iowa, "Breast-Feeding vs. Bottle - Is One Better?", *Chicago Tribune*, December 9, 1978.

The Impact of Promotion

"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."
Dr. Cicely D. Williams, Singapore Rotary Club Address, "Milk and Murder,"1939.

"The baby food industry stands accused of luring mothers from breast feeding by promoting their products in communities that cannot use them properly; by using advertising and sales girls dressed in nurses' uniforms, a thing that makes the mothers think that the milk is part of the regular health system and are only ready to listen to anything told them about bottle feeding. Health officials on the other hand do not seem to be aware of the misconceptions and to correct it."
Tanzanian Food and Nutrition Centre Journal, Editorial, LISHE, December 1978.

"Health professionals who otherwise know the benefits of breast-feeding often succumb to the gimmicks of milk advertisements . . . Milk companies sponsor scientific meetings, research awards and material support to health or nutrition projects. They also give generous samples to pediatricians . . . Because Filipinos have a strong trait of indebtedness for favors done, called 'utang na loob', these health professionals feel that inner constraint to advertise or prescribe milk even against their better judgment."
Dr. Leonor Barrion, Chief of Clinics, St. Paul's Hospital, Tacloban City, Philippines, July 1978.

"All the pediatrics conferences are organized by the milk companies. It defeats the purpose of these conferences. Doctors are understandably 'grateful' to the companies, so they tone down their voices. If any criticism is expressed, it is very muted. Important points cannot be stressed if they are critical of the companies. It's ridiculous.

Furthermore, the milk companies can lobby better than we can. They go from ministry to ministry in order to get their points across. They have the time and money for this; doctors do not."
Dr. Mohammed Sham Kasim, Pediatrician, General Hospital, Kuala Lumpur, Malaysia, July, 1978.

"We doctors tend to forget that whatever 'representation' expenses the companies incur are all passed on to our poor patient consumers. Has it occurred to us that we are partly responsible for the burgeoning cost of drugs and infant formulas? That we have become, so to speak, unwitting drug agents? . . ."
Dr. Cosme R. Cagas, Philippine Journal of Pediatrics, Editorial, Vol. XXI, August, 1972.

"In most formula promotion literature, there is a subtle or not-so-subtle message that mother's milk sooner or later will fail. . . . the early use of supplementary bottles or of other foods for that matter is the very way to diminish the mother's milk supply . . . . the formula companies do this not out of ignorance, but out of their awareness that this is a sure way to diminish first the mother's confidence in her milk supply, and soon the supply itself."
Helen Armstrong, Kenya Lactation Counselor, in a letter to ICCR, September 10, 1978.

"University Hospital stopped the milk nurses from coming on the wards. But now they come not in uniform to see the patients. They come during visiting hours when we are not around to stop them. They are often friends of the government nurses and they make new friends with liberal gifts and samples . . . But they still find out names and visit mothers in their homes. Supposedly, they are only allowed to pay visits if the doctor or nurse agrees. But this is not true. They still find a way."
Dr. S.K. Teoh, Obstetrician, University Hospital, Kuala Lumpur, Malaysia, July 1978.

"Now the milk nurses come during visiting hours when anyone is allowed on the wards. How can we stop them? We are not policemen."
Nursing Sister, Penang, Malaysia, July 1978.

"Of course, it's a competitive business. All three companies distribute samples. They have little gimmicks to win your confidence . . . I see the representatives at least once a week, and they bring samples every two weeks. Even the nurses and aides get samples, because if a company has influence over the nurse, it has influence over the mother."

Pediatrics Resident (Name withheld upon request), Philippines General Hospital, Manila, June 1978.

"And when a new nursery is being set up, the companies fall all over themselves with offers of assistance."

Pediatrician (Name withheld upon request), Private Hospital, Manila, Philippines, June 1978.

On Stopping Promotion

"Violations are happening all the time. It's only occasionally that we get proof. The companies should not gear their promotion to the newborns. They have changed some of their practices but there is no change of heart. They are just acting under pressure. You close one door and they find another."

Public Health Physician (name withheld upon request), Singapore, July 1978.

"What we want is for the milk companies to leave infants under six months alone, so as not to hamper our efforts in encouraging mothers to breastfeed their babies."

Spokesperson, Subcommittee of Malaysian Pediatrics Association, Kuala Lumpur, Malaysia, National Echo, May 17, 1978.

"Representatives of the baby food industry should not be allowed anywhere near the maternity and child health centers . . . Indiscriminate and misleading sales promotion by representatives of milk powder producers is one of the important factors for the decline in breast feeding."

Dr. Ruby Abdul Majeed, Pediatrician, Kuala Lumpur, Malaysia, Malay Mail, *September 9, 1977.*

"It is difficult to justify the continuation of the practice of handing out free samples, given their purpose. If a mother is poor enough to need a free sample she is too poor to use it properly, and the promotional impact of that sample on her and her friends is unjustifiable."

Dr. S.C.E. Abraham, Head of Dept. of Pediatrics, General Hospital, Kuala Lampur, Malaysia, Address at XV International Congress of Pediatrics, "Towards a New Role for the Infant Food Industry", 1977.

"Milk nurses were banned in Jamaica because it was felt that their presence in the hospitals, having an early effect on mothers, is likely to influence mothers to utilize bottle feeding at an early stage, which was considered undesirable."

Dr. Alan Jackson, Director, Tropical Metabolism Research Unit, Kingston, Jamaica in testimony to the U.S. Senate, May 23, 1978.

"We need a law: If the milk nurses come onto the ward, they should be punished. We have to stop this selling in the hospitals."

Pediatrician (Name withheld upon request), Chulalongkorn Hospital, Bangkok, Thailand, August 1978.

"We blame the big multinational milk firms that based upon their powerful resources are trying to change and modify the secular habits of infant feeding in the developing world. Consequently we strongly demand that these multinational firms must stop all sort of insidious forms of advertising via posters, pamphlets and free samples, for the people of the developing world."

Dr. Alejandro Flores, Dept: of Pediatrics, San Carlos University, Guatemala
Dr. Jose S. Bedoya, Dept. of Pediatrics, University of San Augustin de Arequipa, Arequipa, Peru, 1976.

"There is no dobut that within unhygienic environment and without proper instructions, bottle feeding leads to tragic events . . . we strongly think that the milk industry is responsible for such tragic events . . . and thus it is their responsibility to solve the problem by stopping any unethical sales promotion . . . Abandon promotions to the medical profession for promotion of sales."

Dr. D.G. Shrivastava, Dept. of Pediatrics, G.R. Medical College, Gwalior (M.P.) India.
Dr. M.D. Abdur Rub, Dept. of Pediatrics, Mymensingh Medical College, Mymensingh, Bangladesh.
Dr. Achmad Surjono, Dept. of Child Health, Gadjah Mada University, Yogyakarta, Indonesia.
Dr. Dwi Atmadji Soejos, Dept. of Child Health, Airlangga University, Surabaya, Indonesia.
Dr. Suchitra Nimmannitya, Senior Pediatrician, Children's Hospital, Bangkok, Thailand. 1976.

"As nutritionists professionally concerned with the well-being of infants in low income countries, each of us is personally aware of many infants who have died because their mothers substituted inadequate bottle feeding for breastfeeding . . . We energetically recommend that Nestle immediately take the following action in developing countries: A. Discontinue all promotion of milk formulas . . . B. Discontinue all promotion of the use of feeding bottles. Specific forms of promotion which should be stopped are: 1. Mass media advertising. 2. Use of 'milk nurses'. 3. Distribution of free samples to hospitals, clinics and homes (except for supervised use for infants who cannot be breast-fed.) 4. Promotion among health professionals of products which cannot be afforded by their clients."

Petition to Nestle signed by over 250 international health and nutrition experts attending the XIth International Congress of Nutrition, Rio de Janeiro, Brazil, August 1978.

INFANT FORMULA PROGRAM
Interfaith Center on Corporate Responsibility
475 Riverside Drive, Room 566
New York, NY 10027
(212) 870-2750

IN SUPPORT OF AN INTERNATIONAL BABY MILK MARKETING CODE

Excerpts from the Statements of WHO Executive Board Members, January 1981†

I fully support the draft code before us . . . (It) represents only the minimum of the measures needed to combat the problem of diverting mothers from the natural way of feeding their babies, that is to say, breastfeeding, to artificial feeding by the various forms of publicity and tempting devices. In supporting the code we shall be protecting and promoting breastfeeding and thus protecting the health of the infant.

Dr. E. Yacoub, Bahrain
Assistant Under-Secretary, Ministry of Health

The code is far too loose from the point of view of a developing country. In fact, it's got so many holes in it that really an unscrupulous manufacturer could drive a herd of milk cows through it.

Although there's some mighty holes in it from my point of view, I believe the most important thing is how it's implemented and monitored. If WHO can be responsible with Member States for monitoring and if WHO is prepared to help with legislational regulation in the countries, then I believe we've got a chance of making this code work.

Dr. K. Ridings, Western Samoa
Director-General of Health

Do we trust that the infant food industry . . . will pursue with all means possible the implementation of all provisions of this code? My answer to this would be . . . I have serious doubts based, inter alia, *on statements saying they find the present draft code unacceptable.*

Dr. T. Mork, Norway
Director-General of Health Services
Vice-Chairman, WHO Executive Board



Dr. L. Adande Manest—Gabon

"The question which we should really ask ourselves is why do we want to adopt this code? And the response is unanimous: we want to adopt it in order to protect infants and young children. Now let us be logically consistent and support this text unanimously. It's the first of its kind and let us support it in a very incisive form, in a form which cannot be negated. This is, as a regulation which will show our determination to encourage breastfeeding and protect infants and young children against certain marketing abuses which have been frequently denounced."

Mr. K. Al-Sakkaf—Yemen Arab Republic

"The extended marketing of substitutes for breastmilk is a danger for the health of infants and young children. The cause of this is the wild advertising which has attracted mothers to use such substitutes . . . I come from a country and a region which suffers this problem which endangers children and young infants health. For this reason . . . I believe that this international code is only the first seed that shall provide the necessary protection for infants and young children. It has been long awaited."

Dr. R. Alvarez Gutierrez—Mexico

"I think that the text of the code . . . is what the developing countries consider to be the minimum . . . if we are going to reach our goals. National legislation can go further in function of the situation of each country, but internationally speaking, the Director-General has reached what I consider to be the practical and possible, feasible minimum in this area. I think that the international code is of tremendous importance."

Dr. D. Barakamfitiye—Burundi

"The concern about advertising in recent years and the uproar which has surrounded breastmilk substitutes in developing countries and all this has brought about a certain moving away from breastfeeding and something must be done. This is why I think that the efforts made by our Secretariat and UNICEF and the Member States who participated in the elaboration of this work deserve our support."

†from transcripts of tape-recorded proceedings, 27-28 January.

Dr. S. Cardorelle—Congo

"The draft represents a necessity for the potection of infants all over the world and especially in developing countries. I don't think that it is an exaggeration to stress that it is marketing practices of the breastmilk substitutes which have led to the preparation of this code to try to regulate that trade. And there can be no doubt that this code can defend the right of infants to life."

Dr. J. Lisboa-Ramos—Cape Verde

"I believe that we should adopt the code, perhaps not just as it stands but very probably with those amendments which the Executive Board might suggest to the World Health Assembly . . . I would prefer to adopt this as a regulation which would more directly affect the member countries."

Dr. T. Mork—Norway

It has been suggested by some outside this Board that this is primarily a trade matter and not a health matter and thus falling outside of the responsibility of WHO. Notthing could be more wrong . . . It has also been suggested . . . that due to cultural, social and other differences, there should be separate codes for developing and industrialized countries. In matters of health, I don't think we can have double standards."

Dr. F. Oldfield—The Gambia

"This is only the minimum that is required. Every country is free to improve on it as it sees fit . . . The code itself is not an end, it is only a pointer. What we are after is the protection of infants and young children. I think the idea of monitoring it within a time-frame . . . is a good one."

Dr. A. Patterson—Jamaica

"There are loopholes, you see; some of the definitions are very wide and anything can go through and some of them are so narrow that you can walk around all the edges . . . I really do believe that the content of the code is perhaps the most important part of the code; whatever it is we do with it, the content is important.

It requires that some sort of monitoring mechanism be set in place and set in place rather quickly. And I think that the proof of the pudding of this thing is going to be in how it is implemented and a lot of it is going to depend on the monitoring. . . . This is going to require a lot of work."

Dr. J. Reid—United Kingdom

"We must . . . do all that we can to protect mothers from influences which might discourage them from breastfeeding their children, at the same time fostering the process of breastfeeding. In this process, the code which is before us in draft form today has an undoubted and important part to play."

Dr. P. Rezai—Iran

"We have millions of infants dying yearly of diarrheal disease in all developing countries because of these artificial feedings. We are not going to attain health for all by the year 2000 if we don't tackle this problem now. . . . I hope that all nations should support the code as a minimum requirement without any reservations."

Professor Xue Gongchuo—Peoples Republic of China

"The code should and also can be passed and implemented in the form of regulations. This is absolutely possible. To pass and implement it under the form of regulations may create at the present stage specific difficulties to various countries . . . However, I believe that to protect the health of infants and children all responsible organs of all countries, especially the health authorities, have the duty to make efforts to ensure that this regulation can be passed."

Dr. E. Yacoub—Bahrain

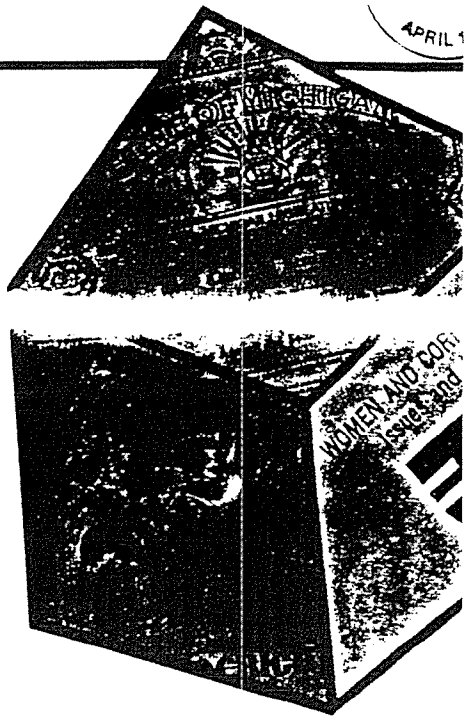
"The question of breastfeeding and the use of breastmilk substitutes are issues of public health to us in developing countries . . . Breastmilk substitutes are needed in certain situations . . . and the draft code recognizes this, but no matter how good the breastmilk substitute may be, it cannot be a match for mothers milk . . . Unfortunately, advertising and promotion of breastmilk substitutes are widely practiced all over the world, particularly in developing countries. This may and indeed often does persuade the mothers to use such a product instead of their natural milk in feeding their infants."

INTERNATIONAL BABY FOOD ACTION NETWORK (IBFAN)

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The spirit of the New Left lives on in an anti-business coalition—sponsored by none other than the National Council of Churches.



The Corporation Haters

by HERMAN NICKEL

The fizzling of Ralph Nader's "Big Business Day" gives corporate America little cause for self-congratulation. Americans may be getting a bit bored with the Savonarola of the consumer society, but most of them don't think much of corporations either. As late as 1968, when a Yankelovich survey asked whether business strikes a fair balance between profits and the public interest, 70% answered yes. By last year, the yes vote was down to a mere 19%.

How much of this decline can be credited to Nader and other anti-corporate crusaders is impossible to measure, but they have certainly done their best. According to the strident placards they have raised in the public arena, American business is morally bankrupt. The indictment reads this way:

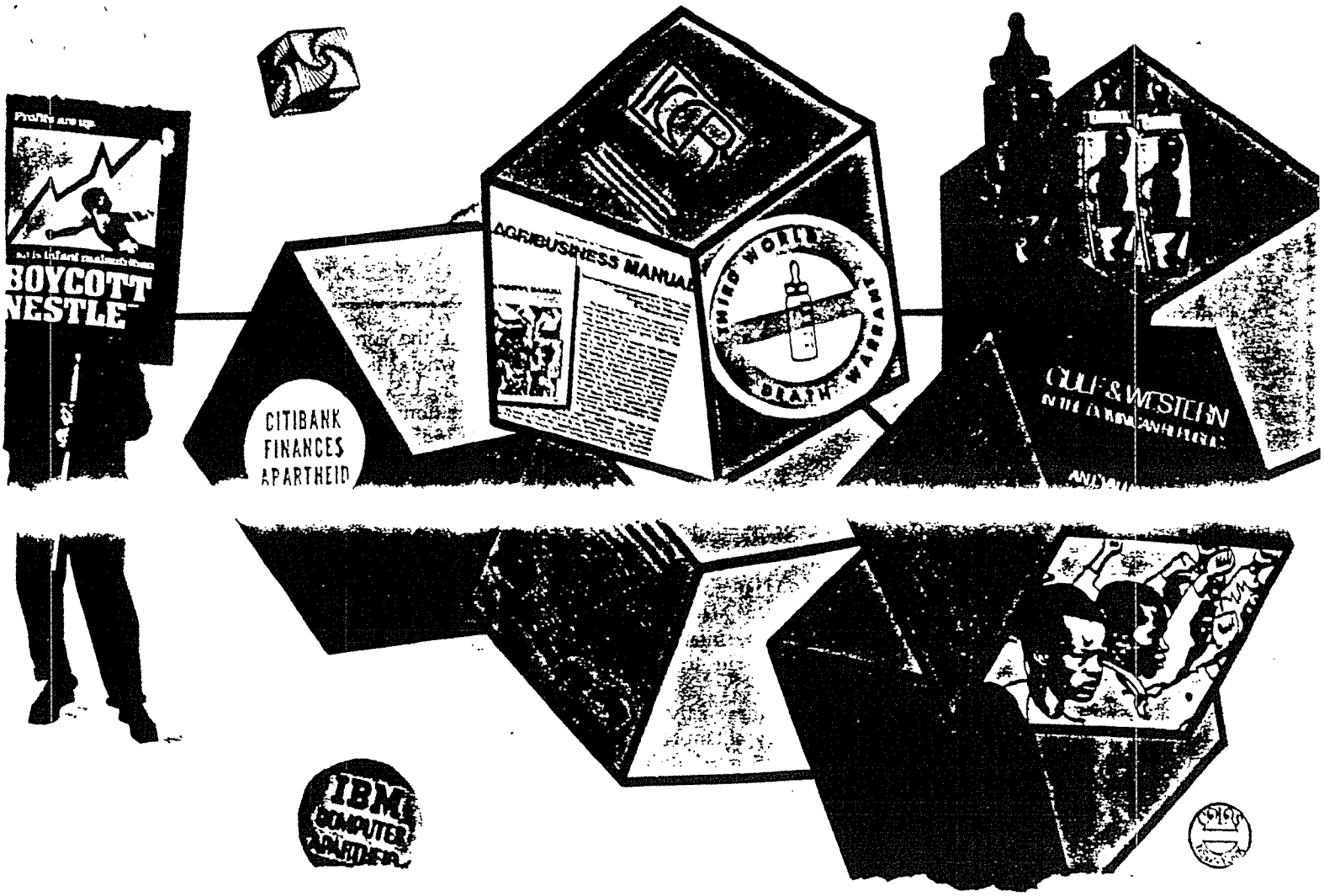
U.S. corporations thrive on racist suppression in South Africa and profit from starvation wages in the Caribbean and parts of Asia. Hand in glove with corrupt and repressive governments in Central America, giants of U.S. agribusiness like Castle & Cooke and United Brands try to perpetuate the pattern of dependent plantation economies, blocking the emergence of self-reliant, truly independent nations. At home and abroad, huge conglomerates variously rape and poison Mother Earth, whether through strip-mining, herbicides, or pollution. Once their old mills and factories start losing money, runaway employers leave behind dying communities, like so much industrial waste. Life itself is threatened by the reckless construction and operation of nuclear power plants. Even innocent children are not safe from the greedy corporate reach. Seductive TV commercials lure them to nutritionally worthless junk foods. Worse yet, by pushing infant formula on Third World mothers who can neither afford it in sufficient amounts nor prepare it properly, the companies are responsible for the disastrous consequences of a significant falloff in breast-feeding. "Ten million Third World babies are starving because of the heartless, money-hungry activities of powerful multinational companies," a fund-raising letter of the Infant Formula Action Coalition (INFACT) charged last year.

The common theme is plain enough for even the slowest learner: in the capitalist economic system, profits and social responsibility simply do not m

If all this sounds like a replay of th New Left of the protesting Sixties, many ways it is. The spirit lives on in se ments of the environmental and an nuclear movements, in Barry Commone Citizens party, in the pages of *Moth Jones*, the counterculture's bright new magazine, and in the work of such ra ical think tanks as the Washington-base Institute for Policy Studies.

The movement gets religion

Surprisingly, however, the real clea inghouse of the anti-corporate campai today is at 475 Riverside Drive in Ma hattan, where on ground donated by t Rockefellers sits the gray office block th houses the National Council of Church and its ecumenical affiliate, the Interfai Center on Corporate Responsibility (s box, page 128). On first impression, t gap between the moderate-conservati mood of mainstream churchgoers and t militant zeal of the church functionari on Riverside Drive is astonishing. But t confluence of radical Christian and ra ical Marxist thinking has been under w for some time without arousing much c



position from individual congregations. On the Protestant side, this new orientation began with a generalized sympathy toward the economic plight of the Third World and took a specifically anti-business direction in the World Council of Churches' five-year-old campaign against the supposed depredations of the multinationals. On the Catholic side, the activating influence has been the "liberation theology" emanating from radical priests in Latin America. The WCC Program on Transnationals proclaims that to achieve the new Just, Participatory, and Sustainable Society, dubbed JPSS, "the basic organizing principle is struggle." The invitation to a "Christian-Marxist Dialogue" sponsored by the Maryknoll Mission Institute last summer explained that "the inherent evils of gross capitalism and the inadequacies of our democratic system at this time have brought the social teachings of the Church in direct relation to the dynamics of Marxian thought."

Theologian Michael Novak, who has been developing a spiritual rationale for capitalism (see page 132), says that the fact that the National Council of Churches gave its amen to the World Council program signals a reversion of American Protestant thinking from the pragmatic liberalism of Reinhold Niebuhr to a Christian social utopianism. Because Niebuhr understood the fundamental difference between "moral man and immoral society," he had no illusions about socialist panaceas. This, as John C. Raines observed in *Christianity and Crisis*, made Niebuhr a prime target for the New Left, which saw his theology as a "buttress to the liberal establishment."

The Pope takes a stand

Today the most powerful warnings against seeking salvation through radical social and economic change are coming from Pope John Paul II, and they are drawing similar fire. "This idea of Christ as a political figure, a revolutionary, as the subversive man from Nazareth, does not tally with the Church's catechesis," he told the General Assembly of Latin American Bishops in Puebla, Mexico, last year.

The new ideological compatibility between church activists and the New Left has led quite naturally to cooperation on a practical level as well. For student radicals of the 1960's, one way to turn the "struggle" into a steady job is to join the issues staff of organizations like the Interfaith Center on Corporate Responsibility, where they have come to occupy some key positions and coordinate and orchestrate those shareholders' resolutions that almost every chief executive of a large American corporation is familiar with by now. To generalize, the resolutions seem designed less to uplift the world's less fortunate people than to indict the business establishment.

Much of the data on which the church activists rely are supplied by radical research organizations. For South African issues, the Institute for Policy Studies and the American Committee on Africa provide properly revolutionary analyses. Another important research resource is the unabashedly pro-Castro North American Congress on Latin America in New York. One NACLA report on Guatemala, under the headline "A Vanishing Breed," featured the photographs of prominent Guatemalans. Ominously pointing at them from the lower left corner of the page is a revolver. But the publication of this thinly veiled hit list has not kept NACLA from receiving church funds for

A Guide to the Anti-Corporate Network

Though the anti-corporate movement lacks centralized organization, it functions effectively as a loose coalition. At the local level, activists for one cause often help out campaigners for another. A principal coordinator is the New York-based Interfaith Center on Corporate Responsibility, an ecumenical affiliate of the National Council of Churches in which 17 Protestant denominations and 170 Catholic orders and dioceses participate.

[illegible] organization is Clergy and Laity Concerned, which began as an antiwar group but dedicated itself to "join those who are angry and hate the corporate power which the U.S. presently represents." The National Council of Churches also helps to fund the Washington Office on Africa and the Washington Office on Latin America, which lobby for tighter controls over the activities of American multinationals.

The pro-Castro North American Congress on Latin America in New York also has churchly ties. Created after the U.S. intervention in the Dominican Republic, it found its first home at Interchurch Center in 1966; it has played a leading role in the campaign against Castle & Cooke, and one of its staffers went on to found a separate source of anti-corporate intelligence, the "Corporate Data Exchange."

The Washington-based Institute for Policy Studies is to the anti-corporate movement what the Rand Corp. is to the government. Its co-founder and senior fellow, Richard Barnet, is not only a revisionist analyst of the Cold War, but also author of *Global Reach*, a highly critical text on multinationals. The anti-corporate network even has an advertising agency, the Public Media Center in San Francisco, which produces polished copy for the various causes.

In adapting the system's own tools to their ends, the activists have displayed considerable ingenuity. Timothy Smith, the 37-year-old director of the Interfaith Center, recently served on Nader's Big Business Day advisory board. Many of the groups are backing the Infant Formula Action Coalition in their boycott of Nestlé.

Money for these activities has come from a variety of family foundations, notably the Samuel Rubin Foundation. Its benefactor was chairman of Faberge, and his daughter, Cora Weiss, was a prominent crusader against the Vietnam war. More important is the contribution that has come from millions of unsuspecting churchgoers, and indeed from every American taxpayer. Practically all the movement's organizations are tax-exempt, either as church groups or because the Internal Revenue Service has accepted their assurances that they are primarily "educational" organizations.

its studies. "Two and two makes four, no matter who says it," shrugs the Reverend Howard Schomer, world-issues secretary of the United Church Board for World Ministries. For the radicals, the alliance with church groups has many other tangible advantages. It provides a way of conducting political programs behind the shield of tax exemption, and access to a large organizational network. The church activists can gather information from missionaries throughout the world and disseminate propaganda to the memberships of participating churches. Above all, the religious connection provides respectability and legitimacy. What better way to challenge the existing system than to brand it as an offense to the will of God?

In order to attract broad support, the church activists have chosen to present business-related issues as morally clear-cut and simple—when in fact they are usually complex, morally ambiguous, and involve difficult policy trade-offs. How moral, for example, is the pursuit of a boycott strategy that might help bring about an apocalyptic racial war of liberation in South Africa? A good many black South Africans, who would not be privileged to follow this exciting but bloody drama from comfortable observation posts in the U.S., say that it is neither moral nor wise. Even though the people working on Castle & Cooke's banana plantations in Central America earn far less than the U.S. minimum wage, would they be better off if the company decided to move [illegible] where? Is opposition to nuclear pow[illegible] the U.S. really the only possible mora[illegible] sition when the alternative is more d[illegible] and disease from the mining and b[illegible] ing of fossil fuels and greater energy p[illegible] lems for the Third World?

ity and ambiguity actually feed the [illegible] mand for simple answers, whether [illegible] issue is strip-mining, South Africa, or [illegible] clear power. The infant-formula issue [illegible] vides perhaps the best example of a [illegible] to how this process works.

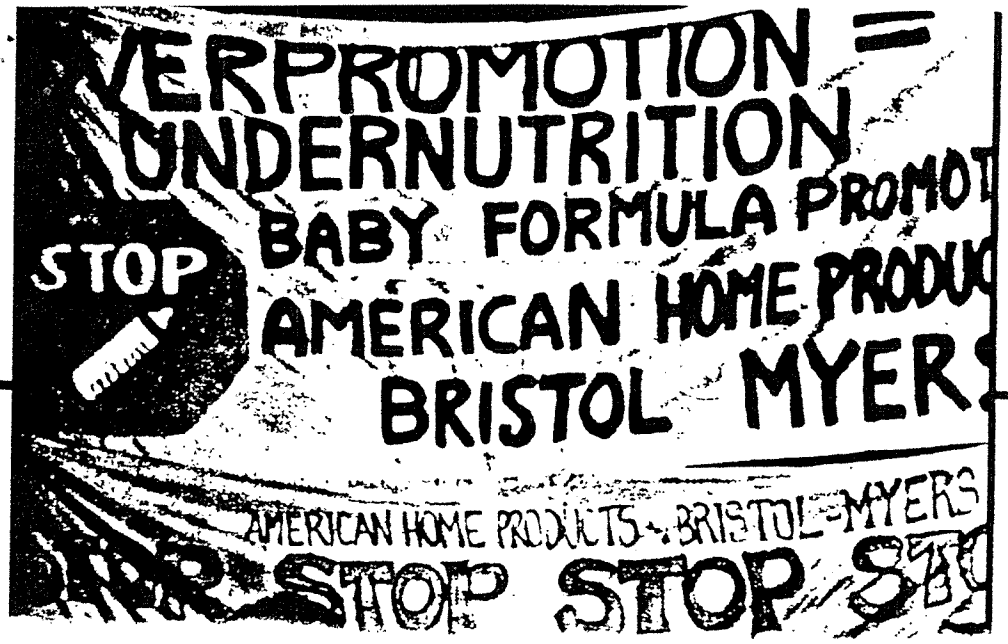
Why mothers stop nursing

No one questions that marketing o[illegible] fant formula in the Third World can [illegible] serious problems. Everyone, including [illegible] infant-formula industry, agrees [illegible] breast-feeding provides the best [illegible] cheapest nutrition for babies. Bec[illegible] mothers who are lactating are less li[illegible] to conceive, breast-feeding also help[illegible] space out births. Therefore, marke[illegible] practices should not induce mothers [illegible] otherwise would be willing and abl[illegible] breast-feed to switch to the bottle.

But feeding patterns are intertwi[illegible] with social change. This was the e[illegible] rience in the West, where the indus[illegible] revolution went step by step with [illegible] clines in breast-feeding, long before c[illegible] mercial infant formula became availa[illegible] In the least developed parts of the Th[illegible] World, breast-feeding still prevails. [illegible] an overworked and poorly fed mo[illegible] who is rearing many children in [illegible] urban slum without the help and s[illegible] port of the traditional extended fam[illegible] is often unable to continue produc[illegible] enough milk to nourish her baby. [illegible] that point the question is not whe[illegible] supplementary foods are needed, [illegible] which supplementary foods to use. [illegible] superiority of infant formula over all[illegible] fant foods other than breast milk is [illegible] yond dispute. Some substitutes, such[illegible] skim milk, lack sufficient fat and [illegible] cause dangerous dehydration.

In the terrible distortions of the a[illegible] corporate propaganda, however, the

conti





Dennis Brack

LaDonna Harris, a Comanche activist and Commoner's running mate on the Citizer party ticket, delivered the opening pep ta about 100 delegates attending the annual conference of the Infant Formula Action Coalition in Washington last March. One c conference themes was that the promotio infant formula should be banned not only the Third World but among America's po including reservation Indians.

food and pharmaceutical companies are deliberately "hooking" Third World mothers on formula by giving free samples to doctors and hospitals. The mothers stop lactating but cannot long afford a product that costs 50 cents for a day's ration. The charge that companies are destroying the precious bond between the breast-feeding mother and her baby makes for powerful propaganda. As Mark Ritchie, all-round San Francisco activist, has put it, "It links the capitalist system —and the way it organizes our lives—to people's very personal experience."

Every protest movement needs its special villain, and in Nestlé S.A.—which has about a third of the Third World market for infant formula—the activists found an unlikely but richly rewarding target. Proud of its 100 years in the service of wholesome nutrition, the prim Swiss food giant (1979 sales: $12 billion) was simply not accustomed to having its rectitude challenged. When Senator Edward Kennedy's subcommittee on health scheduled hearings on the issue in 1978, Nestlé's world headquarters in Vevey saw them as an improper attempt to hold foreign companies to account for their activities outside the U.S. Though its American managers in White Plains, New Y were well briefed on the subject, N sent an executive from Brazil. Osw Ballarin, who opened with the charge the whole issue was really "an indirec tack on the free world's economic tem." Kennedy weighed in with h but laughed out o. the room.

Even with such unwitting assist from Nestlé, the movement has ha overcome a glaring weakness in its c the virtual absence of reliable data to hold the basic premise that promoting fant formula by giving away free sam is a significant factor behind decline breast-feeding. The use of infant form apparently increased sharply in the So Union, where there is no promotion, breast-feeding has staged a strong re gence in the U.S., where baby formul heavily promoted. Nor is there any c correlation between the feeding patte of Third World countries and infant m tality and morbidity. Infant death rates generally highest in backward rural ar where the benefits of science—includ infant formula—haven't yet penetra Breast-feeding has dropped dramatic in Singapore—and infant mortality declined to a rate lower than in the U.S.

It may well be that some Third W doctors are handing out samples too fr ly. But even if they and their patie were grossly irresponsible—and this not a charge that the church activists c to make in plain language—the death could be no more than a minuscule fr tion of the ten million commonly alleg Only about six million Third World bies drink infant formula, and the b efits easily outweigh the risks.

Bill Moyers was shocked

But when it comes to propaganda, matters less than emotion. Here the mo ment can rely on three powerful fil "Bottle Babies," produced by West C man filmmaker Peter Krieg in Kenya 1975, was later condemned as "emotio biased, and exaggerated" by Dr. Nim O. Bwibo, a Nairobi pediatrician who

contr

peared in it. But it is highly effective as an organizing tool. "Into the Mouths of Babes," a CBS Reports production with Bill Moyers, is of the same genre and last year won an award from the American Film Festival. Finally, there is "Guess [illegible] Breakfast" produced

grants from the National Council of Churches and others. What these films have in common is plenty of heartrending footage of malnourished babies and distraught mothers, who testify that they had become dependent on a product they couldn't afford.

The mind-set created in this way is implacably confrontational. As Professor Luther Gerlach, a University of Minnesota anthropologist who has been studying the movement, points out, this serves a vital "energizing" function. Companies that reciprocate the hostility may unwittingly strengthen their opponents.

Abbott Labs turns the other cheek

One company that didn't fall into this trap is the Ross Laboratories division of Abbott Labs, which fights with Bristol-Myers, Wyeth, and several other companies for the non-Nestlé portion of the Third World market for baby formula. Working with Sister Marilyn Uline of the Adrian Dominicans, who represented the Illinois Committee for Responsible Investment, Ross's President (now chairman) David Cox introduced a number of new precautions against marketing abuses, including new labels, new mailings to physicians, and new warnings to retailers.

Sister Uline began the dialogue with a conviction, which she still holds, that a willingness to move toward confrontation is necessary to make corporations listen. But as the dialogue continued, she was "a little amazed," as she puts it, that others in the movement seemed more interested in "baiting" the Ross people than listening to what they had to say. She was particularly taken aback by an encounter with Leah Margulies, the brash and aggressive director of the infant-formula campaign at the Interfaith Center for Corporate Responsibility.

An English major out of Boston University, Margulies had done some reading on multinationals while working at the Economic Growth Center in New Haven and playing flute and bass guitar for the New Haven Women's Liberation Rock Band. The reading "blew my mind," Margulies says, and in 1974, though an atheist herself, she landed a job with the Interfaith Center to work on multinational issues.

The way Sister Uline remembers it, Margulies had this to say during a co: versation about businessmen: "But Ma ilyn, they're all bastards. If they were they'd be living like we're living ar doing what we're doing." Sister Uli suggested that her order withhold a shar holders' resolution because of the progre

But without Uline s knowledge, anoth religious order entered the resolution i stead, with Margulies's blessing. Sist Uline subsequently resigned from t campaign and is now awaiting reassig ment by her order. The word being spre by some militants in the moveme is that she was "co-opted" by t infant-formula industry.

A revealing absurdity

Even rougher treatment was meted c to Dr. Dana Raphael, a longtime ass ciate of Margaret Mead. As director the Human Lactation Center in Westpo Connecticut, Raphael was one of the fi to detect the dangers in the falloff breast-feeding in the Third World and question whether the infant-formula ma ers were behaving responsibly. But a cording to Raphael, when she suggest that the companies could help solve t problem by devising cheap but nutritic local weaning foods, Tim Smith, the C nadian-born director of the Interfaith Ce ter, sneered at her: "I always knew y were in their pockets."

The movement's stated goal is the tc "demarketing" of infant formula. In t timony before Congressman Jonath Bingham's subcommittee on foreign tr last year, Edward Baer, an ICCR staf explained what demarketing is suppo to mean by citing socialist Algeria. Th the importing and distribution of inf formula is in the hands of a state r nopoly, and all brand competition been eliminated. What Baer failed to a is that imports of infant formula h risen from 2.5 million half-pound can 1976 to 12 million in 1979, and are pected to reach 16 million in 1980. Ba reply is that the steep rise in infant- mula use in Algeria does not bother h

contin

A Theology for Capitalism

One theologian who does not accept the contemptuous view of capitalism held by the Christian activists is 46-year-old Michael Novak, a Catholic. Formerly the Ledden-Watson Distinguished Professor of Religion at Syracuse University, Novak has spent the last two years at the American Enterprise Institute developing a Christian case for the market system. He notes that "the strength of the business [illegible] on the practical order carries with it profound weakness in the fields of theory and ideology." Still he finds it remarkable that a system responsible for an "unprecedented explosion of human inventiveness and enterprise" should be disparaged as "vaguely immoral." The system not only conferred wealth on the people of the U.S., but vastly expanded markets for the goods of the Third World.

In his spiritual rationale for the market system, Novak, who used to be attracted to democratic socialism, stresses the relation between capitalism and democracy. "Capitalism may flourish without democracy," he argues, "but democracy without capitalism is very hard to achieve." He says that the theology of the Christian activists reminds him of Dostoevsky's prediction in *The Brothers Karamazov* that when the Antichrist comes he will proclaim that spiritual questions must wait until material problems are solved. According to Dostoevsky, the devil's message will be: "Feed men and then ask of them virtue."

As the church sees it, socialist formula is good for babies.

since it is taking place under government aegis. This reduces the controversy to the absurd but revealing proposition that capitalist infant formula kills babies, but socialist infant formula does not.

Once the case has been stated so baldly, there is a temptation to dismiss it out of hand. The economic effect of the anti-

[illegible] for two years now, the activists have been boycotting all Nestlé products, but the company finds the effects so negligible that it has kept making new American acquisitions (Beech-Nut baby foods), even though the products are promptly added to the boycott list.

But the movement cannot be shrugged off that lightly. One of the most interesting dimensions of the infant-formula campaign is the extent to which it has gained support among what Irving Kristol and others have called the "new class" of influential functionaries among congressional staffs, research organizations, and the bureaucracies of the federal government and the United Nations.

One man who could testify to this is Dr. Mamduh Gabr, who as Egyptian Health Minister in 1978 vainly pleaded with the U.S. Agency for International Development for $5 million worth of infant formula for the babies of Egyptian mothers who could not breast-feed. He was turned down for fear that this could "subject the entire U.S. AID assistance program to undeserved debate and criticism."

AID stacks the deck

More recently, the AID Office of Nutrition awarded a $1.2-million research project on the determinants of infant-feeding patterns to a team led by Dr. Michael Latham of Cornell University, one of the earliest and most vociferous proponents of the Nestlé boycott, who helped get the National Council of Churches aboard by asserting that his examination of the scientific evidence left "no room" for doubt that Nestlé was guilty of for-profit infanticide. The award was all the more peculiar because Latham was the highest bidder. His study will cost almost twice the sum originally budgeted—and his proposal was adjudged inferior to competing ones in the first round of judging by a technical panel. Clearly self-conscious that the objectivity of their conclusions would immediately come under attack, Latham and his associates offered to delegate "perhaps the most sensitive part of

an independent market-research firm. But assisting with the integration of these data into the overall findings will be none other than James Post, associate professor of management at Boston University, who led an INFACT workshop on the "demarketing" of infant formula in Washington, D.C., earlier this year.

Meanwhile, the main battleground has shifted to the U.N. Nestlé supported this change of venue, and it is possible, though not likely, that the U.N. will be able to come up with marketing guidelines better than those already being followed by the leading companies. The first hearings in Geneva last October were not especially promising. After listening to a bitter exchange of charges and countercharges, an African delegate rose to offer an old saying that "when two elephants fight, it is the grass that suffers."

What can corporations learn from this bizarre campaign, which is still far from over? At first glance, cooperation and compromise do not seem to be a promising course. Ross Laboratories tried that, and has been targeted as villain No. 1 in a new campaign against the selling of infant formula to America's poor. But this new campaign is transparently silly. Baby formula could account for only about 10% of a poor family's food-stamp budget. Would the church care to take on that other mainstay of the welfare mother, Pampers?

The benefits of compromise

By its willingness to listen and make changes, Ross did manage to appeal to the many sincere people in the movement who are more interested in constructive results than endless battle. When the zealots move on to hotter causes, this quiet minority, including such experts as Dr. Raphael, may become the new majority.

A straw was blowing in the wind at the recent General Conference of the United Methodist Church in Indianapolis. By 510 votes to 398, the plenary session overruled a proposal by its "Church and Society" committee that it endorse the

[illegible] to seek a [illegible] with the infant-formula companies. In proposing this approach, theologian Paul Minus specifically cited the Ross experience.

Having been through this fiery furnace, Ross and the other companies that make infant formula have learned a lot about handling sensitive issues. Ross has appointed a nine-person task force to study Third World concerns. It reports directly to the chairman, David Cox, who says that he has been devoting most of his time to such problems.

"Of course," Cox says, "in that time I might have been thinking of new products and better productivity." But he accepts the need to deal with these questions in a serious way. He offers the opinion that the activists may be doing corporations a good turn by prodding them to prove they can meet social challenges. Thus the Marxists marching under the banner of Christ may help the private-enterprise system to adapt and survive —even though that may be the last thing they want to see happen. F

INFANT FORMULA PROMOTION 1980







An IBFAN publication
International Baby Food Action Network

The evidence presented in this document, sadly shows only the tip of the vast iceberg of the promotion of infant feeding products by the infant food industry. It is based on reports from health personnel, responses to questionnaires and a short research visit in the Caribbean. Despite the limitations of this form of monitoring the activities of the companies, we are able to document 331 violations of the recommendations from the October 1979 WHO/UNICEF meeting on Infant and Young Child Feeding between January 1980 and May 1980. This has involved 21 different companies and is based on reports from 35 different countries.

What this document shows clearly is the unwillingness of the infant food industry to modify its practices voluntarily. As long as its means of promoting infant feeding products are considered "legal", the immoral and unethical nature of that promotion is ignored.

Dr. Fred Sai, chairperson of the October meeting said of the recommendations: "I think there is enough specificity in what we have done for industry not to carry on business as usual."

Unfortunately, industry **has** carried on business as usual.

The following comments from industry executives express their feelings:

> *"We do not feel restricted in any way in the field of commercial activity by the WHO recommendations."* — Arthur Furer, Managing Director, **Nestle;** 19 Oct. 79.

> *"The company would not stop its advertising."* — Ken Huse, Managing Director, **Glaxo** NZ; Nov. 79.

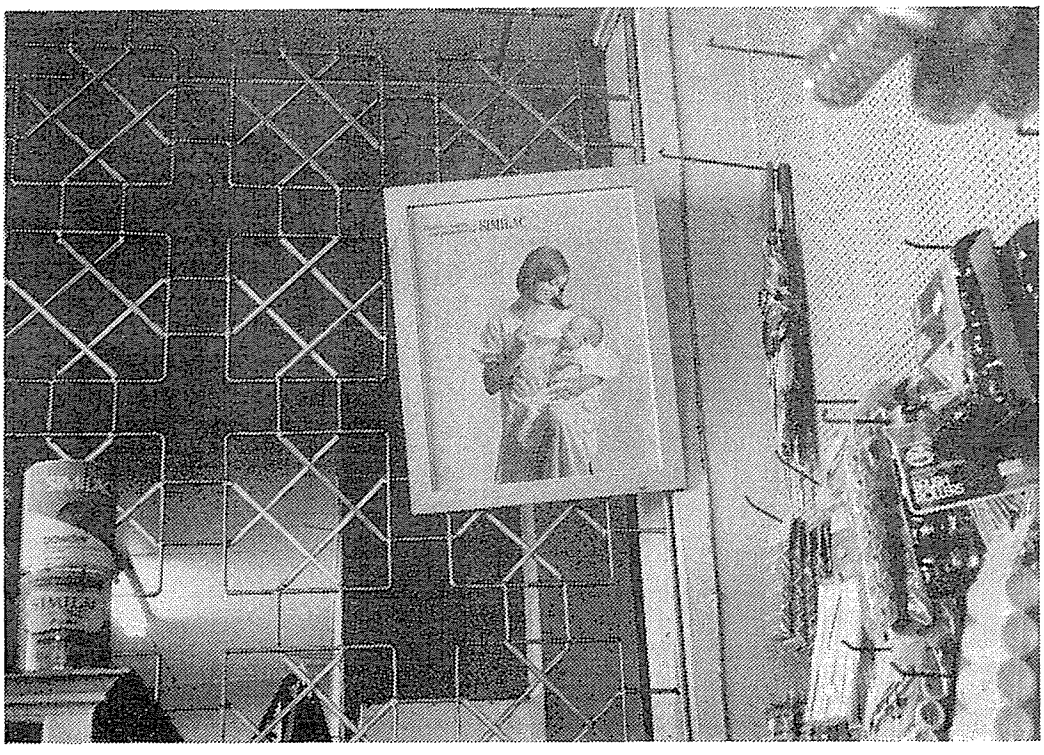
> *"The (proposed WHO/UNICEF) code is wholly irresponsible . . . "* — B.D. Rickets of **Cow & Gate,** on behalf of the 12-company International Council of Infant Food Industries (ICIFI); March 80.

> *"We're not certain that any changes (in marketing practices) need to be made."* — John Donlan, **Nestle** US; Feb. 80.

> *"Our company could not live with the tight interpretations of the WHO/UNICEF recommendations."* — David Cox, President of Ross Laboratories (**Abbott**); Jan. 80.

The evidence listed on the following pages demonstrates what occurs when those feelings are translated into action.

- Direct consumer advertising **continues.**
- Promotion through health care facilities **continues.**
- Distribution of promotional samples **continues.**
- Company personnel **continue** to work in the health care system.
- Unsuitable products for infants **continue** to be promoted.
- The discouragement of breast feeding through promotional practices **continues.**



Similac poster in pharmacy, Port of Spain, Trinidad, April 1980

WHO/UNICEF RECOMMENDATIONS: "There should be no sales promotion, including promotional advertising to the public of products to be used as breast milk substitutes or bottle fed supplements and feeding bottles."

COMPANY PRACTICE:

ABBOTT:

- Trinidad (Apr. 80) — posters in public pharmacies advertising **Similac** —"Happy, healthy and protected by **Similac**"
- Yemen (Feb. 80) — delivery van advertising .

COW & GATE:

- Trinidad (Apr. 80) — Three milk nurses do home visits, distribute samples and literature. A March 1980 letter from the UK headquarters Export Division to one of the nurses reads: "It is good to note that sampling is having the effect in increased sales, which of course should be the case."
- Barbados (Apr. 80) — delivery van advertising in remote areas of the country.
- Haiti (Apr. 80) — **Cow & Gate** posters with the caption: "Grow healthy the **Cow & Gate** way."
- Sierra Leone (Mar. 80) — newspaper and delivery van advertising.

DUMEX:

- Malaysia (Feb. 80) — delivery van advertising and calendars.
- Malaysia (Jan.80) — Delivery van advertising and outdoor posters.

In December 1979, the *Dumex* company newsletter said: "There exists no advertising which violates the new Geneva recommendations."



Metal ***Dumex*** posters nailed to a tree in Penang, Malaysia, January 1980.

GLAXO:

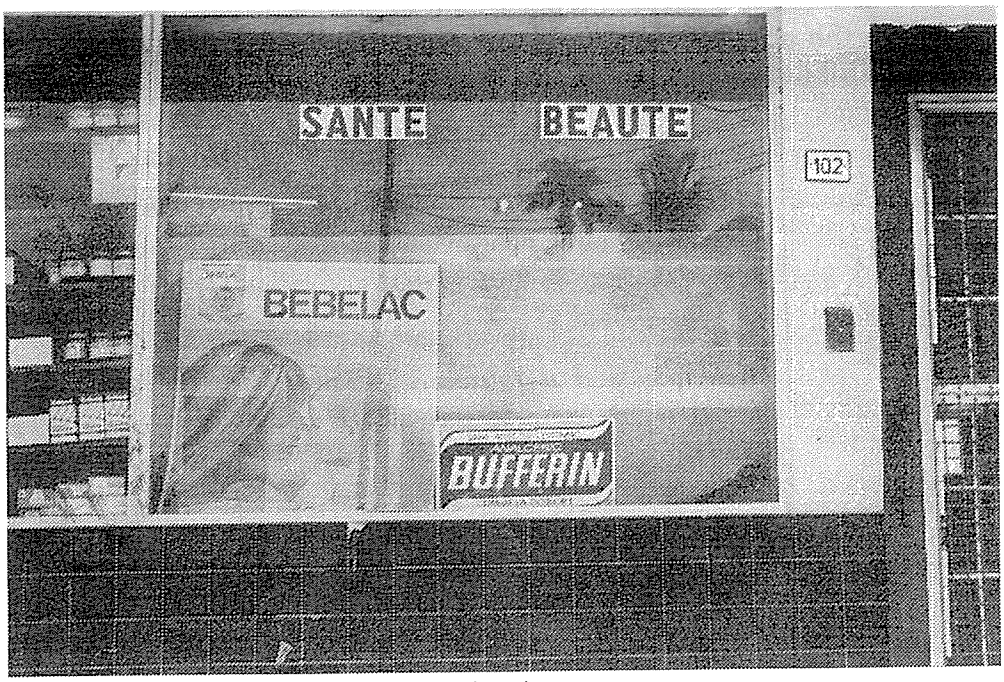
- Sri Lanka (Apr. 80) — newspaper, magazine, delivery van and point of sale advertisements
- Fiji (Mar. 80) — radio advertising; copy includes: "Your baby will grow well and healthy on **Golden Glaxo.**"
- Tonga; Cook Islands (Mar. 80) — radio advertising; copy includes: "The formula is nutritionally complete and contains the essential ingredients required by a baby as an alternative to breast milk." So, mothers, new improved **Golden Glaxo should be your first choice."**
- Western Samoa (Mar. 80) — 1980 calendars with a picture of happy, healthy babies with the **Glaxo** brand names underneath.

On 10 Mar. 1980, K. D. Huse, Managing Director of Glaxo NZ states "There has been *no* advertising of *Golden Glaxo* in Western Samoa in the last 12 months."

- Tonga (Jan. 80) — radio and newspaper advertising.
- Tonga (Feb. 80) — newspaper advertising.
- Pakistan (Jan.80) — newspaper advertising.

LIJEMPF:

- Yemen (Mar. 80) — delivery van advertising for **Bebelac.**
- Haiti (Apr. 80) — Bebelac poster in pharmacy



Bebelac poster in pharmacy window, Port au Prince, Haiti, April 1980.

MEAD JOHNSON:

● Taiwan (Dec. 79) — ad for **Enfamil** in **The Woman**, most widely read Chinese language magazine, has a tiny notice that mother's milk is best, then in large characters offers a free can of **Enfamil** for every six bought. In the same issue, an ad for **Prosobee**, a soy-based formula does not mention breast milk, but says: "If infant formula is not suitable for your baby, then please use milk free formula powder, **Prosobee**."

MEIJI:

● Pakistan (May 80) — newspaper advertising.



Lactogen plactic carrier bag, Penang, Malaysia in March 1980.

MORINAGA:

● Yemen (Feb. 80) — delivery van and point of sale advertising.

NESTLE:

● Barbados (Apr. 80) — **Nestle** representative claims to do free sampling to mothers in supermarkets and tells researcher he plans to advertise **Lactogen** on TV.

● Dominican Republic (Mar. 80) — Mass media advertising via billboards, delivery van, radio and TV for **Nido,** a whole cream powdered milk widely used as a breast milk substitute. TV ads show a feeding bottle and crying baby with the message that **Nido** is best for baby.

● Zambia (Mar. 80) — billboard advertising.

● Malawi (Mar. 80); Malaysia and Yemen (Feb. 80); Sri Lanka (Apr. 80) — delivery van advertising.

● Malawi (Mar. 80) — participation in baby show.

● Malawi (Mar. 80); Sri Lanka (Apr. 80); Yemen (Feb. 80) — point of sale advertising.

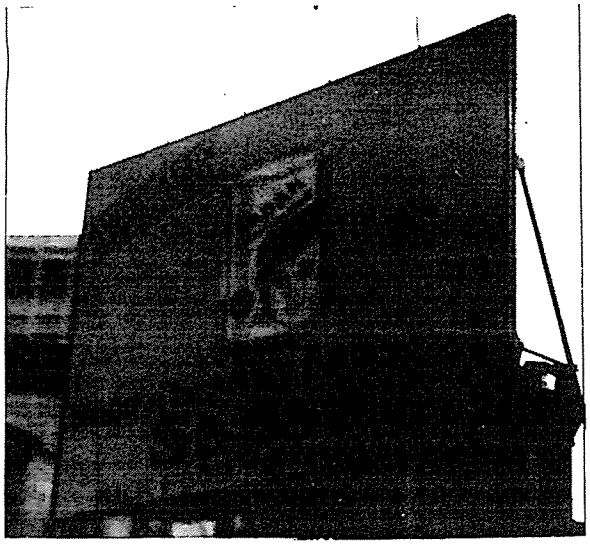
● Malawi (Mar. 80); Malaysia (Feb. 80) — calendars.

● Malaysia (Mar. 80) — **Lactogen** plastic carrier bags.

● Yemen (Feb. 80) — TV advertising for **Nido**.

● Guatemala (Mar. 80) — billboard advertising for **Nido**.

A *Nestle* vice president claimed in May 1979: "We do not advertise our brands of infant formula to consumers in developing countries."



Billboard in Calcutta advertising *Sapan* as a "medically approved" milk food for infants which will build a "healthy baby". (January 1980)

SAPAN:

● India (Jan. 80) — billboard in Calcutta reads: "Medically approved — Build a healthy baby with **Sapan** milk food for infants."

WYETH:

● Aboriginal areas of Australia (Feb. 80) — full colour advertisement in two widely distributed booklets for mothers claim: "Formula **S-26** gives young gourmets a fine start in life."

WHO/UNICEF RECOMMENDATION: "Facilities of the health care system should never be used for the promotion of artificial feeding."

COMPANY PRACTICE:

ABBOTT:

● Pakistan (Apr. 80) — **Similac** calendars in Karachi hospital as well as promotional literature distributed to clinics.

BORDEN:

● Trinidad (Apr. 80) — **KLIM** posters depicting babies with a slogan: "**KLIM** to do your very best for babies and growing children", in several public health centres.

CARNATION:

● Trinidad (Apr. 80) — posters in maternity homes stating: "Give your baby **Carnation**. The Healthy Baby Milk."

COW & GATE:

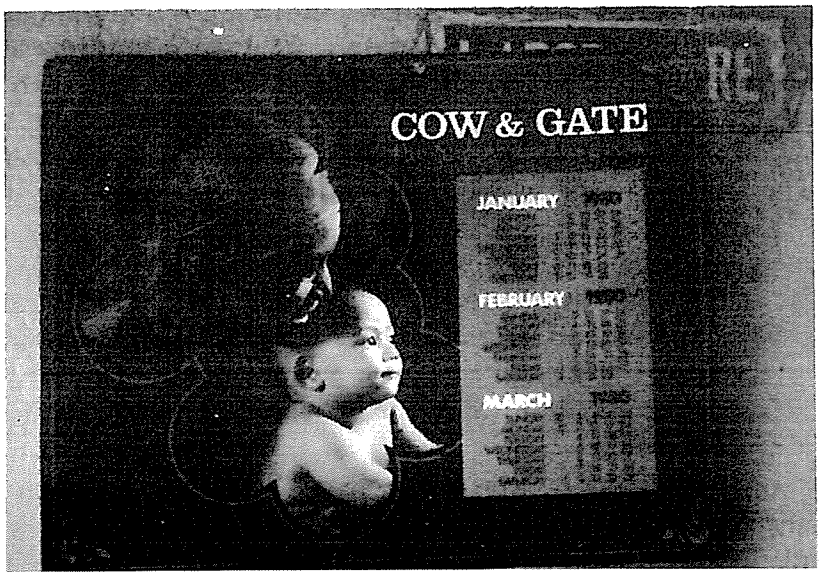
● Trinidad (Apr. 80) — 25-page babycare booklets advertising **Cow & Gate** baby formulas and cereals distributed at maternity clinics.

● Barbados (Apr. 80) — milk nurse talks to mothers and distributes samples and literature at clinics and hospitals.

● Sierra Leone (Mar. 80) — posters, clinic cards and leaflets advertising infant feeding products distributed through clinics and hospitals.



KLIM poster in Trinidad, April 1980 claims *KLIM* will help "do the very best for babies".



Cow & Gate calendar in Haiti, April 1980 claims *Cow & Gate* is "the happy way to grow".

● Yemen (Mar. 80) — baby books distributed through clinics.

● Malaysia (Mar. 80) — poster in maternity home.

● Pakistan (Apr. 80) — promotional literature, posters and calendars distributed to health care facilities.

● Antigua (Apr. 80) — milk nurse goes to clinics and hospitals to promote and distribute samples. Public health nurses have recently protested about this promotional activity.

DUMEX:

● Malaysia (Feb. & Mar. 80) — calendars, posters, brochures and feeding bottles advertising products distributed in health care facilities.

FRIESLAND:

● Malaysia (Mar. 80) — posters in health care facilities.

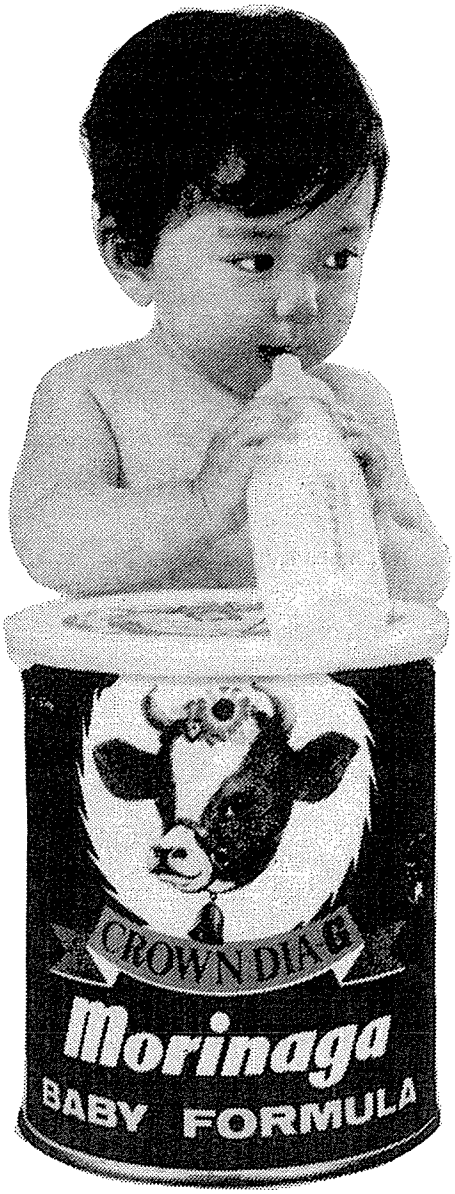
GLAXO:

● Martinique (Apr. 80) — posters in government clinics and hospitals.

● Western Samoa (Mar. 80) — booklets distributed through hospitals.

● Kenya (Feb. 80) — mothercraft nurses give lectures to mothers in clinics providing posters and booklets.

● Cook Islands (Jan. 80) — a doctor reports: "They have infiltrated into the health care system in Cook Islands, and birth cards provided by the hospital are supplied by **Glaxo,** and the calendars advertising **Golden Glaxo** are displayed prominently in the clinics."



Morinaga promotional sticker from a hospital in Haiti, April 1980.

JACQUEMAIRE:

● New Hebrides (Jan. 80) — a doctor reports: "Glossy pamphlets extolling the virtues of **Bledine** (a French product) together with samples were given to mothers in the French hospital at Vila. Even the benches in the outpatient waiting area have **Bledine** in large letters on them!"

MEAD JOHNSON:

● Yemen (Feb. 80) — baby books advertising products distributed in clinics.

● Trinidad (Apr. 80) — **Enfamil** nursette bottles donated to hospital in Port of Spain.

● Indonesia (Apr. 80) — posters, leaflets and monthly promotional visits by sales personnel to hospitals and clinics.

MILUPA:

● Martinique (Apr. 80) — **Aptamil** posters in maternity wards.

MORINAGA:

● Haiti (Apr. 80) — bright coloured posters and stickers advertising products found in public hospitals.

● Yemen (Feb. & Mar. 80) — posters, calendars, bottles and brochures advertising products distributed in clinics.

● Panama (Feb. 80) — sales people demonstrate formula preparation and distribute literature directly to mothers at hospital clinics.

NESTLE:

● Trinidad (Apr. 80) — **Nestle** posters and literature still in most maternity clinics and hospitals, despite claim of marketing director to have removed all such material 18 months ago.

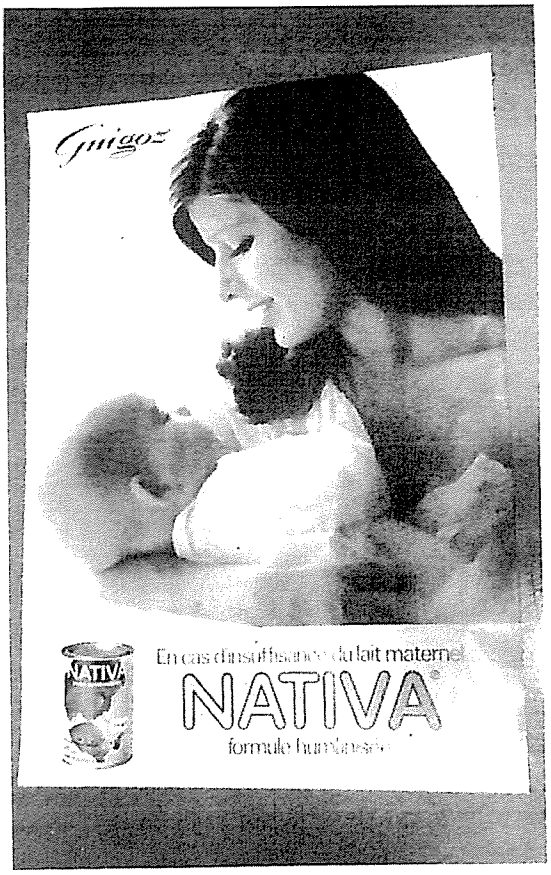
● Martinique (Apr. 80) — **Nestle** provides free bottles advertising **Guigoz** to government clinics to be distributed directly to poor mothers.

● Gambia (Apr. 80); Malawi, Sierra Leone, Malaysia, Peru (Mar. 80); Venezuela (Jan. 80) — posters in health care facilities.

● Zambia, Sierra Leone, Peru (Mar. 80) — clinic cards advertising products distributed.

● Dominican Republic (Mar. - Apr. 80) — **Nestle** bottle feeding posters hung by sales representatives in major children's hospital.

● Malaysia (Mar. 80) — height chart in private clinic.



Nestle Nativa poster from a maternity ward in Martinique, April 1980. The copy reads: "In case of insufficient mother's milk *Nativa* - humanised formula."

NESTLE (Cont.):

- Malawi (Mar. 80); Malaysia (Feb. & Mar. 80) — calendars advertising products in health care facilities.
- Guatemala (Mar. 80) — **Nestle** baby milk posters in clinics as well as extensive promotion to doctors.
- Malawi, Sierra Leone (Mar. 80); Malaysia (Feb. & Mar. 80) — brochures advertising products distributed through health care facilities.
- Peru (Mar. 80); Malaysia (Feb. 80) — feeding bottles advertising products available in health care facilities.
- Malaysia (Jan. 80) — leaflets advertising **Lactogen** and **Nan** distributed through doctors waiting rooms.
- South Africa (Jan. 80) — calendars and other promotional materials distributed through health care facilities.
- Panama (Apr. 80) — posters in health centres.
- Dominican Republic (Mar. - Apr. 80) — **Nestle** sells **Nan** formula to hospital milk banks at discount price for promotional distribution to low income mothers. Doctor complains that **Nestle** salesmen visit constantly despite efforts to keep them out of hopital. He states: "It's unbelievable the way they promote the product," and notes that sales staff concentrate on young doctors in training.
- Pakistan (Apr. 80) — posters calendars, promotional literature and other gifts distributed to clinics hospitals and pharmacies in Karachi.
- Turkey (May 80) — posters in mother and child health clinics.
- Malaysia (Mar. 80) — posters and calendars in health care facilities.

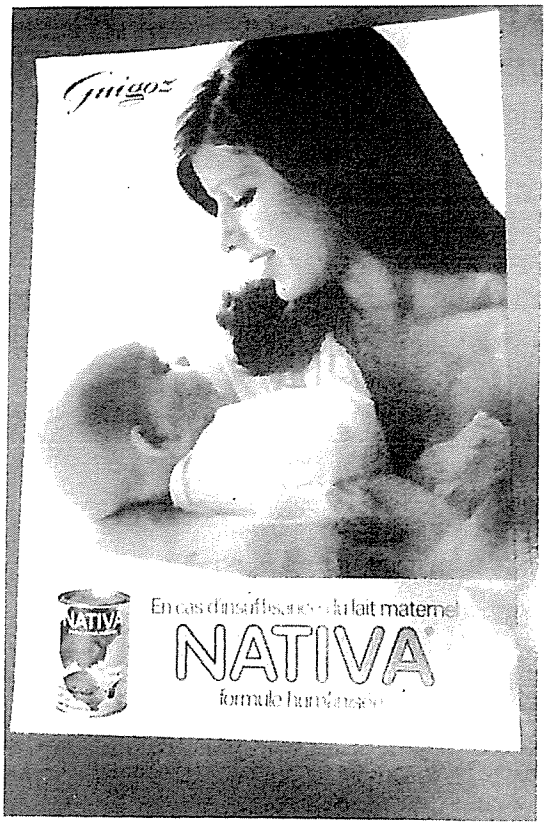
SNOW BRAND:

WYETH:

- Barbados (Apr. 80) — feeding bottles and posters advertising products in public hospitals.
- Trinidad (Apr. 80) — babycare booklets distributed through clinics, with the message: "S-26 nourishes babies like mother's milk."
- Martinique (Apr. 80) — **SMA** poster in clinics reads: "Help this little boy become a man. In **SMA** milk, a generous milk, there is all the richness of mother's milk. **SMA**, the milk that is almost mother's."
- Turkey (May 80) — posters in hospital health centres say "Only **SMA** can nourish the child like mother's milk."
- Malaysia (Mar. 80) — posters and leaflets in private clinic advertising **S-26** as "the best start in life."
- Australia (Feb. 80) — "**Wyeth Baby Book**" distributed to all mothers in very rural hospitals with high Aborigine populations. Book explains bottle preparation in *seven* languages without mentioning the superiority of breast milk. It claims that a mother can give her baby "the best possible start in life by feeding him **S-26**".
- Turkey (May 80) — distribution of feeding bottles, aprons and promotional literature in hospitals.
- Panama (Apr. 80) — posters in health centres.
- Turkey (Apr. 80) — milk nurses visit hospitals



An *SMA* poster in a maternity ward in Martinique, April 1980. It claims *SMA* has "all



Nestle Nativa poster from a maternity ward in Martinique, April 1980. The copy reads: "In case of insufficient mother's milk *Nativa* - humanised formula."

● Malawi (Mar. 80); Malaysia (Feb. & Mar. 80) — calendars advertising products in health care facilities.

● Guatemala (Mar. 80) — **Nestle** baby milk posters in clinics as well as extensive promotion to doctors.

● Malawi, Sierra Leone (Mar. 80); Malaysia (Feb. & Mar. 80) — brochures advertising products distributed through health care facilities.

● Peru (Mar. 80); Malaysia (Feb. 80) — feeding bottles advertising products available in health care facilities.

● Malaysia (Jan. 80) — leaflets advertising **Lactogen** and **Nan** distributed through doctors waiting rooms.

● South Africa (Jan. 80) — calendars and other promotional materials distributed through health care facilities.

● Panama (Apr. 80) — posters in health centres.

● Dominican Republic (Mar. - Apr. 80) — **Nestle** sells **Nan** formula to hospital milk banks at discount price for promotional distribution to low income mothers. Doctor complains that **Nestle** salesmen visit constantly despite efforts to keep them out of hopital. He states: "It's unbelievable the way they promote the product," and notes that sales staff concentrate on young doctors in training.

● Pakistan (Apr. 80) — posters calendars, promotional literature and other gifts distributed to clinics hospitals and pharmacies in Karachi.

● Turkey (May 80) — posters in mother and child health clinics.

SNOW BRAND:

● Malaysia (Mar. 80) — posters and calendars in health care facilities.

WYETH:

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● Turkey (May 80) — posters in hospital health centres say "Only **SMA** can nourish the child like mother's milk."

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● Turkey (May 80) — distribution of feeding bottles, aprons and promotional literature in hospitals.

● Panama (Apr. 80) — posters in health centres.

● Turkey (Apr. 80) — milk nurses visit hospitals to "educate" mothers.



An *SMA* poster in a maternity ward in Martinique, April 1980. It claims *SMA* has "all the richness of mother's milk."

WHO/UNICEF RECOMMENDATIONS: "Promotional distribution of samples of breast milk substitutes through health service channels should not be allowed."

COMPANY PRACTICE:

The following companies were reported distributing promotional supplies:

ABBOTT:

- Peru (Mar. 80)
- Trinidad (Apr. 80) — in maternity homes and most hospitals.
- Haiti (Apr. 80) — private physicians and private hospitals.
- Puerto Rico (Apr. 80) — **Similac** discharge kits with a tin of ready-to-feed concentrate, vitamins and a nursette given to breastfeeding mothers at a community hospital.
- Pakistan (Apr. 80) — unrequested cases of free samples distributed to clinics.

BORDEN:

- Panama (Apr. 80) — **Borden** provides free samples of **KLIM** to health centres.
- Panama (Feb. 80) — **Borden** representative distributes free **KLIM** samples to low income clinics.

COW & GATE:

- Sierra Leone (Mar. 80)
- Trinidad (Apr. 80) — in maternity homes and most hospitals.
- Barbados (Apr. 80) — samples to clinics, hospitals and mothers. Nurse in one hospital says: "We don't have to buy anything from **Cow & Gate** — they give us all kinds of free samples. We have a cupboard full."

"It is good to note that sampling is having its effect in increased sales, which of course, should be the case." — *Cow & Gate*, March 1980.

DUTCH BABY:

- Yemen (Mar. 80)

DUMEX:

- Malaysia (Feb. 80)

GLAXO:

- Trinidad (Apr. 80) — in maternity homes and most hospitals.
- Martinique (Apr. 80) — government clinics and hospitals.

LIJEMPF:

- Yemen (Mar. 80)
- Haiti (Apr. 80) — **Bebelac** sampling to hospitals.

MEAD JOHNSON:

- Haiti (Apr. 80) — private physicians and private hospitals.
- Puerto Rico (Apr. 80) — discharge packs in community hospitals
- Indonesia (Apr. 80) — samples distributed through hospitals and clinics.

MEIJI:

- Haiti (Apr. 80) — private physicians and private hospitals.
- Pakistan (Apr. 80) — distribution of unrequested free samples through health care facilities.

MORINAGA:

- Yemen (Mar. 80)
- Haiti (Apr. 80) — private physicians and private hospitals.
- Indonesia (Apr. 80) — sales staff distribute two free samples to each mother in maternity hospital.
- Panama (Apr. 80) — free samples to health centres.

~~MY ROY~~

- Malawi (Mar. 80)



Nestle Guigoz poster in clinic in Martinique, April 1980.

NESTLE:

● Martinique (Apr. 80) — aggressive sampling in government clinics and hospitals. **Nestle** offers free milk supplies to the largest maternity hospital if they're given an exclusive contract. The hospital refuses.

● Australia (Mar. 80) — **Nestle** "medical representative" delivers large unrequested supply of gift packets for mothers to Community Health Centre in lowest income areas of Sydney with high migrant and Aborigine population. Promotional literature in packets advertising **"New" Lactogen, Nan** and other **Nestle** baby foods.

● Haiti (Apr. 80) — private physicians and private hospitals.

● Malaysia (Jan. & Feb. 80) — clinics.

● Peru (Mar. 80)

● Malawi (Mar. 80)

● Panama (Apr. 80) — **Nestle** provides free promotional samples of **Nan, Pelargan, Lactogen** and **A1 110** to health centres.

● Indonesia (Apr. 80) — indiscriminate distribution of free samples directly to mothers in maternity homes.

● Pakistan (Apr. 80) — unrequested samples distributed through clinics, hospitals and pharmacies in Karachi.

NUTRICIA:

● Panama (Apr. 80) — free samples to health centres.

SNOW BRAND:

● Malaysia (Mar. 80) — free samples in clinics and hospitals.

WYETH:

● Barbados (Apr. 80) — free samples and feeding bottles given to health professionals in Barbados and the Leeward and Windward Islands. Samples to total sales ratio is approx. 5%. The **Wyeth** representative for that area says: "Sales is the major criterion when I'm evaluated. Once they leave me on my own, they don't care too much what I do as long as it sells."

● Martinique (Apr. 80) — government clinics and hospitals.

● Haiti (Apr. 80) — private physicians and private hospitals.

● Trinidad (Apr. 80) — maternity homes and most hospitals.

● Kenya (Jan. 80) — a breastfeeding mother given **S-26** sample kit at Nairobi Hospital. When she protested that she was breastfeeding, she was told: "You're sure to need a bottle after six weeks."

● South Africa (Dec. 79) — free samples distributed to mothers in pharmacies.

● Puerto Rico (Apr. 80) — **SMA** discharge packs are given to breastfeeding mothers at community hospitals, containing a ready-to-feed can and nipple.

● Turkey (Apr. 80) — distribution of **SMA** samples to maternity clinic.

● Malaysia (Mar 80) — free samples of **S-26** in clinics and hospitals for mothers on discharge.

● Indonesia (Apr. 80) — blanket distribution of free samples to mothers in maternity home.

WHO/UNICEF RECOMMENDATION: "No personnel paid by companies producing or selling breast milk substitutes should be allowed to work in the health care system."

COMPANY PRACTICE:

GLAXO:

● Trinidad (Apr.80) — **Glaxo** milk nurse visits health care facilities, talks to mothers, gives out booklets, free samples, wrist tags, crib tags and weight cards. The nurse, as a sales representative, gets a bonus if she meets the monthly sales target, and a commission if the monthly target is

NEW STRAITS TIMES, THURSDAY, FEBRUARY 28, 1980



GUTHRIE SENDIRIAN BERHAD
(Guthrie Trading)

Due to expansion of our activities, we have created vacancies in the positions of:

MOTHERCRAFT NURSES
(Ipoh; Taiping; Telok Anson; Tanjong Malim)

to promote Snow Brand Milk Products.

These positions are part of a team, promoting this rapidly growing brand of Milk Products and is for candidates interested in working with an aggressive sales promotion team.

Applicants should be SRN and/or SCM preferably with experience in midwifery, mothercraft nursing or public health. They should possess valid driving licences and own a motorcar.

Salary will commensurate with qualifications and experience and fringe benefits are those usual for established commercial organisations.

If you are looking for an interesting and challenging career in the Guthrie Organisation please write, stating personal particulars, qualifications, experience, present and expected salaries, enclosing a passport-size photograph to:

PERSONNEL MANAGER
GUTHRIE MALAYSIA HOLDINGS BERHAD
P.O. BOX 30
PETALING JAYA

Closing date: 4th March 1980.

Copy of recruitment ad for *Snow Brand* mothercraft nurses, February 1980, pointing out the function of a mothercraft nurse is to be part of an "aggressive sales promotion team."

MORINAGA:

● Indonesia (Apr. 80) — sales staff discuss infant feeding with mothers in maternity hospital.

NESTLE:

● Peru (Apr. 80) — a doctor reports: "The director of the Neonatology Department in the hospital Maternidad is employed by **Nestle**, and also works in the **Nestle** paediatric clinic. **Nestle** has exclusive rights in the provision of milk in the hospital Maternidad. This is the largest maternity hospital in Lima."

● Honduras (Mar. 80) — **Nestle** sending "hospital visitors" in uniform with company insignia to promote directly to mothers.

● South Africa (Jan. 80) — mothercraft nurses still employed to work in poor rural community health clinics.

● Lesotho (Nov. 79-Apr. 80) — after hospital official refuses to allow **Nestle** mothercraft nurse to lecture to mothers, three **Nestle** executives visit the official and offer:

1) all expenses paid trip throughout South Africa;
2) funding for Southern Africa paediatrics conference in Lesotho;
3) a possible job offer when the official's current contract expires.

The official calls these offers **"a near bribe"**. In April 1980, a new **Nestle** mothercraft nurse, a Lesotho woman, returned to the hospital and pressed the official to allow her to "educate" mothers.

SNOW BRAND:

● Malaysia (Feb. 80) — the ad (pictured left) clearly demonstrates the role which a mothercraft nurse has in the infant food industry. She is to be part of "an aggressive sales promotion team".

WHO/UNICEF RECOMMENDATION: "Promotion to health personnel should be restricted to factual and ethical information."

COMPANY PRACTICE:

ABBOTT:

● Dominican Republic (Mar. 80) — frequent sales visits and free sampling for personal use of doctors with babies.

● Taiwan (Feb. 80) — prescription pads for doctors advertising **Similac** as the infant formula most similar to breast milk. It goes without saying that the patient would also see the advertising when given a prescription.

BORDEN:

● Panama (Feb 80) — provides refreshments at medical conferences.

COW & GATE:

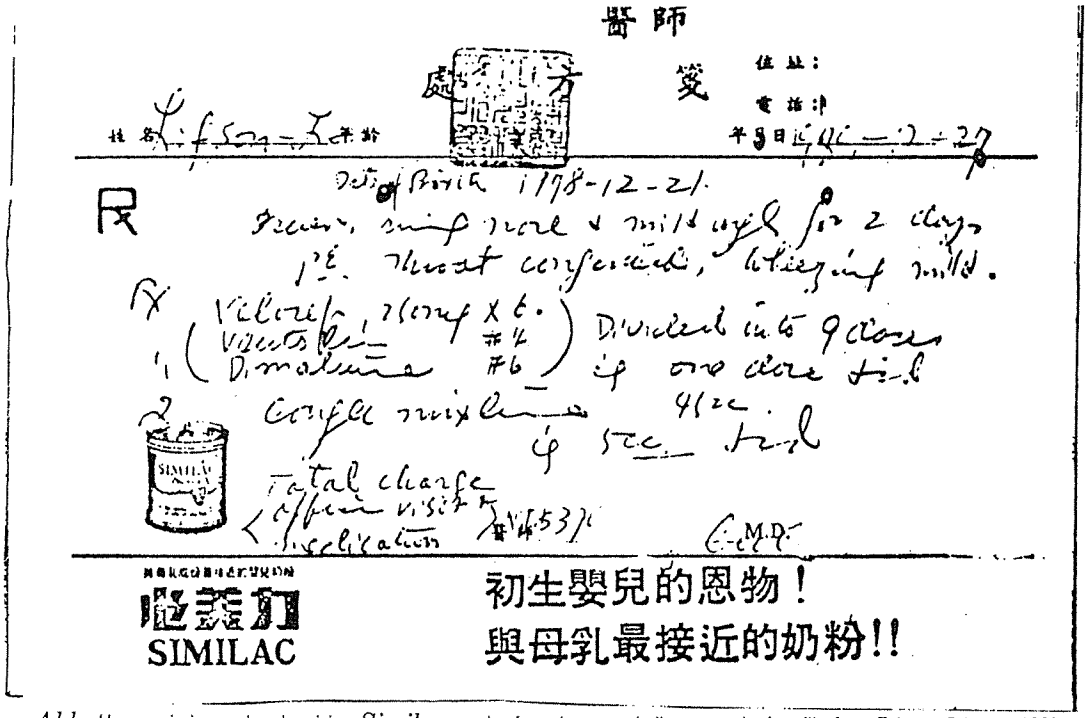
● Trinidad (Apr. 80) — stationery for doctors which reads: "**Baby Milk Plus** – leaders in infant feeding."

DUMEX:

● Malaysia (Mar. 80) — diaries and calendars given to hospital staff for personal use.

GLAXO:

● Western Samoa (1980) — sponsorship of general meeting of Medical Association



Abbott prescription pads advertising *Similac* as the formula most similar to mother's milk, from Taiwan, February 1980.

MEAD JOHNSON:

● Costa Rica (Apr. 80) — donation to doctors of various "gratifications" — trips, meals, instruments, other presents as well as gifts upon graduation from medical schools.

MEIJI:

● Pakistan (May 80) — pens, shaving kits, scrap paper holders and paperweights donated to doctors and nurses.

MORINAGA:

● Pakistan (Apr. 80) — personal gifts, promotional free samples and literature given to doctors and nurses.

● Indonesia (Apr. 80) — partial sponsorship of medical staff at maternity hospital.

NESTLE:

● Haiti (Apr. 80) — distribution of 1980 appointment book to doctors .

● Panama (Feb. 80) — **Nestle** supplies free buffet meal and fruit juices at Congress of Christian Nurses.

● Pakistan (Apr. 80) — payment for health personnel to attend meetings and dinners.

● Indonesia (Apr. 80) — distribution of promotional literature, and gifts of samples to doctors for personal use and also partial sponsorship of medical staff at maternity hospital.

● Dominican Republic (Mar. 80) — intense promotion to public health personnel, including free formula supply for doctors own infants.

● South Africa (Jan. 80) — desk blotters and calendars advertising infant formula distributed to nurses.

● Panama (Apr. 80) — samples given to nurses for their own infants. Asked if nurses given these samples might feel a preference toward that brand, the head nurse of one clinic responded, "Not a preference — an *obligation to the company.*"

SNOW BRAND:

● Malaysia (Mar 80) — calculators and desk sets given to doctors.

WYETH:

● Turkey (May 80) — **Wyeth** finances all expenses of annual Turkish medical meeting.

WHO/UNICEF RECOMMENDATIONS: "Foods for infants and young children . . . should be labelled to indicate proper and safe home preparation."

COMPANY PRACTICE:

ABBOTT:

- Barbados (Apr. 80) — **Isomil** tin has no pictorial instructions.
- Antigua (Apr. 80) — **Similac** tin has no pictorial instructions.

DUMEX:

- Haiti (Apr. 80) — **Mamex** which says on the label it is for infant feeding has absolutely no preparation instructions.

DUTCH BABY:

- Antigua (Apr. 80) — no pictorial instructions.

GLAXO:

- Fiji (Mar. 80) — labels for **Golden Glaxo** have no pictorial instructions and the written instructions are only in English in small print.
- Western Samoa (Mar. 80) — labels for **Golden Glaxo** have no pictorial instructions.

LIJEMPF:

- Haiti (Mar. 80) — **Bebelac** labels in English only.

MEAD JOHNSON:

- Haiti (Apr. 80) — **Enfamil** tin has instructions in English – Creole and French are the local languages.
- Barbados (Apr. 80) — **Enfamil** tin has no pictorial instructions.

MILUPA:

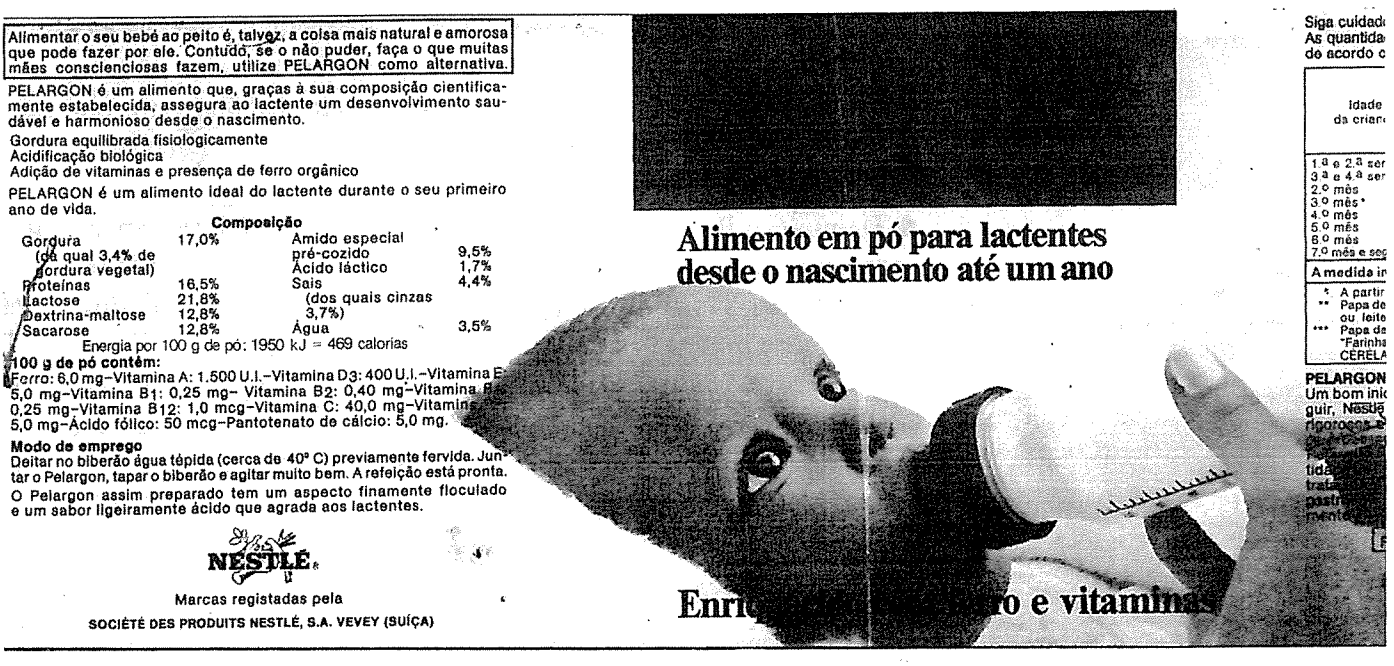
- Hong Kong (Jan. 80) — **Aptamil** tin has no pictorial instructions.

NESTLE:

- Haiti (Apr. 80) — **Lactogen** tin has no pictorial instructions and the written instructions do not advise using sterilised utensils.
- Mozambique (Mar. 80) — **Pelargon** label has no pictorial instructions and the written instructions do not advise using sterilised utensils.

WYETH:

- Haiti (Apr. 80) — **SMA** label is in English – Creole and French are the local languages.
- Venezuela (Jan. 80) — formula tins have no pictorial instructions.



Nestle Pelargon label from a tin collected in Mozambique, March 1980. The wording in the box reads: "To breastfeed your baby is, *perhaps*, the most natural and loving thing that can be done for him. However, if you can't, do what many conscientious mothers do, use Pelargon as an alternative." There is no mention of the need to sterilise the feeding utensils.

WHO/UNICEF RECOMMENDATION: "The terms 'humanised' and 'maternalised' milk for infant formula should be avoided."

COMPANY PRACTICE:

The following companies were reported using one of these terms on the labels of their products:

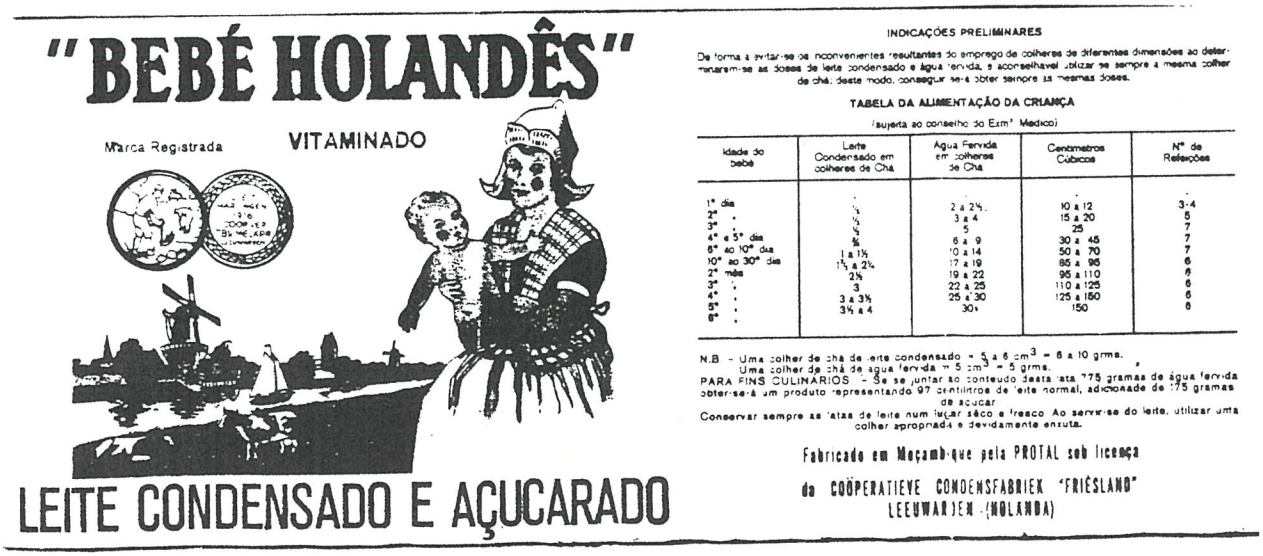
CARNATION: — Peru (Mar. 80); **DUMEX:** — Malaysia (Feb. 80); **LIJEMPF:** — Yemen (Mar. 80); **MILUPA:** — Hong Kong (Jan. 80); **MORINAGA:** — Yemen (Feb. 80); **NESTLE:** — Peru, Sierra Leone (Mar.80); Malaysia (Feb. 80); Martinique (Feb. 80); —*Lactogen, Guigoz* and *Nativa* are promoted as "humanised"; **WYETH:** — Sierra Leone (Mar. 80); Martinique (Apr. 80) — *SMA* cans.

WHO/UNICEF RECOMMENDATION: "Products that are not suitable alone as weaning foods,such as sweetened condensed milk . . . should be required by proper regulations not to be packaged, labelled, advertised or otherwise promoted in ways that suggest they should be used as a complement or substitute for breast milk."

COMPANY PRACTICE:

The following companies were reported promoting sweetened condensed milk products for infants:

BALMA: — Yemen (Feb. 80); **CARNATION:** — Yemen (Feb. 80); Peru (Mar. 80); **DUTCH BABY:** — Yemen (Feb. 80); Sierra Leone (Mar. 80); Antigua (Apr. 80); **NESTLE:** — Peru, Malawi, Sierra Leone (Mar. 80).



"BEBÉ HOLANDÊS"

Marca Registrada

VITAMINADO

LEITE CONDENSADO E AÇUCARADO

INDICAÇÕES PRELIMINARES

De forma a evitar-se os inconvenientes resultantes do emprego de colheres de diferentes dimensões ao determinarem-se as doses de leite condensado e água fervida, é aconselhável utilizar-se sempre a mesma colher de chá; deste modo, conseguir-se-á obter sempre as mesmas doses.

TABELA DA ALIMENTAÇÃO DA CRIANÇA

(sujeita ao conselho do Exmº Médico)

Idade do bebé	Leite Condensado em colheres de Chá	Água Fervida em colheres de Chá	Centímetros Cúbicos	Nº de Refeições
1º dia	½	2 a 2½	10 a 12	3-4
2º "	½	3 a 4	15 a 20	6
3º "	½	5	25	7
4º a 5º dia	¾	6 a 9	30 a 45	7
6º ao 10º dia	1 a 1½	10 a 14	50 a 70	7
10º ao 30º dia	1½ a 2¼	17 a 19	85 a 95	6
2º mês	2½	19 a 22	95 a 110	6
3º "	3	22 a 25	110 a 125	6
4º "	3 a 3½	25 a 30	125 a 150	6
5º "	3½ a 4	30+	150	6
6º "				

N.B - Uma colher de chá de leite condensado = 5 a 6 cm^3 = 8 a 10 grms.
Uma colher de chá de água fervida = 5 cm^3 = 5 grms.
PARA FINS CULINÁRIOS - Se se juntar ao conteúdo desta lata 775 gramas de água fervida obter-se-á um produto representando 97 centilitros de leite normal, adicionado de 175 gramas de açucar.
Conservar sempre as latas de leite num lugar sêco e fresco. Ao servir-se do leite, utilizar uma colher apropriada e devidamente enxuta.

Fabricado em Moçambique pela PROTAL sob licença da COÖPERATIEVE CONDENSFABRIEK "FRIESLAND" LEEUWARDEN (HOLANDA)

Dutch Baby sweetened condensed milk label collected in Mozambique, March 1980, which gives a feeding table, advocating use for infants.

WHO/UNICEF RECOMMENDATION: "Marketing of breast milk substitutes and weaning foods should be designed not to discourage breastfeeding."

COMPANY PRACTICE:

In addition to the examples already cited in this document, which help to promote artificial feeding to the detriment of breastfeeding, the following items were also noted:

ABBOTT:

- Antigua (Apr. 80) — **Similac** carries no explicit message about the superiority of breast milk.
- Barbados (Apr. 80) — **Isomil** carries no explicit message about the superiority of breast milk.



Aptamil poster from a maternity hospital in Martinique, April 1980. The copy reads: "Maternally yours - *Aptamil*."

COW & GATE:

● Sierra Leone (Mar. 80) — a **Cow &Gate** advertising leaflet collected in a health care facility in Sierra Leone had absolutely no mention of the superiority of breast milk, despite the claim by a company executive in Nov. 79: "**Cow & Gate** has **always** believed in the supremacy of breast milk and **has advised mothers accordingly.**" On 24 April 1980, B.G. Pendle, Managing Director of **Cow & Gate**, staed that a new advertising leaflet had been prepared for use in Sierra Leone. It contains one line mentioning the superority of breast milk. The leaflet is in English and three-quarters of one side is taken up with a photograph of a mother bottle feeding her baby. The latest World Bank figure for adult literacy rates in Sierra Leone shows only 15% of the adult population are literate. The impression created by the leaflet is an encouragement to bottle feeding, and a discouragement to breast-feeding.

DUTCH BABY:

● Antigua (Apr. 80) — no explicit message about the superiority of breast milk.

GLAXO:

● Antigua (Apr. 80) — **Ostermilk** label carries no explicit message about the superiority of breast milk.

● Trinidad (Apr. 80) — **Ostermilk** packages contain no breast is best message. Samples say: "Please accept this **Ostermilk Complete Formula** with our compliments. It will give your baby all the nourishment he needs and encourage contentment between feeds and peaceful sleep."

● Fiji (Mar. 80) — the label on the **Golden Glaxo** carries no explicit message about the superiority of breast milk.

● Pakistan (Jan. 80) — the packaging for **Vitamilk** and **Ostermilk** contain no explicit message about the superiority of breast milk.

MEAD JOHNSON:

● Barbados (Apr. 80) — **Enfamil** carries no explicit message about the superiority of breast milk.

MILUPA:

● Hong Kong (Jan. 80) — the label on a tin of **Aptmil** carries no explicit message about the superiority of breast milk.

NESTLE:

● Barbados (Apr. 80) — **Nestogen** carries no explicit message about the superiority of breast milk.

message about the Superi ● Costa Rica (Apr. 80) — **Nan** and **Lactogen** labels have no explicit



NESTLE (Cont.):

● Mozambique (Mar. 80) — the label on a tin of **Pelargon** contains the following wording: "To breastfeed your baby is, **perhaps**, the most natural and loving thing that can be done for him. However, if you can't, do what many conscientious mothers do, use **Pelargon** as an alternative." Breast milk **is** the natural and ideal food for infants. There is no "perhaps" to it. The use of this statement demonstrates the company's reluctance to modify its practices.

● Mexico (Jan. 80) — the label on a tin of **Nan** carries no explicit message about the superiority of breast milk.

● Sierra Leone (Mar. 80) — a **Nestle** booklet, "The dawn of a new life," was freely available in health care facilities. It contained **two** pages on breastfeeding and **seven** pages on bottle feeding. It stated, in its "advice" on breastfeeding: "Do not feed him at night, you and Baby must rest," and "Do not give the breast too often". Both bits of "advice" can lead to interference with the lactation process and contribute to a discouragement of breastfeeding.

WYETH:

● Martinique (Apr. 80) — posters on display in clinics and hospitals state: "**SMA** milk is the best food."



Top photo: A *Nestle Guigoz* poster in a maternity ward in a hospital in Martinique, April 1980. By associating the picture of a healthy baby with the product brand name, it creates the impression that bottle feeding is best. Photo right: An *SMA* poster in the same maternity ward. The copy reads: "*SMA* milk: his best food. The milk closest to mother's."

In a survey currently being conducted by **War on Want**, one of the questions asks whether the impression created by the labels on infant formula products encourages or discourages breastfeeding. An overwhelming majority have responded "discourages". A similar question about the effect of infant food company promotion showed a majority expressing the opinion that it contributed to the popularisation of bottle feeding. These are a few of the comments:

"The labels never encourage and usually imply that the product is the best available." — *doctor in Gambia*

"Discourage it — the more educated new mothers now are **convinced** that the fat white baby on the front of the tin is what their baby will be like if they could give tinned milk." — *nurse in Zambia*

"Yes — (pictures of) healthy babies give the impression that bottle feeding is best."
— *health worker in the Yemen*



Carnation poster in Maternity Home in Trinidad, April 1980. It claims *Carnation* is "the healthy baby milk."

INTERNATIONAL BABY FOOD ACTION NETWORK

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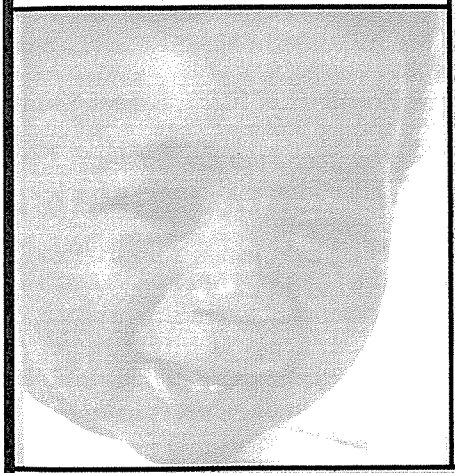
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IBFAN's main purpose is to provide an international network to coordinate and share amongst the various organisations the research gathered in monitoring the ongoing promotional activities of the infant food industry, in order that a strong international campaign on this issue can be sustained, and encouragement be given to those groups working to develop more appropriate infant feeding practices.

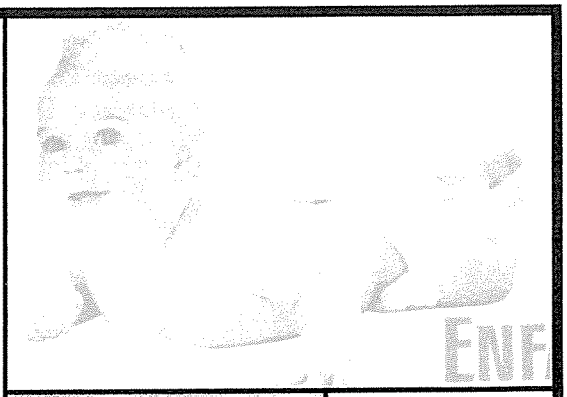
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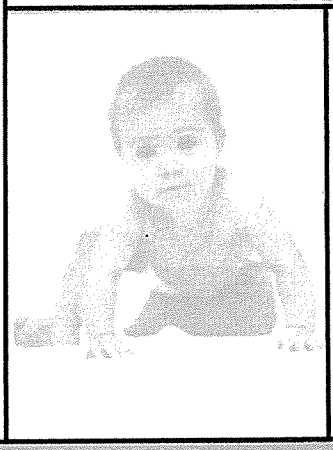
Published by: IBFAN, International Baby Food Action Network, Geneva, London and Minneapolis.
Printed by: Lithosphere, 467 Caledonian Road, London N7 9BE, England.

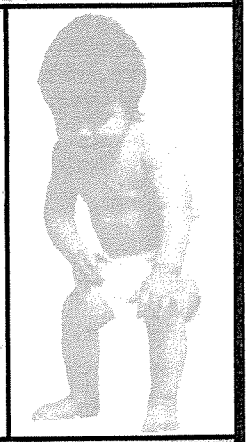
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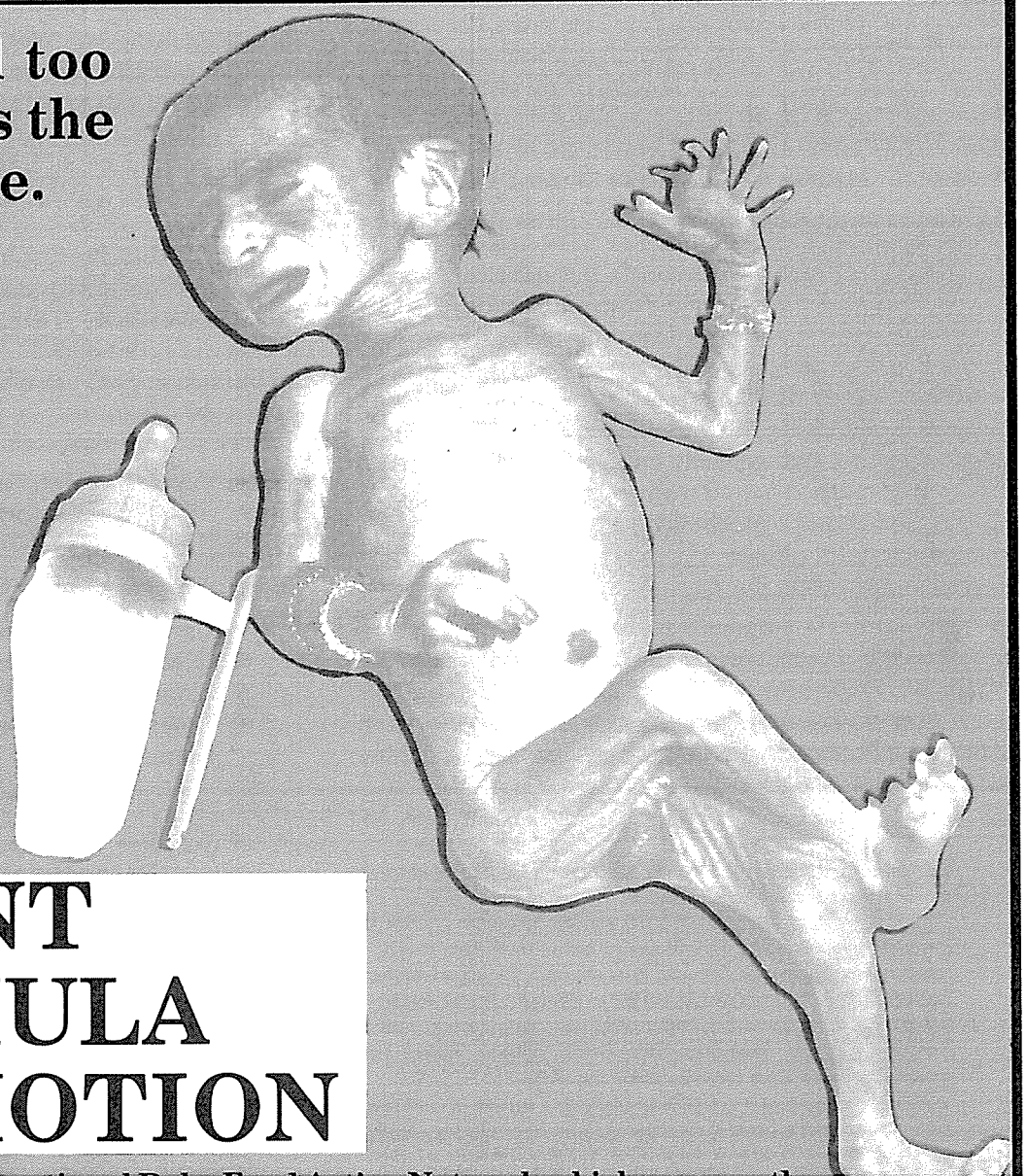






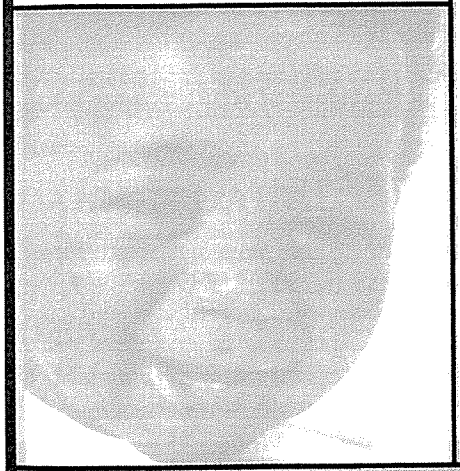


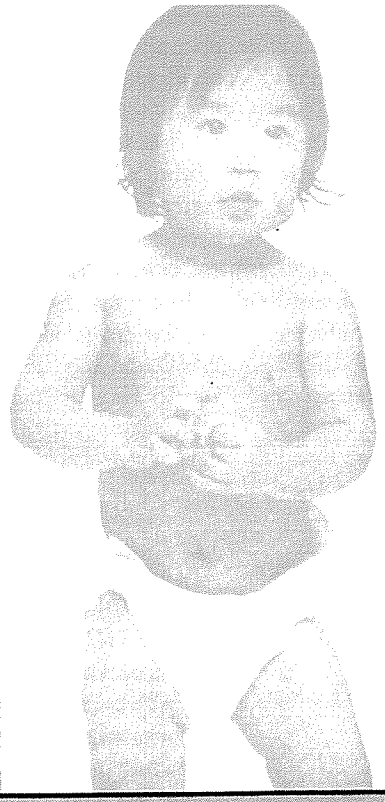
. . . but all too often this is the true picture.

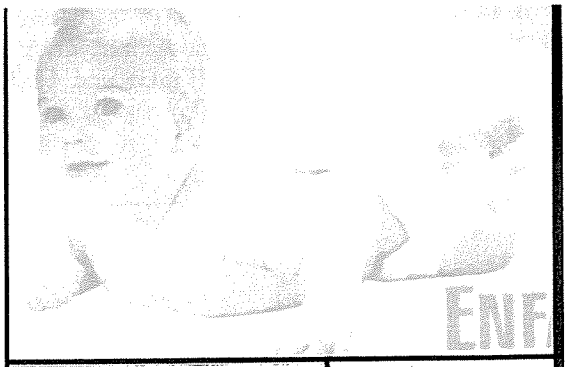


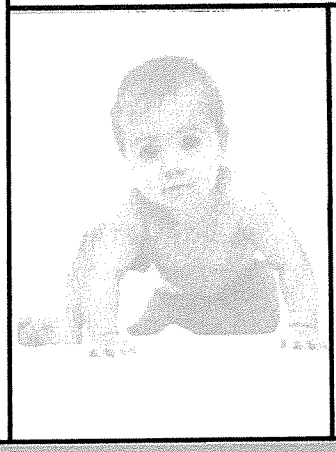
INFANT FORMULA PROMOTION

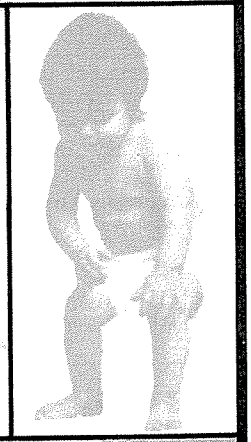
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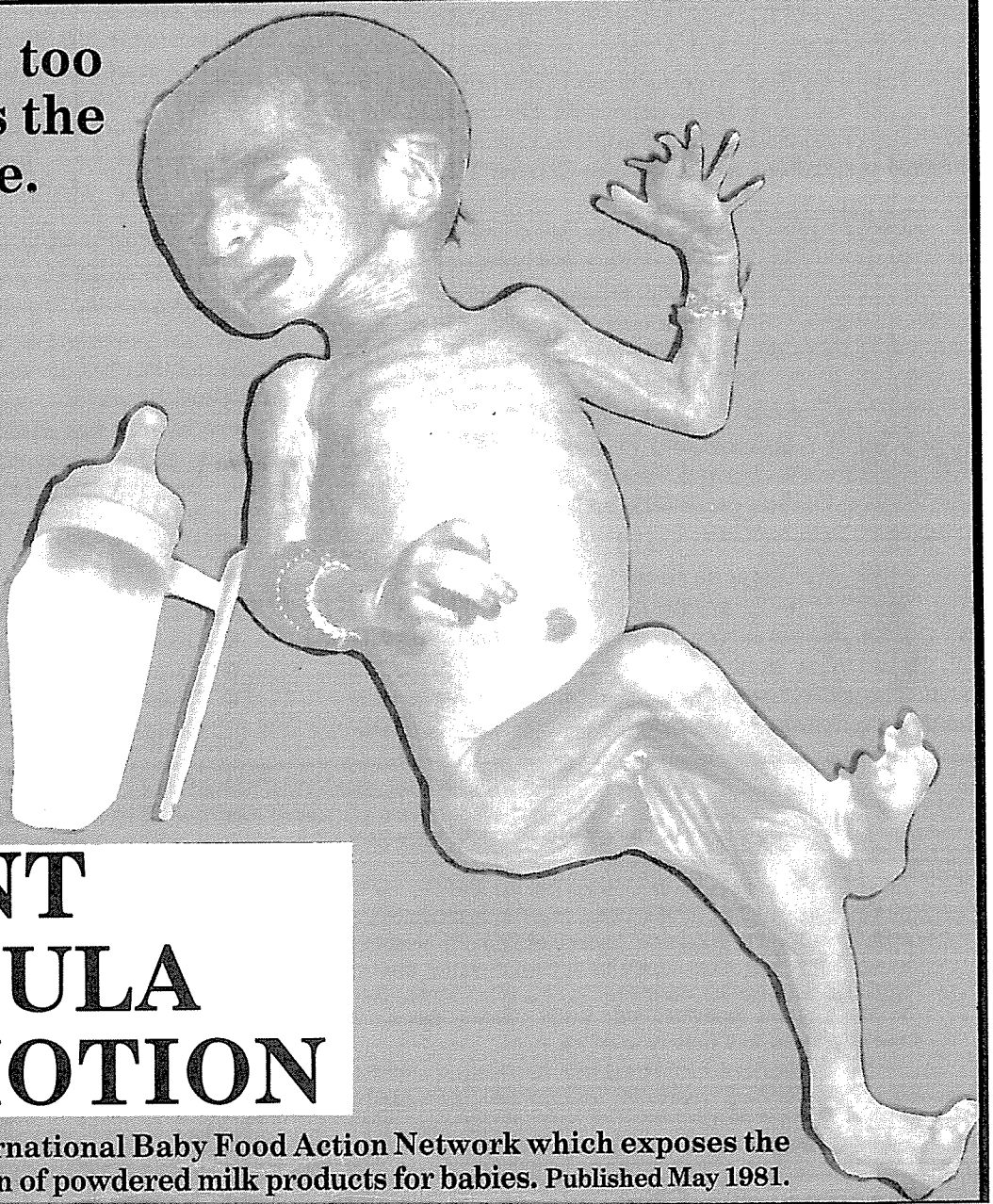








. . . but all too often this is the true picture.



INFANT FORMULA PROMOTION

A report by the International Baby Food Action Network which exposes the aggressive promotion of powdered milk products for babies. Published May 1981.

INTRODUCTION

In October 1979, in recognition of the dangers involved in the inappropriate use of powdered baby milks, the World Health Organisation (WHO) and UNICEF convened a meeting on Infant and Young Child Feeding. That meeting acknowledged the negative impact on infant health of the excessive and aggressive promotion of these products by the infant food industry and introduced a series of recommendations as a first step to curb these practices.

Representatives of the infant food industry participated in the meeting and at its conclusion agreed to abide by these minimum provisions while WHO and UNICEF continued work on an international code of marketing to further protect infant health.

In March 1981, the International Council of Infant Food Industries (ICIFI), which represents 15 companies that together control an estimated 85% of the infant milk market, said:

> *"ICIFI members continue to support the Statement and Recommendations of the October 1979 meeting."*

Unfortunately, as this document shows, "support for" does not mean **abiding by** the recommendations.

Since the October meeting, the International Baby Food Action Network (IBFAN) has attempted to monitor the practices of the industry, and bring them to the attention of WHO/UNICEF, the industry, health professionals and the general public. This report is the fourth in a series, and the **365** violations of the October meeting documented here, involving **35** companies in **31** countries, brings the total number of violations recorded since October 1979 to over 1000.

The evidence in this report has been compiled from statements by health professionals and consumer organisations from the Third World, religious missionaries and development aid volunteers from the industrialised nations who are working in the Third World and through field investigations by IBFAN researchers. All sources are requested to provide full verification of the date, place, activity/content and company involved for each reported violation. Reports received without sufficient verification are checked through secondary sources.

The infant food industry has not cooperated in efforts to independently monitor its marketing practices. Industry's refusal to provide corporate marketing reports (promotional data, market surveys, policy implementation evaluations, etc.) has been a primary limitation to IBFAN's monitoring work. Lack of funding for extensive research is another limitation, preventing the comprehensive monitoring that is required to reveal the full scope of marketing operations. This document, therefore, is only a small reflection of the vast shadow which the industry is throwing across infants' right to health.

Nonetheless, it clearly demonstrates the unwillingness of the infant food industry to modify its practices voluntarily. As long as its means of promoting infant feeding products are considered "legal", the immoral and unethical nature of that promotion is ignored.

Nor does the industry show a great deal of enthusiasm for the proposed international code of marketing which WHO and UNICEF have been preparing for the May 1981 World Health Assembly.

In January 1981, the President of ICIFI, Ernest Saunders, said:

> *"The World Industry has found this present draft code unacceptable."* He added that it would be *"often irrelevant and unworkable."*

In March 1981, the major US companies, **Abbott/Ross, Mead Johnson** and **Wyeth**, said:

> *"WHO's Code is unbalanced, unrealistic and ignores critical facts."*
>
> *"Adoption of the WHO's final draft code as a recommendation or otherwise would not be in the best interests of women or children."*
>
> *"We strongly believe the United States delegation to the 34th World Health Assembly should vote against adoption . . . ."*

What the industry wants to see is a "code of principles" — or in other words, a code without teeth. ICIFI has said the code should be a "framework for the development, *where possible*, of appropriate National Codes which meet local needs."

While the final implementation of any code rests with national governments, a universal code which establishes minimum provisions — a minimum code of behaviour — is an essential pre-requisite. Otherwise, confusion sets in and the industry will use different practices and standards in different countries.

There is only one standard for infant health.

And, as the evidence on the following pages demonstrates, that standard has been violated through the aggressive and unnecessary promotion of artificial feeding. It shows that the industry continues to:

- **Advertise direct to consumers.**
- **Use health care facilities to promote products.**
- **Distribute promotional samples.**
- **Promote unsuitable products for infants.**
- **Discourage breast feeding through promotional practices.**

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IBFAN's main purpose is to provide an international network to coordinate and share amongst the various organisations the research gathered in monitoring the ongoing promotional activities of the infant food industry, in order that a strong international campaign can be sustained, and encouragement be given to those groups working to develop more appropriate infant feeding practices.

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WHO/UNICEF RECOMMENDATION: "There should be no sales promotion, including promotional advertising, to the public of products to be used as breast milk substitutes or bottle fed supplements and feeding bottles."

COMPANY PRACTICE:

ANDHRA PRADESH DAIRY DEVELOPMENT COOPERATION LTD:

● India (19 Feb 81) — ad in a local newspaper, *Ananda Bazar Padrika*, says **Vijayaspray** is "the answer to a mother's prayer" and "a superior milk food for babies."

● India (Oct 80) — billboard advertising **Vijayaspray** in Bangalore says it is "blended with the goodness of mother's love."

● India (Oct 80) — delivery van advertising **Vijayaspray** at Hudson Circle, Bangalore.

DALMIA DAIRIES:

● India (23 Sep-7 Oct 80) — two page ad for **Sapan** in *Femina* magazine. The same ad appeared in the 16-30 Sep issue of *Film Fare* magazine.

DUMEX:

● Malaysia (Jan 81) — large storefront hoarding advertises **Dumex Baby Food** and **Mamex** infant formula in Balik Pulau, Penang.

● Malaysia (Jan 81) — four outdoor posters, nailed to a tree, promote **Dumex Baby Food** on the road from Balik Pulau to Telek Kunbar, Penang.

● Malaysia (Jan 81) — two large storefront hoardings promote **Dumex Baby Food** on two separate shops in the same road in Georgetown, Penang.

● Malaysia (Jan 81) — two outdoor posters, nailed to a tree, promote **Dumex Baby Food** on the road from Georgetown to Batu Ferrenghi, Penang.

● Malaysia (Jan 81) — delivery van advertising **Dumex Baby Food** on Ayer Itam Road, Georgetown, Penang.

● Malaysia (Jan 81) — large storefront hoarding advertises **Dumex Baby Food** in Kuala Lumpur.

● Malaysia (Jan 81) — six metal posters advertising **Dumex Baby Food** nailed to side of small shop on the road from Kuala Lumpur to Mentakab.

● Malaysia (Jan 81) — large storefront hoarding promotes **Dumex Baby Food** in Kuantan.

● Malaysia (Jan 81) — four metal posters advertising **Dumex Baby Food** nailed to front of shop in Batu Maung, Penang.

FOREMOST:

● India (6 Sep 80) — full page ad in *Eve's Weekly* for **Angel** baby milk food calls it "as gentle as your love." The same ad appeared in *Film Fare* magazine in the 16-30 Sep issue and in *Femina* magazine in the 23 Aug-7 Sep issue. It appeared in Tamil in the Sep issue of *Mangai* magazine.

FRIESLAND:

● Malaysia (Jan 81) — large storefront hoarding advertises **Dutch Baby** baby food in Georgetown, Penang.

● Malaysia (Jan 81) — delivery van advertising **Dutch Baby** baby food on Bonsor Road, Kuala Lumpur.

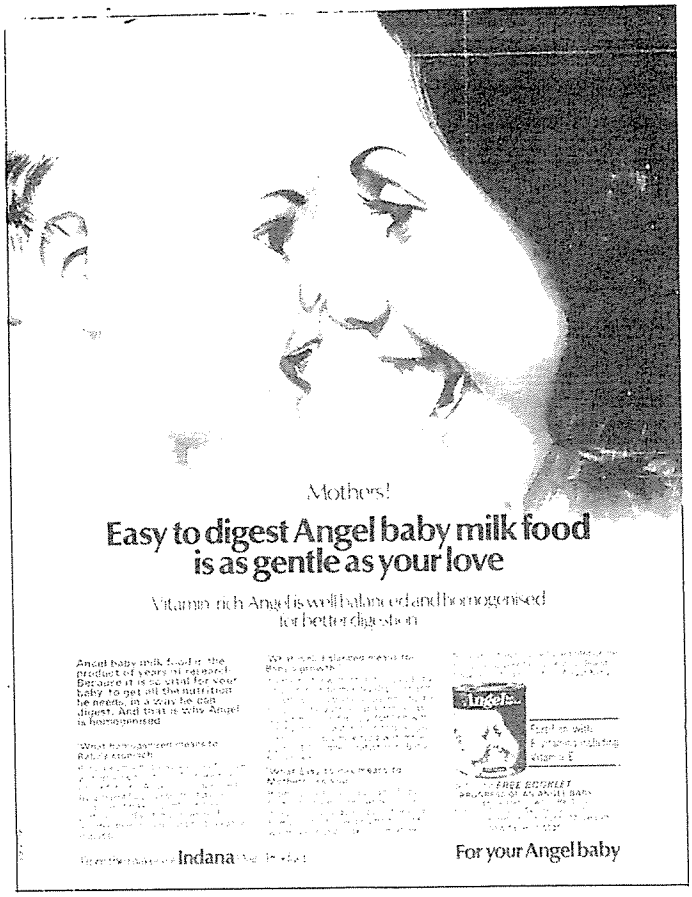
● Malaysia (Jan 81) — large storefront hoarding advertises **Dutch Baby** baby food in Mentakab.

● Malaysia (Jan 81) — delivery van advertising **Dutch Baby** baby food on road to airport, Kuala Lumpur.

● Malaysia (Jan 81) — delivery van advertising **Dutch Baby** baby food on Green Lane, Georgetown, Penang.







"Blended with the goodness of mother's milk" proclaims a billboard for *Vijayaspray* from Bangalore, India in Oct 80 in the top photo. Middle photo shows a storefront hoarding in Penang advertising *Dutch Baby* baby food in Jan 81. Bottom, is a reproduction of an ad for *Angel* baby milk which appeared in several Indian magazines during Aug and Sep 80. It calls *Angel* "as gentle as your love."

GLAXO:

- Fiji (19 Feb 81) — four page advertising supplement in *The Fiji Times* celebrates the opening of a new **Glaxo** packaging plant for baby milk and other products in Fiji. It includes a photo of a mother bottle feeding her baby with the caption: "It's feeding time for Elijah Gounder, 1½ months old, and what better milk to give him than **Glaxo**?" **Glaxo** has 85% of the infant formula market in Fiji and imports 240 tonnes of powdered milk per year to be repackaged. Ironically, the plant was opened during the same week that Fiji Radio was praising mother's milk as being best for baby in its "Food of the Week" programmes.
- Pakistan (8 Feb 81) — "Give your baby the benefit of modern research — **Vitamilk**" reads the headline of an ad in the *Pakistan Times*.
- India (10 Jan 81) — **Glaxo** runs cinema advertising in Bombay cinemas for **Glaxo Sunshine** infant milk food. The film is screened before all four shows daily and features pictures of happy, healthy babies, with part of the commentary saying: "**Glaxo Sunshine** . . . is most suitable for baby's tender digestion."
- Pakistan (12 Dec 80) — ad for **Ostermilk** in *The Dawn* newspaper.
- Bangladesh (Dec 80) — billboard advertising for baby milks in Dacca.
- India (14 Sep 80) — **Glaxo** holds a "baby crawling contest" in Bangalore, mainly promoting **Farex**, a cereal based weaning food, but also distributes baby care booklets promoting **Glaxo Sunshine** infant formula.
- India (Sep 80) — ad for **Sunshine** baby milk on the radio in Bangalore, with the jingle: "You can always tell a **Glaxo** baby."





Glaxo continues to use mass media advertising to promote its products, despite claiming in 1979: "The company does not indulge in hard selling methods, nor in extravagant advertising." The ad on the left is from *The Dawn* newspaper in Pakistan during Dec 80; the one above is from the *Pakistan Times* in Feb 81 and has been previously reported as being used in Pakistan newspapers.

GUJERAT COOPERATIVE MILK PRODUCERS UNION LTD:

● India (16-31 Aug 80) — ad for **Amulspray** in *Film Fare* magazine says: "From the start **Amulspray** — India's most popular baby food." The same ad appeared in the *Illustrated Weekly of India* on 13 Apr 80.

LIJEMPF:

● Syria (Sep 80) — point of sale poster for **Bebelac** in Damascus.

MAMSAN:

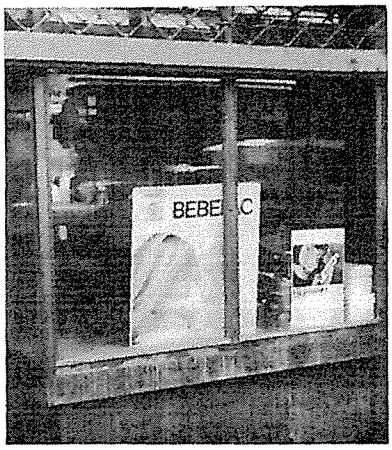
● Turkey (Feb 81) — local pharmaceutical distributor advertises its sole distributorship of **Mamsan** baby milk in Istanbul and Thrace in the major Istanbul daily newspaper, *Hurriyet*, which has a circulation of 1 million.

NESTLE:

● Thailand (4 Jan 81) — **Nestle** advertises on TV during peak evening viewing time for **Nespray** full cream milk. **Nestle** will argue that **Nespray** is not an infant formula and therefore is not covered by the WHO/UNICEF recommendations; however, on the following day, a tin of **Nespray** was purchased in Bangkok, and the label included infant feeding tables, with the following wording: "Instant **Nespray** is good food for growing children.... Breast feeding is natural and normal but when breast feeding is not possible or is insufficient, you could use whole milk powder according to the feeding table which could be altered on medical advice."

NEW ZEALAND DAIRY BOARD:

● Bangladesh (26 Aug 80/8 Feb 81) — two separate reports, one in Aug 80, one in Feb 81, document billboard advertising on the same site in Dacca for **Fernleaf** half cream milk powder and **Anchor** full cream milk powder. The billboard has a huge illustration of a mother offering a bottle to her baby. The copy reads: "New Zealand dairy products — naturally better."



● Bangladesh (27 Jul 80) — ad in Bengali language paper, *The Daily Ittefaq*, for **Fernleaf** half cream milk powder shows a huge illustration of a mother offering a bottle to her baby.

SNOW BRAND:

● Thailand (Sep 80) — full page ads for **P7A** in three magazines aimed at mothers: *Na Ruk, Moe-Chao-Ban* and *Mae Dek*.

● Thailand (Aug 80) — full page ads for **P7A** in seven magazines aimed at mothers: *Kusang-Kusom, Pattaya, Na Ruk, Look Ruk, Mae Ban, Moe-Chao-Ban* and *Mae Dek*.

● Thailand (Jul 80) — full page ads for **P7A** in four magazines aimed at mothers: *Pattaya, Mae Qua, Na Ruk* and *Look Ruk*.

WYETH:

● Ecuador (Jan 81) — **S-26** baby milk posters depict mothers and healthy white infants in pharmacies in Guayaquil and Quito.



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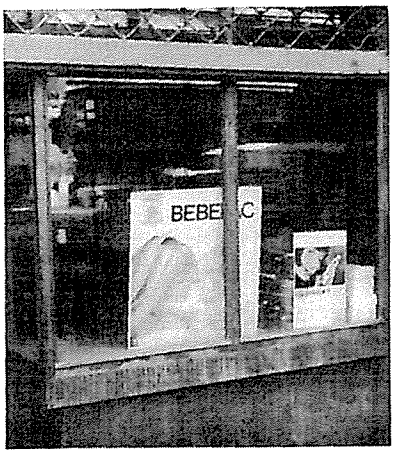
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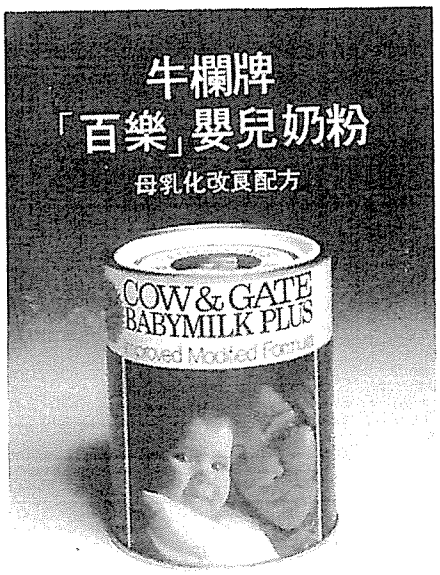
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Top photo shows a *Bebelac* point of sale poster from Syria in Sep 80. Bottom photo is of a massive billboard advertising *New Zealand Dairy Board* products in Dacca, Bangladesh, which was reported in both Aug 80 and Feb 81.







Top photo shows the front cover of an *Abbott* booklet for mothers distributed in Guatemala in Jan 81. Middle photo is of the front cover of a *Cow & Gate*

WHO/UNICEF RECOMMENDATION: "Facilities of the health care system should never be used for the promotion of artificial feeding."

COMPANY PRACTICE:

ABBOTT:

● Guatemala (Jan 81) — **Abbott** representative gives 500 copies of "La madre y el bebe" booklet to paediatrician for distribution to mothers in the maternity ward of the Guatemalan Social Security Maternity Hospital. The front cover of the booklet depicts a smiling mother bottle feeding her happy baby.

BORDEN:

● Philippines (Sep 80) — poster in Manila hospital shows healthy baby with a large tin of **KLIM** powdered milk.

COW & GATE:

● Hong Kong (Mar 81) — leaflets and booklets for mothers advertising infant formulas distributed through Hong Kong hospital.

● Taiwan (Mar 81) — **Cow & Gate Babymilk Plus** brochure distributed in hospital states that it is "comparable in nutritional value to breast milk . . . formulated to provide a milk food which can replace breast milk." The brochure, oriented towards mothers, provides a phone number to call **Cow & Gate** for direct advice, rather than a doctor's advice.

FOREMOST:

● India (Oct 80) — baby care booklets for mothers advertising **Angel** baby milk distributed through private doctors in New Delhi.

FRIESLAND:

● Hong Kong (Mar 81) — **Friesland** brochure distributed through hospital advertises **Frisolac** and **Frisocrem** and gives mothers a **Friesland** "mother-craft service" telephone number to call.

GLAXO:

● Fiji (Feb 81) — height and weight cards promoting **Glaxo** infant formulas distributed through health care facilities.

● Kenya (Oct 80) — calendar advertising **Ostermilk** in reception area of private maternity hospital in Nairobi.

LEO DE WINTER:

● Hong Kong (Mar 81) — **My Boy** milk powder is advertised in a mother and baby booklet collected in a hospital as a "mother's milk equivalent in powdered form."

MEAD JOHNSON:

● Taiwan (Mar 81) — poster advertising **Enfamil** in clinic examination room.

● Taiwan (Mar 81) — **Mead Johnson** brochures in hospital advertise **Enfamil** formula, translating **Enfamil** into "Baby, Child, Beautiful". The brochure states: "Mother's milk is best! Baby, Child, Beautiful (**Enfamil**) is the closest approach!"

● Philippines (Feb 81) — "Health book" and "Baby Care Album" distributed through maternity clinics in Manila hospital. Both booklets advertise **Alacta, Enfamil, Olac** and **Sobee** formulas.

● Philippines (Sep 80) — pamphlets advertising infant formulas distributed to mothers through Manila health centre.

● Philippines (Sep 80) — baby care booklets advertising infant formulas distributed to mothers through Cavite City medical centre.

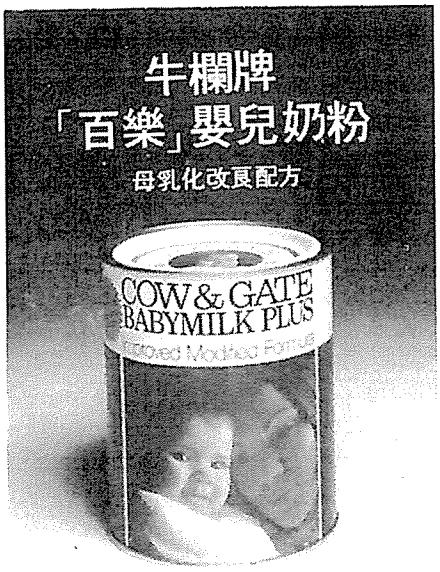
MEIJI:

● Taiwan (Mar 81) — **Meiji** brochure collected in hospital properly emphasises that "Mother's milk is best" on the front page but then devotes the remaining seven pages to the merits of **Meiji FA** formula, which it claims is "backed by research of many years in mother's milk . . . aiming at a perfect substitute for mother's milk."

● Taiwan (Mar 81) — two posters advertising **Meiji FA** formula prominently

system should never be used for the promotion of artificial feeding.







Top photo shows the front cover of an *Abbott* booklet for mothers distributed in Guatemala in Jan 81. Middle photo is of the front cover of a *Cow & Gate* brochure collected in Taiwan in Mar 81. Bottom photo is a *Mead Johnson* poster advertising *Enfamil* on display in a Taiwan clinic in Mar 81.

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● Taiwan (Mar 81) — two posters advertising **Meiji FA** formula prominently displayed in hospital.

● Thailand (Dec 80) — posters advertising **Meiji** baby milk in two Bangkok hospitals.

MILUPA:

● Hong Kong (Mar 81) — **Milupa** brochure collected in hospital advertises **Aptamil** as being made "according to the formula of mother's milk to which is added 11 kinds of life-giving vitamins and minerals." **Aptamil** is translated as "Love His Beauty". The brochure claims: "In Germany, of every two infants, there is one that relied on **Milupa** to grow large .... It can be used as a supplement or entirely to replace mother's milk .... Good for newborn infants."

MORINAGA:

● Taiwan (Mar 81) — **Morinaga** distributes cards to mothers in hospitals which promise them a gift sample of milk formula if they provide the names and addresses of other mothers with newborns. The more names a mother provides, the more **Morinaga** gifts she receives.

● Taiwan (Mar 81) — poster with baby and tin of **Morinaga** formula prominently displayed in hospital.

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● Hong Kong (Mar 81) — **Morinaga** brochure collected in hospital states the superiority of breast milk, but devotes six pages to bottle feeding and just one to breast feeding. It further states that mother's milk is the foundation of **Morinaga** milk, implying their virtual equivalence.

NESTLE:

● Honduras (Apr 81) — poster in Social Security Hospital in Tegucigalpa, while not advertising a particular **Nestle** formula clearly makes the link between formula feeding and young babies. It was first noted in Aug 80, yet the company has still made no attempt to remove the poster.

● Hong Kong (Mar 81) — **Lactogen, Lactogen Full-Protein,** three different **Nestum** cereals and **Cerelac** are advertised in **Nestle's** "You and Your Baby" booklet currently distributed to mothers in Hong Kong hospital. The **Lactogen** formula ad reads:

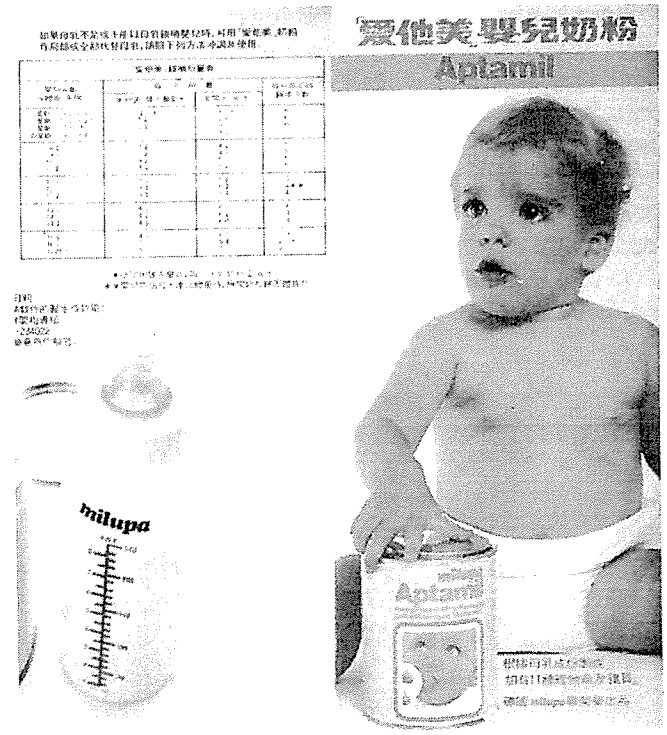
> "Why Is It That So Many Mothers Use **Lactogen** To Feed Their Tiny Treasure?
> **Lactogen** is the *completely beneficial* infant formula which can give your baby the elements that he must have. It is *completely safe* and reliable. Moreover, it is *incredibly easy to mix* .... It's guaranteed totally healthy, pure and reliable. It is your small treasure's most effective and recommended infant formula." (Emphasis added.)

● Hong Kong (Mar 81) — **Lactogen** and **Nan** brochures "printed for the medical profession" but by content and wording intended for distribution to mothers are shaped like formula tins and devote very little space to the superiority of breast feeding. The **Nan** brochure depicts a **Nan** tin with a white baby being bottle fed.

● Taiwan (Mar 81) — calendars advertising infant formulas displayed in Taiwan hospital.

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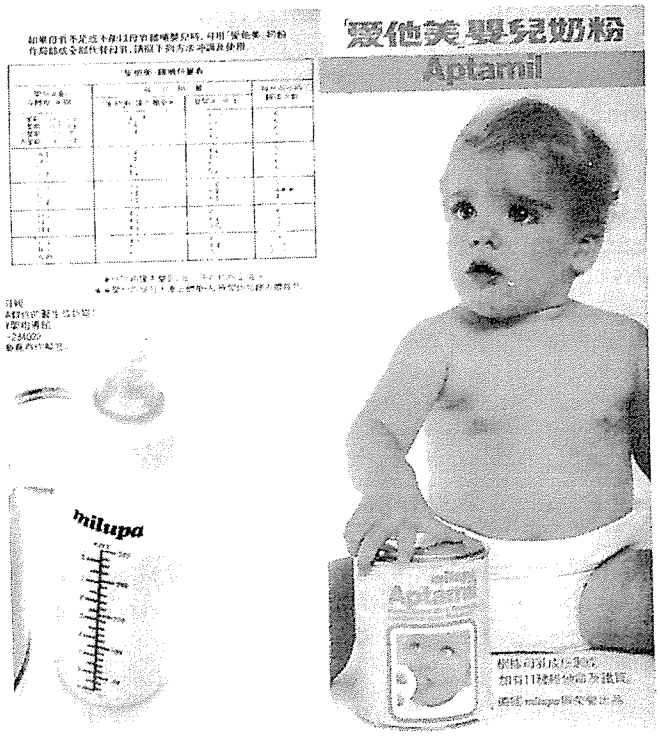
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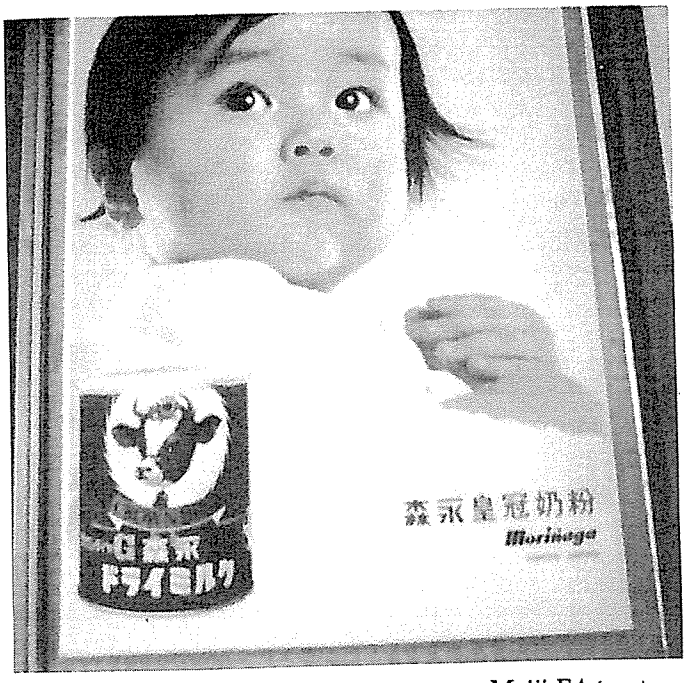
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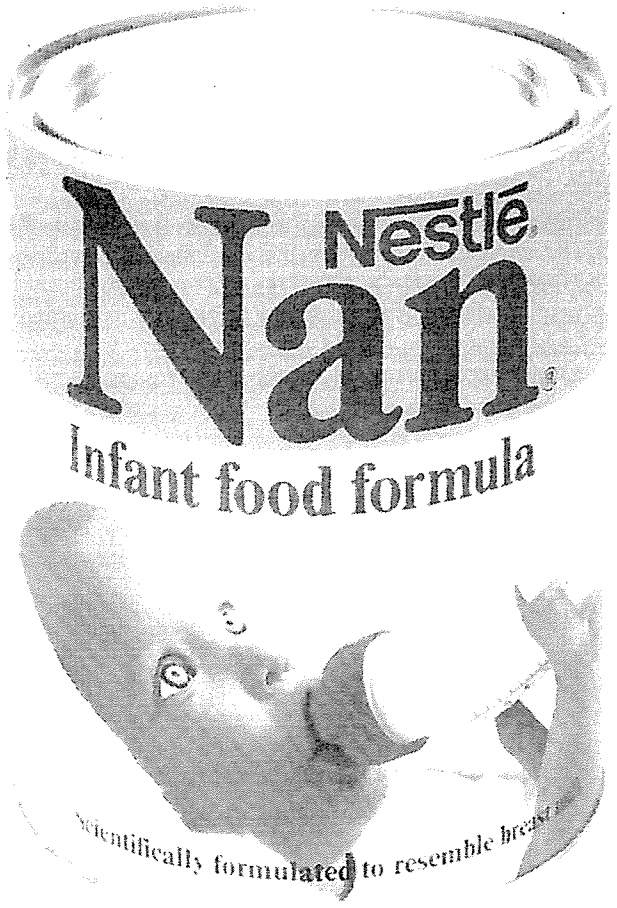
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NESTLE Cont:

- Zimbabwe (Feb 81) — **Nestle** poster in nursery of Bulawayo hospital depicts a tin of **Lactogen** and says "when mother's milk fails . . ." use **Lactogen.**
- Zimbabwe (Feb 81) — **Nestle** posters and calendars on display at large government maternity home. "Progressive Feeding for Baby", a 16-page pamphlet with advertisements for **Lactogen** and **Neslac** and faulty advice on breast feeding is still distributed at several clinics and maternity homes although it was reported as a violation in December 1980.
- Philippines (Feb 81) — "Baby Health Book" distributed to mothers at private maternity clinic in Manila. Booklet advertises **Nan, Lactogen, Pelargon** and **Nestogen.**
- South Africa (Feb 81) — **Nestle** brochures distributed at rural hospital note that breast feeding is best, but emphasise that **Pelargon** is "the safest formula for your baby . . . **Pelargon** babies enjoy a steady healthy growth and a resistance to infection close to that of breast fed babies." Another **Nestle** brochure devotes 24 times more text and pictures to **Lactogen** bottle feeding than to breast feeding.
- Brazil (Jan 81) — poster in paediatric ward of Belo Jardim hospital advertises infant formulas and claims: "**Nestle** infant milk guarantees good development."
- Thailand (Dec 80) — baby care booklets for mothers advertising **Nestle** infant formulas distributed through two Bangkok hospitals.
- Thailand (Dec 80) — posters advertising **Nan** infant formula in four Bangkok hospitals.
- Thailand (Oct 80) — baby care booklet for mothers promoting **Nestle** infant formulas distributed through clinics and hospitals in Bangkok.
- Philippines (Sep 80) — **Nan** baby books for mothers distributed through polyclinic in Bacoor, Cavite.
- Philippines (Sep 80) — **Pelargon** baby books for mothers distributed through health centre in Imus, Cavite.
- Philippines (Sep 80) — **Nestogen** baby care booklet for mothers distributed through rural health unit in Bacoor, Cavite.







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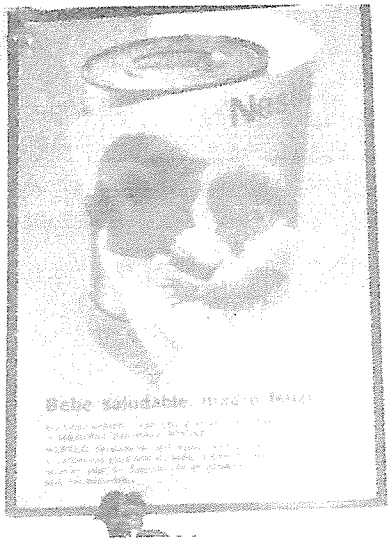
Nestle continues to use health care facilities to promote its infant formula products. Shown above left is the front cover of a brochure collected in a South African hospital in Feb 81 which advertises *Pelargon* as "the safest formula for your baby." Top right is a page from *Nestle's* "You and Your Baby" book collected in a Hong Kong hospital in Mar 81 which advertises *Lactogen* as "completely beneficial". Bottom right is the front cover of a brochure collected in a Hong Kong hospital in Mar 81 which promotes *Nan*.

NESTLE Cont:

● Philippines (Sep 80) — **Nestogen** baby care booklets for mothers distributed through health centre in Las Pinas, Manila, as well as a **Lactogen** height chart prominently displayed.

● Philippines (Sep 80) — **Nestogen** baby care booklets, patient cards, baby record books and **Nestogen** appointment cards distributed to mothers through Manila health centre. A **Lactogen** height chart is also prominently displayed.

● Philippines (Sep 80) — **Nestle** immunisation cards distributed to mothers through Manila health centre. Card advertises **Pelargon** "for trouble free infant feeding"; **Lactogen** "for happier and healthier babies"; **Nan** as "closest to mother's milk" and **Nestogen** "for more protein at lower cost."



NUTRICIA:

● Hong Kong (Mar 81) — full colour, full page ad for **Almiron** formula appears in mother and baby booklet widely distributed through hospitals.

SNOW BRAND:

● Taiwan (Mar 81) — **Snow Brand** brochure collected in hospital claims that it is "unapproachably close" to mother's milk. None of its eight pages discusses how to breast feed; instead, they are devoted to explanations of the merits of **Snow Brand P7A**.

● Thailand (Dec 80) — posters advertising **P7A** in four hospitals in Bangkok.

WEI CHUAN:

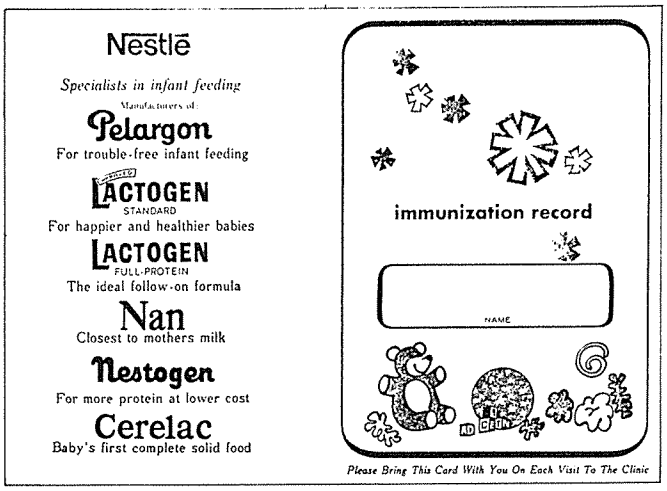
● Taiwan (Mar 81) — poster depicting healthy baby with large tin of **AG-u** formula prominently displayed in hospital.

WYETH:

● Hong Kong (Mar 81) — "My Baby Book" currently distributed in Hong Kong maternity hospitals implies product endorsement by the British Department of Health and Social Security by reprinting a letter from the Chief Medical Officer which was circulated to health administrators stressing the importance of breast feeding, but mentioning **S-26** and **SMA** as suitable alternatives (along with several other formulas) in cases of real need.

Two identical ads for **S-26** inside the booklet translate **S-26** into "Love, Children, Joy" and state: "Mother's milk is sometimes deficient in providing the complete nutritional needs... **S-26** guards against dehydration.. Mother's milk is the most ideal thing, but at times when it is not convenient to nurse, Love, Children, Joy (**S-26**) is the best substitute . . . the quality of this product matches the standard of mother's milk."

● Zimbabwe (Mar 81) — **S-26** poster with mother and child in a maternal child health clinic in Bulawayo. (This poster remains conspicuously displayed at a time when posters advertising breast feeding have all been removed.) **S-26** poster also on display at a private maternity hospital.





Top photo is a *Nestle* poster in a Honduras hospital in Apr 81 which makes the link between formula feeding and young babies. Middle photo shows an immunisation card

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NUTRICIA:

● Hong Kong (Mar 81) — full colour, full page ad for **Almiron** formula appears in mother and baby booklet widely distributed through hospitals.

SNOW BRAND:

● Taiwan (Mar 81) — **Snow Brand** brochure collected in hospital claims that it is "unapproachably close" to mother's milk. None of its eight pages discusses how to breast feed; instead, they are devoted to explanations of the merits of **Snow Brand P7A**.

● Thailand (Dec 80) — posters advertising **P7A** in four hospitals in Bangkok.

WEI CHUAN:

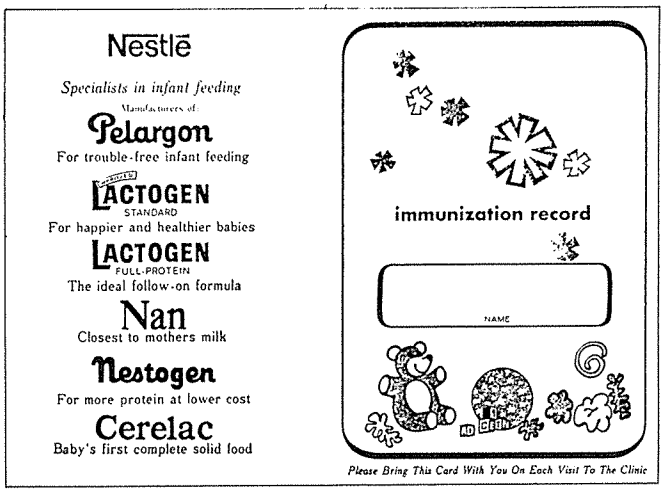
● Taiwan (Mar 81) — poster depicting healthy baby with large tin of **AG-u** formula prominently displayed in hospital.

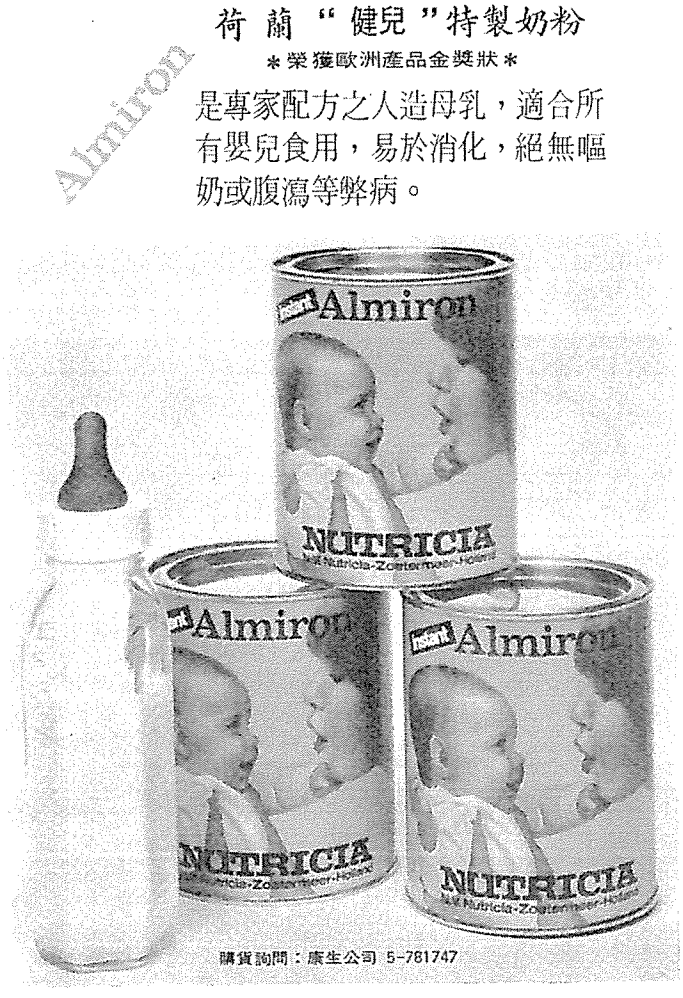
WYETH:

● Hong Kong (Mar 81) — "My Baby Book" currently distributed in Hong Kong maternity hospitals implies product endorsement by the British Department of Health and Social Security by reprinting a letter from the Chief Medical Officer which was circulated to health administrators stressing the importance of breast feeding, but mentioning **S-26** and **SMA** as suitable alternatives (along with several other formulas) in cases of real need.

Two identical ads for **S-26** inside the booklet translate **S-26** into "Love, Children, Joy" and state: "Mother's milk is sometimes deficient in providing the complete nutritional needs . . . **S-26** guards against dehydration . . Mother's milk is the most ideal thing, but at times when it is not convenient to nurse, Love, Children, Joy (**S-26**) is the best substitute . . . the quality of this product matches the standard of mother's milk."

● Zimbabwe (Mar 81) — **S-26** poster with mother and child in a maternal child health clinic in Bulawayo. (This poster remains conspicuously displayed at a time when posters advertising breast feeding have all been removed.) **S-26** poster also on display at a private maternity hospital.





Top photo is a *Nestle* poster in a Honduras hospital in Apr 81 which makes the link between formula feeding and young babies. Middle photo shows an immunisation card distributed in the Philippines in Sep 80 which advertises several *Nestle* formulas. Bottom photo is an ad for *Nutricia* formulas from a mother and baby booklet widely distributed in Hong Kong hospitals in Mar 81.



WYETH Cont:

- Philippines (Feb 81) — "The Baby Book", 48-page glossy booklet advertising **S-26** and **SMA**, distributed to mothers through maternity clinics at Manila hospital.
- Malaysia (Jan 81) — "The Baby Book" advertising **S-26** and **SMA** distributed to mothers through maternity clinic in Kuantan. Nursing staff report that the **Wyeth** representative had delivered large quantities of the booklet only three days previously.
- Thailand (Dec 80) — posters and baby care booklets for mothers advertising **S-26** in two Bangkok hospitals.
- Philippines (Sep 80) — **Bonna** baby booklets for mothers distributed through Manila health centre.
- Philippines (Sep 80) — **Bonna** baby booklets for mothers distributed through polyclinic in Bacoor, Cavite.
- Philippines (Sep 80) — brochures on **Bonna** infant formula distributed to mothers through health centre in Las Pinas, Manila.
- Philippines (Sep 80) — leaflets and brochures about **Bonna** distributed to mothers through health centre in Manila.
- Philippines (Sep 80) — baby care booklets advertising infant formulas distributed through Cavite City hospital. Staff report that **Wyeth** representative delivers 30 booklets every three months.
- Philippines (Sep 80) — brochures and **Bonna** baby record books distributed to mothers through health centre in Dasmarinas, Cavite.

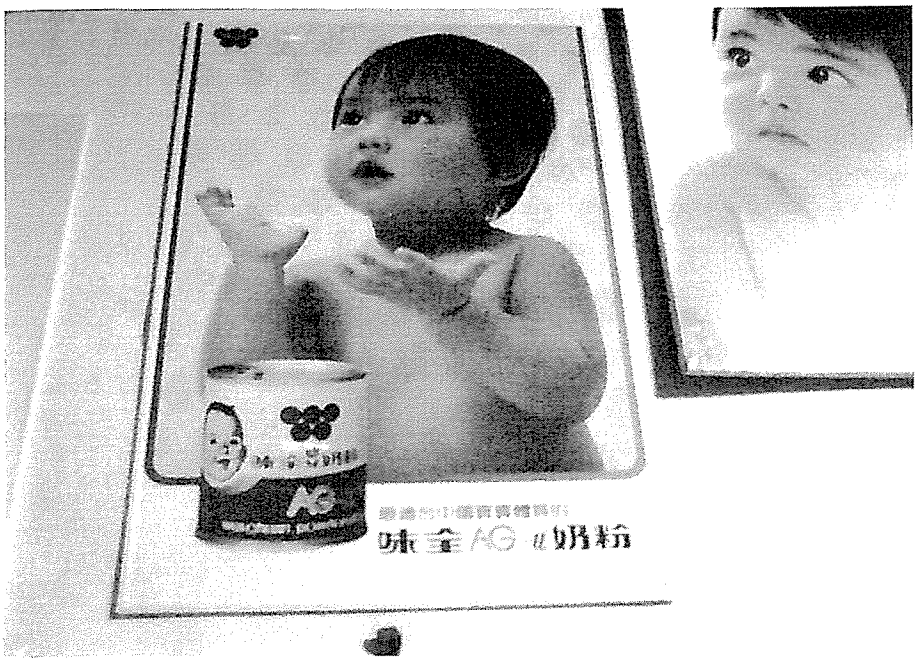


A full colour, full page photo of a mother bottle feeding her baby is reproduced, top photo, from a *Wyeth* baby care booklet distributed to mothers in Malaysia in



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A full colour, full page photo of a mother bottle feeding her baby is reproduced, top photo, from a *Wyeth* baby care booklet distributed to mothers in Malaysia in Jan 81 and in the Philippines in Feb 81. Bottom photo is a *Wei Chuan* poster promoting the company's infant formula on display in a Taiwan hospital in Mar 81.

WHO/UNICEF RECOMMENDATION: "Promotional distribution of samples of breast milk substitutes through health service channels should not be allowed."

COMPANY PRACTICE:

ABBOTT:

- Hong Kong (Mar 81) — **Abbott** representative visits Hong Kong clinic every three months and leaves 30-40 samples each visit to be passed on to mothers.
- Hong Kong (Mar 81) — in private hospital, **Abbott** previously had an exclusive agreement for sampling rights, which has not been honoured by a new matron who came to the hospital during 1980. Now, other companies also give free samples. According to the matron, it is one tin for each newborn, and she estimates that each company, including **Abbott**, leaves 60 cans per month.

COW & GATE:

- Hong Kong (Mar 81) — representative visits Hong Kong hospital and distributes approximately 450 sample cans every three months.
- Hong Kong (Mar 81) — representative visits Hong Kong clinic every three months and leaves 30-40 samples per visit to be passed on to mothers.
- Nigeria (Nov 80) — sales representatives visit clinics in Ibadan and distribute unrequested samples to be passed on to mothers.
- Kenya (Sep 80) — company representative leaves 96 unrequested sample cans of **Cow & Gate** formula per month at a private hospital in Nairobi.

DALMIA DAIRIES:

- India (Oct 80) — samples of **Sapan** distributed through hospitals and doctors in private practice in New Delhi.

DUMEX:

- Singapore (Oct 80) — representative visits two hospitals to leave samples to be passed on to mothers.

FOREMOST:

- India (Oct 80) — samples of **Angel** baby milk distributed through Bombay nursing home.
- India (Oct 80) — samples of **Angel** baby milk distributed through hospitals and doctors in private practice in New Delhi.

GLAXO:

- India (Oct 80) — samples of **Sunshine** distributed through Bombay hospital.

GUJERAT COOPERATIVE MILK PRODUCERS UNION LTD:

- India (Oct 80) — samples of **Amulspray** distributed through Bombay hospital.

HARYANA MILK FOOD:

- India (Oct 80) — samples of **Madhu** distributed through hospitals and doctors in private practice in New Delhi.

MEAD JOHNSON:

- Philippines (Feb 81) — 15-day rotation system operated with two other companies in Manila hospital means that **Mead Johnson** provides samples for 40-60 babies per month, including a free sample on discharge.
- Philippines (Sep 80) — representative delivers 10 unrequested samples of **Alacta** at polyclinic in Cavite.
- Philippines (Sep 80) — representative calls once a month at health centre in Dasmarinas, Cavite and leaves 12 unrequested samples of **Alacta**.
- Philippines (Aug 80) — representative calls once a month at health centre in Las Pinas, Manila to leave 15 unrequested samples of **Alacta**.
- Philippines (Aug 80) — representative calls once a month at health centre in Metro Manila to leave 25 unrequested samples of **Alacta**.
- Philippines (Aug 80) — representative visits Cavite City hospital once a month to leave 18 unrequested samples of **Alacta**.
- Philippines (Aug 80) — representative calls up to three times a month at hospital in Cavite City and leaves up to 16 unrequested samples of formula on each visit.

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- Philippines (Jul & Aug 80) — representative visits rural health unit in Cavite to leave 24 unrequested samples of **Alacta**.

NESTLE:

- Yemen Arab Republic (Mar 81) — despite Ministry of Health reports that free sample distribution is forbidden at Yemeni clinics, a **Nestle** agent attempts to deliver a van load of free **Nestogen** and **Guigoz** milk samples to a maternal and child health clinic in Taiz. The head clinic doctor refuses the free samples and throws the agent out. Soon thereafter, these samples are seen being distributed on the paediatric ward of a major hospital in the same city.
- Hong Kong (Mar 81) — **Nestle** involved in rotation scheme with two other companies in Hong Kong hospital which means giving out approximately 450 sample cans every three months.
- Philippines (Feb 81) — **Nestle** and two other companies operate a 15-day rotation scheme in a Manila hospital which means each company provides samples for 40-60 babies per month, including a free sample on discharge.
- Guatemala (Jan 81) — **Nestle** donates a six month supply of formula to the "Baby of the Year" (first baby born in 1981), and gains publicity in Guatemalan newspapers. A doctor attending the delivery says later that if the mother uses formula instead of breast feeding, this baby will probably die. The mother is 16 years old, uneducated, poor and lives in an isolated rural village.
- Malaysia (Dec 80) — breast feeding mother given two tins of **Nan** when she leaves hospital in Penang.
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- Philippines (Sep 80) — staff at health centre in Las Pinas, Manila report **Nestle** representative usually calls once a week to leave five sample cans of formula.

8 — PRENSA LIBRE — Guatemala, Enero 3 de 1981

Niña del Año nació en el Roosevelt

Llegó al mundo en el primer segundo del día 1° de enero

Habrá premios para un niño que nació, en el IGSS, a las cero horas, cero minutos y cero segundos

Por Carlos ESTRADA
Redactor de PRENSA LIBRE

Una hermosa niña nacida en el hospital Roosevelt a las 0 horas 0 minutos 1 segundo, del primero de enero de 1981, fue la ganadora del maratón de la cigüeña, organizado por PRENSA LIBRE.

La niña, peso al nacer 7 libras y es hijita de Olga Marina Villalobos García, de 16 años y de Jesús Lemus, residentes en la aldea El Junquillo, jurisdicción de este departamento.

A la niña del año le corresponden varios premios, uno en efectivo, que otorga PRENSA LIBRE, un mueble que es cuna, corral y gavetero, donado por Muebles Los Unicos; una canasta con ropa, alimento y otros obsequios, donada por Almacén Mi Amigo; un par de zapatitos, donados por La Equitativa; leche por seis meses, donada por Nestlé y una fotografía donada por Foto Austin.

Es oportuno indicar a los niños ganadores de la maratón de la cigüeña en años anteriores, que el obsequio de la foto no prescribe y que pueden pasar a tomársela el día que deseen.

Reñida competencia

Como en años anteriores, se produjo una reñida competencia entre señoras que esperaban dar a luz en varios centros asistenciales.

A las 0 horas 0 minutos 0 segundos, nació en la sala de obstetricia del Instituto Guatemalteco de Seguridad Social (IGSS) un varoncito, que peso 6 libras y 13 onzas, hijo de Marta Pérez Alvisúrez (27 años) y Daniel Franco. Este niño —de acuerdo con las bases— puede ser el último de 1980, pero ya no entra entre los niños de 1981. El jurado, sin embargo, acordó darle premios de consolación.

En acatamiento a las bases del certamen, fue declarada Niña del Año 1981, la nenita que nació en el servicio de maternidad del hospital Roosevelt, un segundo después de las cero horas. A ella corresponde el premio principal.

El premio de consolación consiste en una canasta con ropa de niño, alimentos y otros artículos, donado por Almacén Mi Amigo; un par de zapatitos La Equitativa y también



Las enfermeras que tuvieron a su cargo el parto que dio a la ganadora el primer lugar de la maratón de la cigüeña. Se encuentran felices y satisfechas. (C. Estrada)

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Reproduction of a news article from *Prensa Libre*, a Guatemalan newspaper, which on 3 Jan 81, announced a "gift" by *Nestle* of a six-month supply of infant formula to the mother of the first baby born in Guatemala in 1981.

RAPTAKOS:

- India (Oct 80) — samples of **Lactodex** distributed through Bombay hospital.

SNOW BRAND:

- Thailand (Dec 80) — involved with two other companies in rotation scheme in Bangkok hospital which means the company distributes 30 sample cans per month.

WYETH:

- Hong Kong (Mar 81) — involved with two other companies in a rotation scheme which means distributing approximately 450 samples cans every three months in Hong Kong hospital.
- Hong Kong (Mar 81) — representative visits Hong Kong clinic every three months to leave 30-40 samples to be passed on to mothers.
- Philippines (Feb 81) — **Wyeth** and two other companies involved in a 15-day rotation scheme in Manila hospital which means each company gives enough samples to take care of 40-60 babies per month, including a free sample on discharge.
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- Philippines (Sep 80) — representative visits hospital in Cavite City once a month to leave 28 unrequested samples of **Bonna**.
- Kenya (Sep 80) — representative leaves 160 gift packs for distribution to mothers at private hospital in Nairobi. Staff report that all mothers leave the hospital with a pack that includes a sample of infant formula, feeding bottle and literature.
- Kenya (Sep 80) — representative leaves 48 unrequested sample cans of **S-26** and 48 cans of **SMA** per month at private hospital in Nairobi.
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WHO/UNICEF RECOMMENDATION: "No personnel paid by companies producing or selling breast milk substitutes should be allowed to work in the health care system."

COMPANY PRACTICE:

COW & GATE:

- Kenya (Sep 80) — **Cow & Gate** representative visits post-natal and pre-natal clinics of private hospitals and talks directly with mothers.

DUMEX:

- Malaysia (Jan 81) — recruitment ad for mothercraft nurses makes it clear that they are expected to talk with mothers as well as medical/health personnel.

GLAXO:

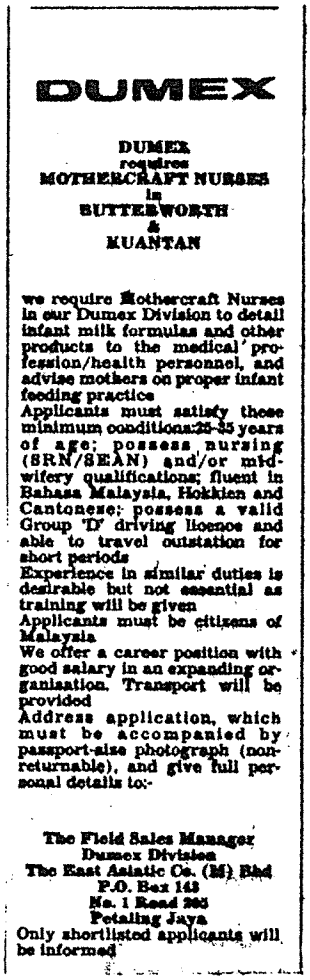
- Kenya (Oct 80) — **Glaxo** representative periodically attends the weekly baby clinic at private hospital in Nairobi to sell or give away infant formula and other products directly to mothers.

LIJEMPF:

- Yemen Arab Republic (Mar 81) — **Bebelac** agent shows up at Taiz clinic to distribute "scientific literature". When head doctor turns him away, the agent objects, claiming, "You're against science!"

MEAD JOHNSON:

- Taiwan (Mar 81) — company representative visits hospital to talk with mothers, promote the products and hand out free samples.
- Philippines (Sep 80) — midwife at health centre in Tabon, Cavite reports that three times during 1980, a **Mead Johnson**



DUMEX

DUMEX
requires
MOTHERCRAFT NURSES
in
BUTTERWORTH
&
KUANTAN

we require Mothercraft Nurses in our Dumex Division to detail infant milk formulas and other products to the medical/ profession/health personnel, and advise mothers on proper infant feeding practice
Applicants must satisfy these minimum conditions:25-35 years of age; possess nursing (SRN/SEAN) and/or midwifery qualifications; fluent in Bahasa Malaysia, Hokkien and Cantonese; possess a valid Group 'D' driving license and able to travel outstation for short periods
Experience in similar duties is desirable but not essential as training will be given
Applicants must be citizens of Malaysia
We offer a career position with good salary in an expanding organisation. Transport will be provided
Address application, which must be accompanied by passport-size photograph (non-returnable), and give full personal details to:-

The Field Sales Manager
Dumex Division
The East Asiatic Co. (M) Bhd
P.O. Box 143
No. 1 Road 205
Petaling Jaya
Only shortlisted applicants will be informed

Dumex recruitment ad for mothercraft nurses which explains part of their job function will include talking

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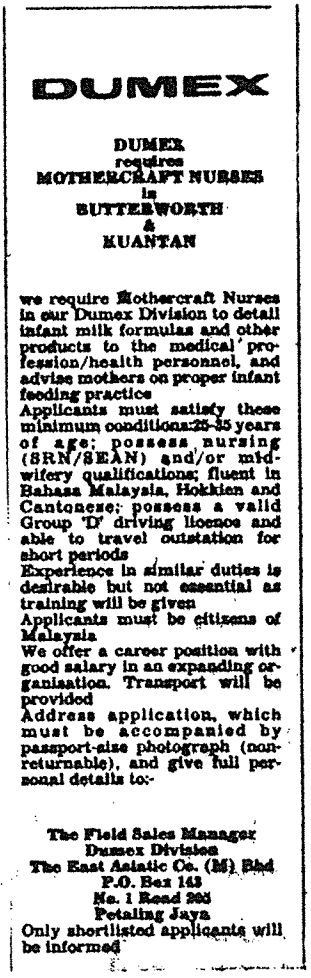
- Kenya (Oct 80) — **Glaxo** representative periodically attends the weekly baby clinic at private hospital in Nairobi to sell or give away infant formula and other products directly to mothers.

LIJEMPF:

- Yemen Arab Republic (Mar 81) — **Bebelac** agent shows up at Taiz clinic to distribute "scientific literature". When head doctor turns him away, the agent objects, claiming, "You're against science!"

MEAD JOHNSON:

- Taiwan (Mar 81) — company representative visits hospital to talk with mothers, promote the products and hand out free samples.
- Philippines (Sep 80) — midwife at health centre in Tabon, Cavite reports that three times during 1980, a **Mead Johnson** representative spoke to mothers at the health centre about the merits of **Alacta** infant formula, and on one occasion, gave out baby booklets and a free starter sample of **Alacta** to 15 mothers.



DUMEX

DUMEX requires MOTHERCRAFT NURSES in BUTTERWORTH & KUANTAN

we require Mothercraft Nurses in our Dumex Division to detail infant milk formulas and other products to the medical/ profession/health personnel, and advise mothers on proper infant feeding practice
Applicants must satisfy these minimum conditions:25-35 years of age; possess nursing (SRN/SEAN) and/or midwifery qualifications; fluent in Bahasa Malaysia, Hokkien and Cantonese; possess a valid Group 'D' driving licence and able to travel outstation for short periods
Experience in similar duties is desirable but not essential as training will be given
Applicants must be citizens of Malaysia
We offer a career position with good salary in an expanding organisation. Transport will be provided
Address application, which must be accompanied by passport-size photograph (non-returnable), and give full personal details to:-

The Field Sales Manager
Dumex Division
The East Asiatic Co. (M) Bhd
P.O. Box 143
No. 1 Road 203
Petaling Jaya
Only shortlisted applicants will be informed

Dumex recruitment ad for mothercraft nurses which explains part of their job function will include talking with mothers. The ad appeared in the *New Straits Times* in Malaysia on two occasions during Jan 81.

MEAD JOHNSON Cont:

- Philippines (Sep 80) — midwife at health centre in Imus, Cavite reports that when the monthly visit of the **Mead Johnson** representative coincides with "pre-natal consultation days" at the health centre, the representative talks to mothers individually and in groups about the company's infant formulas.
- Philippines (Sep 80) — nurse at a rural health unit in Cavite reports that whenever the monthly visit of the **Mead Johnson** representative coincides with a sizeable number of mothers attending the health centre, the representative talks to mothers about the company's infant formula products.
- Philippines (Sep 80) — midwife at health centre in Manila reports that the **Mead Johnson** medical representative regularly talks with mothers at the centre, recommending the use of **Mead Johnson** formulas.

MEIJI:

- Taiwan (Mar 81) — **Meiji** representative visits hospital to talk with mothers and give them free samples.
- Taiwan (Mar 81) — **Meiji** representatives visit clinics and doctors' private offices in Taiwan and talk directly with mothers and give them free samples. A doctor at one clinic commented that the samples were obviously given to improve sales and said every mother left the clinic with a free sample.

MORINAGA:

- Taiwan (Mar 81) — **Morinaga** representative visits hospital to talk with mothers and give them free samples.
- Taiwan (Mar 81) — **Morinaga** representatives visit clinics and doctors' private offices to talk directly with mothers and give them free samples.

NESTLE:

- Taiwan (Mar 81) — **Nestle** representatives visit clinics and doctors' private offices to talk directly with mothers and give them free samples.
- Philippines (Sep 80) — midwife at Las Pinas, Manila health centre reports tht **Nestle** medical representative regularly talks with mothers at the centre, recommending the use of **Nestle** formulas.
- Philippines (Sep 80) — nurse at rural health unit in Cavite reports that **Nestle** medical representative talks to mothers about **Nestle** infant formula products whenever her monthly visit coincides with a sizeable number of mothers attending the centre.
- Philippines (Sep 80) — midwife at health centre in Imus, Cavite reports that when the monthly visit of the **Nestle** medical representative coincides with "pre-natal consultation days" at the health centre, the representative talks to mothers individually and in groups and hands out promotional literature.
- Philippines (Aug 80) — **Nestle** representative talks to mother at health centre in Dasmarinas, Cavite and gives her a free sample of **Nestogen**.

SNOW BRAND:

- Taiwan (Mar 81) — **Snow Brand** representative visits hospital to talk with mothers and give them free samples.

WEI CHUAN:

- Taiwan (Mar 81) — company representative visits hospital to talk with mothers and give them free samples.

WYETH:

- Taiwan (Mar 81) — **Wyeth** representative visits hospital to talk with mothers and give them free samples.
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WHO/UNICEF RECOMMENDATION: "Promotion to health personnel should be restricted to factual and ethical information."

COMPANY PRACTICE:

ABBOTT:

● Guatemala (Feb 81) — **Abbott** gives US $300 prize for "best paper" presented at the National Paediatrics Congress, 22-27 Feb.

● Kenya (Jun 80) — **Abbott/Ross** staff use company funds to take nurses in charge of maternity wards and doctors out to lunches.

COW & GATE:

● Kenya (Jun 80) — **Cow & Gate** donates its regular gift of a K.shs. 600 fruit cake to maternity ward staff at a private Nairobi hospital.

FOREMOST:

● India (Jan 81) — a full page ad in the *Journal of Applied Medicine* for **Angel** baby milk food begins: "*Every* new mother should be told about the nourishing *protection* of new, easy to digest **Angel**." (Emphasis added.) The ad makes no mention of the benefits and superiority of breast milk.

LIJEMPF:

● Yemen Arab Republic (Mar 81) — **Bebelac** representative offers Yemeni nutrition instructor a gift of YR14,000 (about US $3000) as a gift, as well as an offer to pay the instructor's salary. Both offers are refused.

MEAD JOHNSON:

● Philippines (Feb 81) — paediatrician reports that **Mead Johnson** will pay for the rental of the Philippine International Conference Centre for the May 1981 annual convention of the Philippine Paediatric Society. Other companies are paying for airline tickets, transporation and accomodation expenses for delegates. The paediatrician estimates 80% of the costs of this year's meeting will be shouldered by the milk companies.

The paediatrician commented: "Last year it was only minimally subsidised — not more than 20% — due to the strong stand of the executive of the society. We covered all the costs and made a small profit, but this year's executive wanted a larger profit, so we've gone back to the milk companies. It's a very dangerous practice. It leads to subconscious trade-offs. They do us a favour, so we feel we should do them one."

● Philippines (Feb 81) — a doctor reports that **Mead Johnson** and two other companies regularly give a year's free supply of infant formula to nurses and doctors in a Manila hospital if they have a new baby in the family. The doctor commented: "It's so hard to choose. As soon as they hear you're having a baby, all the companies are knocking at your door with the samples. They are very competitive."

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XIV CONGRESO CENTROAMERICANO
Y
XXIII CONGRESO NACIONAL DE PEDIATRIA
DEL 22 AL 27 DE FEBRERO DE 1,981
GUATEMALA C.A.

14 de noviembre de 1980

COMITE ORGANIZADOR

Dr. Hector Rodolfo Manzilla Gracias, PRESIDENTE
Dr. Ricardo A. Blanco R., SECRETARIO
Dr. Rodolfo Baguirre Huard, PRO-SECRETARIO

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Apreciable Colega:

De nuevo me dirijo a usted para comunicarle sobre las actividades de nuestro XIV Congreso Centroamericano y XXIII Congreso Nacional de Pediatría a celebrarse en esta ciudad del 22 al 27 de febrero de 1981.

1.- La inscripción de trabajos libres se cierra el 30 de noviembre del presente año, por lo que le rogamos nos envíe el resumen del mismo.

2.- Hay dos premios para los dos mejores trabajos que consisten en:
Q.300.00 (dólares) PREMIO NESTLE
Q.300.00 (dólares) PREMIO ABBOT

3.- Además de los Conferencistas Dr. Frank A. Oski, Dr. Arnold J. Rudolph, Dr. Joaquín Cravioto y Dr. Mary Hendron, hemos invitado al eminentísimo cirujano DR. GILBERTO ANTONIO LOPEZ PEREZ, Jefe del Departamento de Cirugía Pediátrica del Seguro Social y del Hospital Universitario de Málaga, España y ganador del primer premio en el Congreso Internacional de Pediatría realizado en Acapulco, México en 1980.

4.- La cuota de inscripción es la siguiente:
Médicos no socios Q.100.00 (dólares)
Médicos Residentes Q. 50.00 (dólares)
Médicos socios Q. 25.00 (dólares)

5.- Le adjuntamos lista de los principales hoteles y los precios que estos ofrecen para los participantes al Congreso; si usted, al enviarnos

.../

ASOCIACION PEDIATRICA DE GUATEMALA 12 Avenida 12-72, Zona 1.



Top is a reproduction of a letter from the Guatemala Paediatric Association announcing that both *Abbott* and *Nestle* have contributed US $300 each for the best paper

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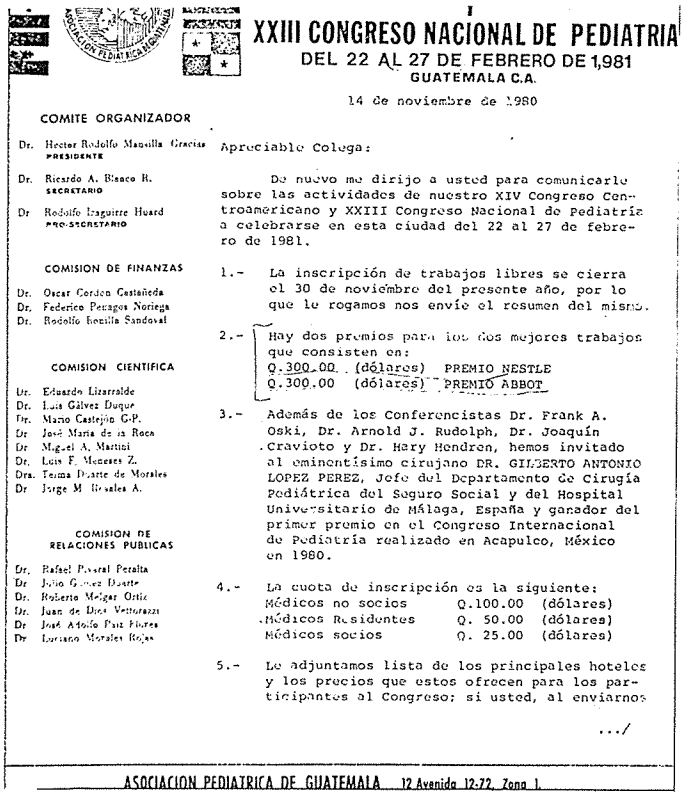
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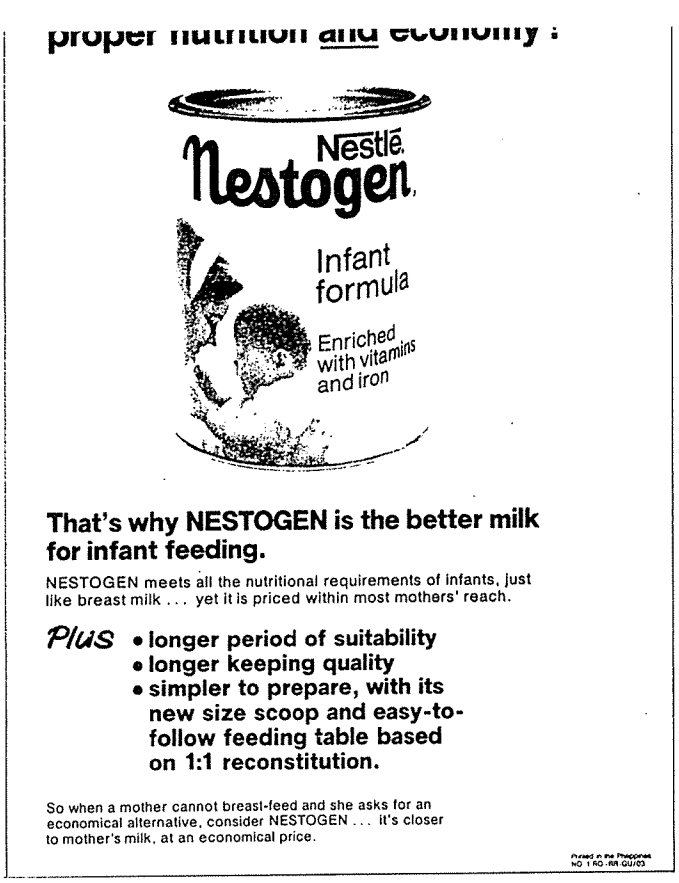
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Leaflet for *Nestogen* collected in the Philippines during Sep 80 tells doctors: "*Nestogen* is the better milk for infant feeding."

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● Malaysia (Jan 81) — 1981 diaries distributed to all doctors, nurses and midwives at a health clinic in Kuantan. The midwives received small diaries; nurses, medium sized; doctors, large size.

● Philippines (Sep 80) — **Nestle** medical representative offers pregnant midwife at Manila health centre a one-year supply of **Nestogen** to feed her baby.

● Philippines (Sep 80) — **Nestogen** leaflet aimed at the medical profession has very little "factual or ethical" information. It claims: "**Nestogen** offers proper nutrition and economy! That's why **Nestogen** is the better milk for infant feeding. **Nestogen** meets all the nutritional requirements of infants, just like breast milk . . ."

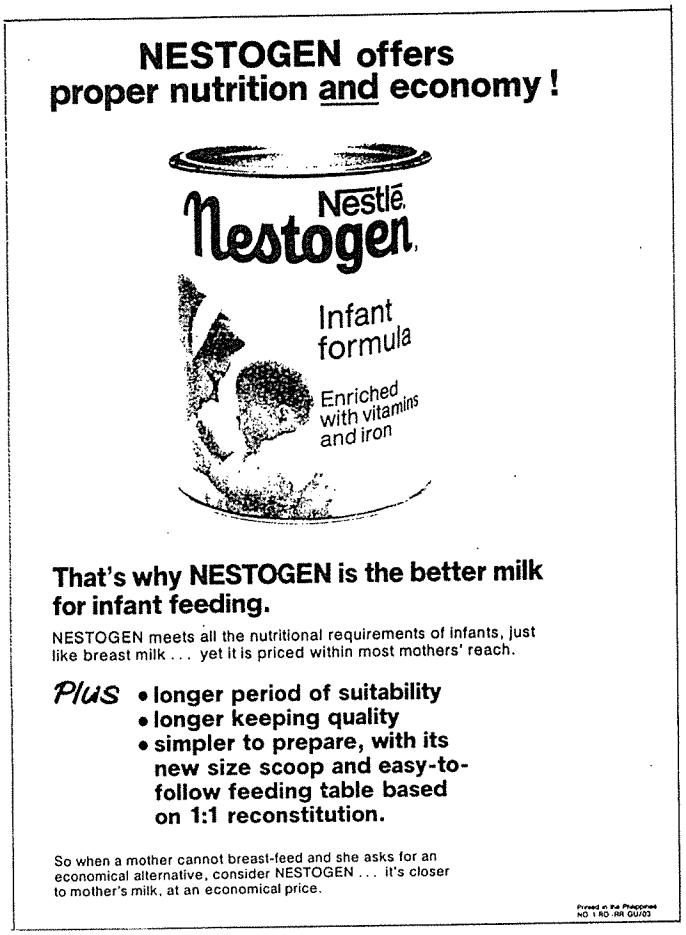
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WHO/UNICEF RECOMMENDATION: "Foods for infants and young children . . . should be labelled to indicate proper and safe home preparation."

COMPANY PRACTICE:

ABBOTT:

- Pakistan (Jan '81) — label of **Isomil** concentrated liquid has no graphic instructions for safe preparation. Label is in English only.

BORDEN:

- Philippines (Feb 81) — **KLIM** label has no graphic instructions for safe preparation.

CARNATION:

- Peru (Feb 81) — labels of **Gloria** and **Carnation** evaporated milk contain no instructions for safe preparation, despite recommending the products for infant feeding.
- Philippines (Feb 81) — **Carnation** whole milk powder label says: "highly recommended for baby feeding", but has no instructions for safe preparation.

COMILIA:

- Zaire (Jan 81) — despite recommending its use for infant feeding, labels on the cans do not provide either graphic preparation instructions or instructions in the local language.

DUMEX:

- Nigeria (Feb 81) — **Mamex** and **Dumex** tins do not give preparation instructions in the local language. **Dumex** tins also lack graphic preparation instructions.

FRANCE-LAIT:

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FRIESLAND:

- Bangladesh (Feb 81) — instructions on **Dutch Baby** baby milk labels are not in the local language.

GALLIA:

- Tunisia (Dec 80) — label for **Galliasec** has no graphic instructions for safe preparation.

GLAXO:

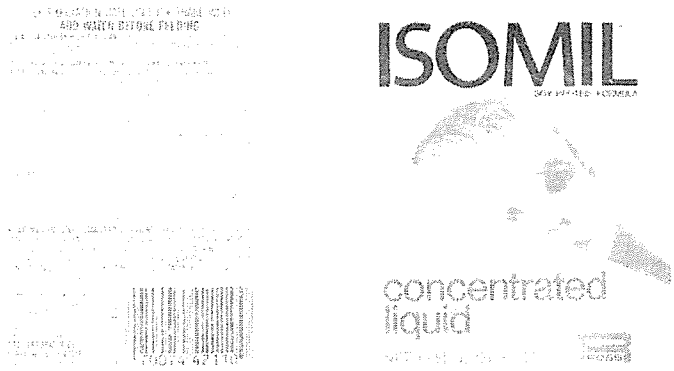
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- Pakistan (Jan 81) — **Ostermilk** package has no graphic preparation instructions.
- India (Jan 81) — tins of **Glaxo Sunshine** have no graphic instructions for safe preparation and the written instructions do not mention the need to sterilise feeding utensils.

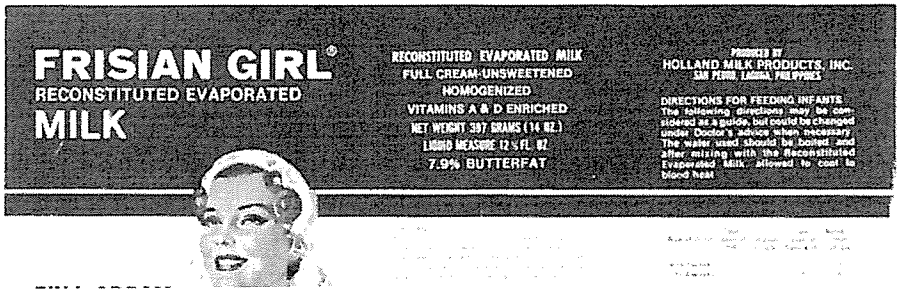
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- Philippines (Feb 81 & Oct 80) — tins of **Frisian Girl** evaporated milk purchased in Oct 80 and in Feb 81 have no graphic instructions for safe preparation.

HONG MEI:

- Bangladesh (Feb 81) — label has no graphic instructions for safe preparation and written instructions are not in the local language.





Top illustration shows an *Isomil* label purchased in Pakistan in Jan 81 which has no graphic instructions for safe preparation. Middle illustration is a *Carnation* evaporated milk label purchased in Peru in Feb 81 which has no preparation instructions, although it calls the product "an excellent milk for babies." Bottom illustration is of a *Frisian Girl* evaporated milk

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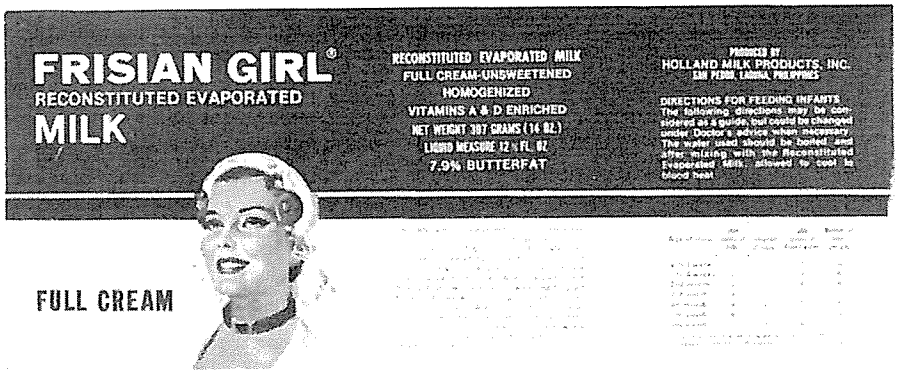
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Top illustration shows an *Isomil* label purchased in Pakistan in Jan 81 which has no graphic instructions for safe preparation. Middle illustration is a *Carnation* evaporated milk label purchased in Peru in Feb 81 which has no preparation instructions, although it calls the product "an excellent milk for babies." Bottom illustration is of a *Frisian Girl* evaporated milk label purchased in the Philippines in Feb 81 which has no graphic instructions for safe preparation. It calls the product "highly suitable for infant feeding."

LIJEMPF:

- Bangladesh (Feb 81) — **Bebelac-18** tins are not printed in the local language and have no graphic instructions for safe preparation. The only words in Bengali claim the product "is a balanced food that helps prevent disease."
- Philippines (Feb 81) — **Frisiana** full cream milk label suggests it can be used for babies under 5 months and gives feeding tables from 5-8 months, but has no instructions for safe preparation.

NESTLE:

- Bangladesh (Feb 81) — **Lactogen with Honey** and **Lactogen Follow Up** tins do not give instructions in local language and graphic instructions are either non-existent or inadequate, lacking sufficient information on quantities needed.
- Mozambique (Feb 81) — **Lactogen** label has no graphic instructions for safe preparation.
- Philippines (Feb 81) — **Al 110** label has no graphic instructions for safe preparation and the graphic instructions on **Lactogen Follow Up** formula labels are inadequate, lacking sufficient information on quantities needed.
- Brazil (Feb 81) — graphic instructions on **Nestogeno 1st Semestre, Nestogeno 2nd Semestre** and **Nanon** formulas lack sufficient information on quantities needed. **Ninho** labels, despite suggesting that the product can be used to feed infants have no instructions for safe preparation — the only graphic instructions imply there is no need to boil water or sterilise utensils.
- Thailand (Jan 81) — **Nespray** label suggests the product can be used for infant feeding, but has no instructions for safe preparation. Instead, there are two pictures showing a jug of water and glasses, creating the impression that sterilisation of utensils is unnecessary.
- Malaysia (Jan 81) — **Al 110** label has no graphic instructions for safe preparation and the graphic instructions on **Lactogen Follow Up** formula labels lack sufficient information on quantities needed.

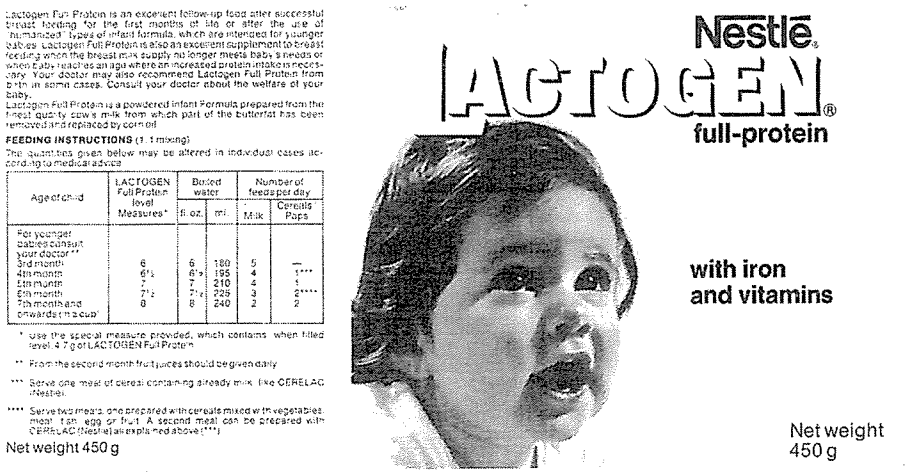
NUTRICIA:

- Pakistan (Jan 81) — tiny graphic instructions on **Almiron** label give no indication that water should be boiled or utensils sterilised. Written instructions do mention the use of previously boiled water, but do not mention the need to sterilise feeding utensils.

WHO/UNICEF RECOMMENDATION: "The terms 'humanised' and 'maternalised' milk for infant formula should be avoided."

COMPANY PRACTICE:





An ad from a mother and baby booklet in Hong Kong in Mar 81 is pictured top which shows *My Boy* being called

LEO DE WINTER:

- Hong Kong (Mar 81) — ad for **My Boy** in a mother and baby booklet refers to the product as "humanised".

MEIJI:

- Thailand (Oct 80) — promotional booklet claims **Meiji** milk formula is "entirely humanised".

NESTLE:

- Philippines (Feb 81); Malaysia (Jan 81) & Thailand (Oct 80) — label on **Lactogen Follow Up** formula suggests the use of the product "after the use of 'humanised' types of infant formula."

NUTRICIA:

- Hong Kong (Mar 81) — ad for **Almiron** in mother and baby booklet calls the product "humanised".
- Pakistan (Jan 81) — label on **Almiron** tin reads: "**Almiron** is a complete humanised baby milk formula in powder form."

RAPTAKOS:

- India (Oct 80) — promotional leaf-

● Philippines (Feb 81) — **Frisiana** full cream milk label suggests it can be used for babies under 5 months and gives feeding tables from 5-8 months, but has no instructions for safe preparation.

NESTLE:

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● Mozambique (Feb 81) — **Lactogen** label has no graphic instructions for safe preparation.

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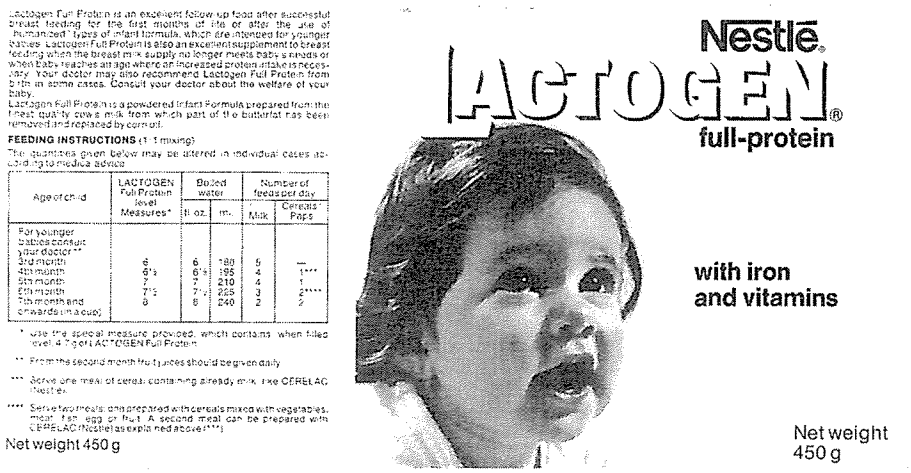
NUTRICIA:

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WHO/UNICEF RECOMMENDATION: "The terms 'humanised' and 'maternalised' milk for infant formula should be avoided."

COMPANY PRACTICE:





An ad from a mother and baby booklet in Hong Kong in Mar 81 is pictured top which shows *My Boy* being called humanised milk. Below is a *Lactogen Follow Up* formula label which suggests the product can be used after the use of humanised infant formulas. The label was on tins in the Philippines in Feb 81, in Malaysia in Jan 81 and in Thailand in Oct 80.

LEO DE WINTER:

● Hong Kong (Mar 81) — ad for **My Boy** in a mother and baby booklet refers to the product as "humanised".

MEIJI:

● Thailand (Oct 80) — promotional booklet claims **Meiji** milk formula is "entirely humanised".

NESTLE:

● Philippines (Feb 81); Malaysia (Jan 81) & Thailand (Oct 80) — label on **Lactogen Follow Up** formula suggests the use of the product "after the use of 'humanised' types of infant formula."

NUTRICIA:

● Hong Kong (Mar 81) — ad for **Almiron** in mother and baby booklet calls the product "humanised".

● Pakistan (Jan 81) — label on **Almiron** tin reads: "**Almiron** is a complete humanised baby milk formula in powder form."

RAPTAKOS:

● India (Oct 80) — promotional leaflet describes **Raptakos** special infant food as a "more humanised infant milk food."

WHO/UNICEF RECOMMENDATION: "Products that are not suitable alone as weaning foods, such as sweetened condensed milk . . . should be required by proper regulations not to be packaged, labelled, advertised or otherwise promoted in ways that suggest they should be used as a complement or substitute for breast milk."

COMPANY PRACTICE:

AUSTRALIAN DAIRY PRODUCE BOARD:

● Kampuchea (Mar 81) — **Lait Phka** and **Bebe**, both sweetened condensed milks with 9% fat content, claim that they are "particularly recommended for infant feeding." The **Bebe** label depicts the face of a happy baby and the words "strength" and "health".

CARNATION:

● Philippines (Oct 80) — label on tin of **Liberty** sweetened condensed filled milk has a picture of a mother and baby, implying it can be used for infant feeding.

NESTLE:

● Malaysia (Dec 80) — **Milkmaid** sweetened condensed milk label has a confusing wording which does not clarify whether it should or should not be used for infant feeding.

The label reads: "The best food for infants below the age of 12 months is mother's milk, or if this fails, specially prepared infant milks. **Milkmaid** sweetened condensed milk is suitable for children above the age of 12 months, and it is also recommended for expectant and nursing mothers, provided it is supplemented with food supplying sufficient quantities of protein. The diet should contain fats, proteins and carbohydrates in balanced quantities sufficient to the requirements of the body. Sweetened condensed milk provides 67% of its calories as carbohydrates and this is more than usually recommended, hence to balance the diet, good supplementary foods should be offered and sweetened condensed milk not relied upon as the sole food."



Top, a label from *Bebe* sweetened condensed milk purchased in Kampuchea in Mar 81, which has infant feeding tables as well as a picture of a baby on the label, thus recommending its use for infant feeding. Middle, a *Milkmaid* sweetened condensed label collected in Malaysia in Dec 80 which gives very unclear instructions as to whether it should be used for infant feeding. Bottom, the label from a tin of *Bear Brand* sweetened condensed milk purchased in Thailand in Oct 80 which also has unclear wording, but a clear implication through the picture of the mother bear bottle feeding her baby on the front of the label.

As it is unlikely that anyone other than an infant would use milk as a "sole food", the label could be interpreted as meaning that the product could be used in conjunction with other foods for infants. A much more clear warning not to use it for infant feeding is required.

● Thailand (Oct 80) — The label of **Bear Brand** sweetened condensed milk contains the same wording as the

labelled, advertised or otherwise promoted in ways that suggest they should be used as a **complement or substitute for breast milk."**

COMPANY PRACTICE:

AUSTRALIAN DAIRY PRODUCE BOARD:

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● Thailand (Oct 80) — The label of **Bear Brand** sweetened condensed milk contains the same wording as the **Milkmaid** label reported above, but goes even further towards implying its use as a food for infants, with a picture on the front of the label of a mother bear bottle feeding her young cub.

WHO/UNICEF RECOMMENDATION: "Marketing of breast milk substitutes and weaning foods should be designed not to discourage breast feeding."

COMPANY PRACTICE:

In addition to the examples already cited in this document, which help to promote artificial feeding to the detriment of breast feeding, the following items were also noted:

Nurses help new mothers in caring for babies

IN SINGAPORE'S increasingly nuclear family-oriented society, the trauma begins the moment the proud new parents step out of the hospital, with their infant cradled happily in mother's arms.

The enthusiastic but inexperienced, anxious and tired new mother is expected to nurture and care for the infant, virtually on her own — right from the start.

She is expected to find out, on her own, how to mother her child; at a particularly vulnerable time when the first-time mother is also learning about herself as a mother, and needs both nurture and support and "mothering", even as she begins to learn how to mother her baby.

Doctors and paediatricians, no matter how helpful and concerned, cannot provide the emotional support or the day-to-day information and advice that anxious new mothers need to know. Behind every question a first-time mother asks her paediatrician about how to bathe her baby or how to know if he "really" is upset or sick, are 10 more that she possibly does not know enough to ask.

What she needs is, of course, someone who has the experience, and who can answer each question as it arises.

Motherhood is a craft, it is a skill that has to be learnt the hard way, through experiencing it. But it can also be taught. Experienced help is available — through the Klim Mothercraft Nurses programme.

Sponsored by the Getz Corporation, distributors of Klim powdered milk, Mothercraft Nurses were conceived as a specialised home-visitation programme to help new and first-time mothers through this difficult period.

The Mothercraft Nurse functions as a friendly advisor who can help the new mother through the adjustment period with advice on care and feeding of the new baby, encouragement, and generally help make the initial period less stressful, and certainly a more rewarding time for both mother and baby.

An entirely optional service to new mothers — KLIM Mothercraft Nurses make their visits only by appointment, at the request or consent of the mother.

Most Mothercraft visits involve giving of free Klim milk samples and encouraging its use; the weighing of the baby; assistance and advice on the feeding and rearing of the infant; and general hygiene for the whole family.

For more information, or an appointment with a Klim Mothercraft nurse, contact: Getz Corporation at tel: 638522



ABBOTT:

- Philippines (Feb 81) — **Isomil** label makes no mention of the superiority of breast milk.
- Pakistan (Jan 81) — **Isomil** concentrated liquid label makes no mention of the superiority of breast milk.
- Singapore (Oct 80) — **Isomil** label makes no mention of the superiority of breast milk.
- Kenay (Oct 80) — **Similac** label makes no mention of the superiority of breast milk.

BORDEN:

- Singapore (6 Jan 81) — special feature in *New Nation* supplement on motherhood announces details of **Borden** mothercraft service. It says: "Most mothercraft visits involve giving of free **KLIM** samples and encouraging its use."

CARNATION:

- Peru (Feb 81) — both **Gloria** and **Carnation** evaporated milk labels encourage the use of the product for infant feeding, but make no mention of the superiority of breast milk. The **Carnation** label states: "**Carnation** is an excellent milk for infants."
- Philippines (Feb 81) — **Carnation** whole milk powder label recommends the product for infant feeding, but makes no mention of the superiority of breast milk.
- Thailand (Jan 81) — **Carnation** label has a large picture of a baby, creating the impression that it could be used for infant feeding, yet makes no mention of the superiority of breast milk.

> *A representative for* **Carnation** *in the UK said on 9 Mar 81: "We do not actively promote our products for infant consumption."*

COMILIA:

- Zaire (Jan 81) — although recommending the product for infant feeding, the labels on the tins make no mention of the superiority of breast milk.

DUMEX:

- Singapore (Oct 80) — cards left in two hospitals to be handed out to mothers to fill in so that company mothercraft nurses can visit mothers at home.

FRANCE-LAIT:

- Yemen Arab Republic (Mar 81) — tins of full cream evaporated milk make no mention of the superiority of breast milk. Rather, the label claims the product "is the ideal food for the babies."

Top illustration shows a news clipping from the *New Nation* in Singapore which ran a special feature on motherhood on 6 Jan 81 and announced details of *Borden's* mothercraft service. It said: "Most mothercraft visits involve giving of free *KLIM* milk samples and encouraging its use." Bottom is a label from *Carnation*

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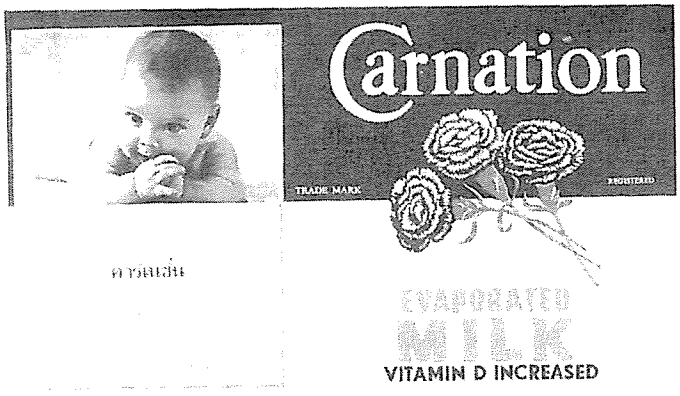
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FRIESLAND:

● Bangladesh (Feb 81) — labels of **Dutch Baby** baby milk do not mention the superiority of breast milk.

GALLIA:

● Tunisia (Dec 80) — **Galliasec** label makes no mention of the superiority of breast milk and encourages the introduction of **Farigallia Cereales** or **Riz-Miel** (rice and honey weaning food) into "each nursing bottle" from the first month.

GLAXO:

● Bangladesh (Feb 81) — **Sunshine** labels do not mention the superiority of breast milk.

● Pakistan (Jan 81) — **Ostermilk** package does not mention the superiority of breast milk, but states the product is a "milk food specially suited for safe and sound bottle feeding of babies in tropical and semi-tropical climates."

● Kenya (Oct 80) — **Ostermilk** labels do not mention the superiority of breast milk.

HOLLAND MILK PRODUCTS:

● Philippines (Feb 81 & Oct 80) — **Frisian Girl** evaporated milk label claims "it is highly suitable for infant feeding", but makes no reference to the superiority of breast milk.

HONG MEI:

● Bangladesh (Feb 81) — label makes no mention of the superiority of breast milk.



HARIBULAN
日期
DATE .....

Sila jemput Jururawat terlatih tuan ke rumah ibu beralamat di bawah untuk memberi nasihat PERCUMA tentang cara memelihara bayi.
請派貴公司特訓護士至以下地址，免費供給有關育嬰的指導。

Please send your Medical Delegate to provide FREE advice on infant care to:—

NAMA IBU
母親姓名
MOTHER'S NAME .....

ALAMAT
地址
ADDRESS .....

NEGERI
州
STATE .....

NO. TAL.
電話
TEL .....

☐ Bayi dijangka lahir pada .....haribulan .....
嬰兒將出世日期 日 月 年
The baby is expected on .....mth .....Year .....

☐ Bayi telah dilahirkan pada .....haribulan .....
嬰兒已出世日期 日 月 年
The baby was born on .....mth .....Year .....

(Please tick in appropriate box)

Nestlé.
specialists in infant feeding

Chop/Signature

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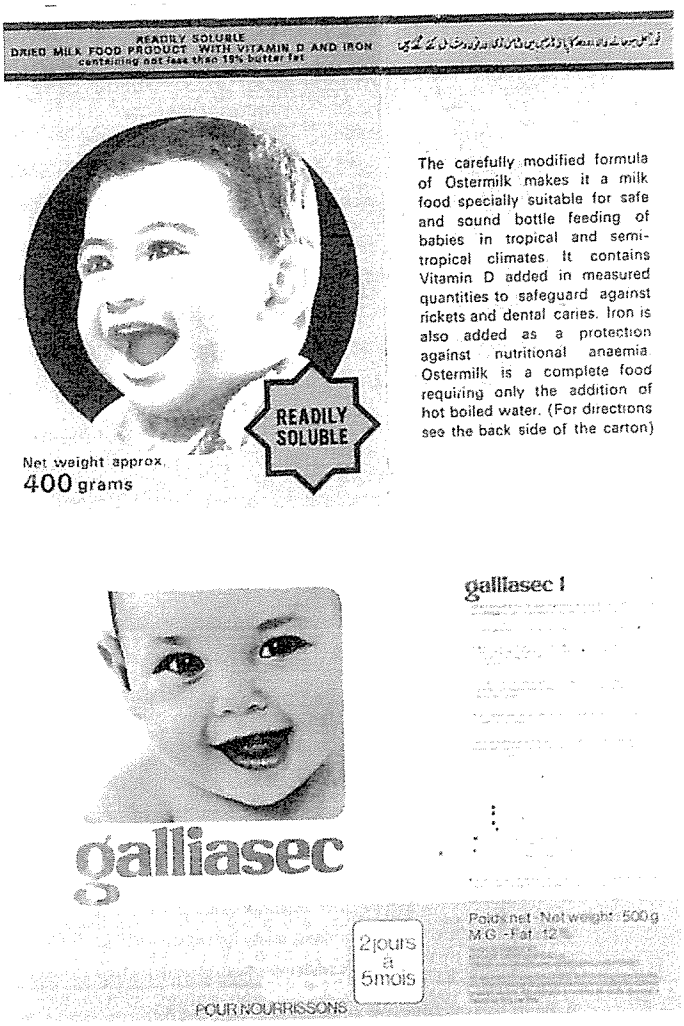
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Please send your Medical Delegate to provide FREE advice on infant care to:—

NAMA IBU
母親姓名
MOTHER'S NAME .....

ALAMAT
地址
ADDRESS .....

NEGERI
州
STATE .....

NO. TAL.
電話
TEL .....

☐ Bayi dijangka lahir pada .....haribulan .....
嬰兒將出世日期 日 月 年
The baby is expected on .....mth .....Year .....

☐ Bayi telah dilahirkan pada .....haribulan .....
嬰兒已出世日期 日 月 年
The baby was born on .....mth .....Year .....
(Please tick in appropriate box)

Nestlé.
specialists in infant feeding

Chop/Signature

Top illustration shows an *Ostermilk* package purchased in Pakistan in Jan 81 which makes no mention of the superiority of breast milk, but instead claims the product is specially suited for safe bottle feeding. Middle illustration is a label from a tin of *Galliasec* purchased in Tunisia in Dec 80 which encourages the introduction of the company's weaning foods by the age of one month. Bottom is a *Nestle* mothercraft card given to a breast feeding mother in a Malaysian hospital in Dec 80.

LIJEMPF:

- Bangladesh (Feb 81) — **Bebelac-18** tins make no mention of the superiority of breast milk.
- Philippines (Feb 81) — **Frisiana** full cream milk label suggests it can be used for infant feeding, but makes no mention of the superiority of breast milk.

MORNY

- Bangladesh (Feb 81) — recommends itself as "good for strong bones, good health and strong teeth", with no mention of the superiority of breast milk.

NESTLE:

- Egypt (Feb 81) — **Pelargon** labels do not mention the superiority of breast milk.
- Brazil (Feb 81) — **Ninho** label makes no mention of the superiority of breast milk, despite suggesting that the product can be used for feeding infants.
- Mozambique (Feb 81) — label on **Lactogen** has the following wording in Portuguese: "To breast feed your baby is, *perhaps*, the most natural and loving thing that can be done for him. However, if you can't, do what many conscientious mothers do, use **Lactogen** as an alternative."

In March 1980, IBFAN reported to **Nestle** finding a label on **Pelargon** cans in Mozambique with exactly the same wording. At the time we pointed out to the company that breast milk *is* the most natural and ideal food for infants — there is no "perhaps" to it. Yet nearly a *year* later, **Nestle** continues to use the same wording, which further demonstrates the company's reluctance to change its practices to ensure there is no interference with the encouragement of breast feeding.

- Philippines (Feb 81) — **Al 110** and **Lactogen Follow Up** formula labels make no mention of the superiority of breast milk.
- Malaysia (Jan 81) — **Al 110** and **Lactogen Follow Up** formula labels make no mention of the superiority of breast milk.
- Zaire (Jan 81) — **Guigoz** containers labelled in French only and do not mention the superiority of breast milk.
- Malaysia (Dec 80) — breast feeding mother given a card to fill in for "mothercraft nurse" to call when she leaves Penang hospital.
- Singapore (Oct 80) — cards left in two hospitals to be handed out to mother so that company mothercraft nurses can visit mothers at home.

SAFETY:

- Zaire (Jan 81) — tins make no mention of the superiority of breast milk.

WYETH:

- Egypt (Feb 81) — **SMA** and **S-26** tins make no mention of the superiority of breast milk.
- Singapore (Oct 80) — cards left in two hospitals to be handed out to mothers to fill in so that company mothercraft nurses can visit mothers at home.



It is not only in developing countries that the infant food industry resorts to aggressive marketing of its products and attempts to win the endorsement of the health profession for them. Shown left, is a *Wyeth* display stall advertising

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- Brazil (Feb 81) — **Ninho** label makes no mention of the superiority of breast milk, despite suggesting that the product can be used for feeding infants.
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  In March 1980, IBFAN reported to **Nestle** finding a label on **Pelargon** cans in Mozambique with exactly the same wording. At the time we pointed out to the company that breast milk *is* the most natural and ideal food for infants — there is no "perhaps" to it. Yet nearly a *year* later, **Nestle** continues to use the same wording, which further demonstrates the company's reluctance to change its practices to ensure there is no interference with the encouragement of breast feeding.
- Philippines (Feb 81) — **Al 110** and **Lactogen Follow Up** formula labels make no mention of the superiority of breast milk.
- Malaysia (Jan 81) — **Al 110** and **Lactogen Follow Up** formula labels make no mention of the superiority of breast milk.
- Zaire (Jan 81) — **Guigoz** containers labelled in French only and do not mention the superiority of breast milk.
- Malaysia (Dec 80) — breast feeding mother given a card to fill in for "mothercraft nurse" to call when she leaves Penang hospital.
- Singapore (Oct 80) — cards left in two hospitals to be handed out to mother so that company mothercraft nurses can visit mothers at home.

SAFETY:

- Zaire (Jan 81) — tins make no mention of the superiority of breast milk.

WYETH:

- Egypt (Feb 81) — **SMA** and **S-26** tins make no mention of the superiority of breast milk.
- Singapore (Oct 80) — cards left in two hospitals to be handed out to mothers to fill in so that company mothercraft nurses can visit mothers at home.



It is not only in developing countries that the infant food industry resorts to aggressive marketing of its products and attempts to win the endorsement of the health profession for them. Shown left, is a *Wyeth* display stall advertising *SMA* and *Nursoy* at the 1981 American Academy of Pediatrics convention held in Washington, DC in April.

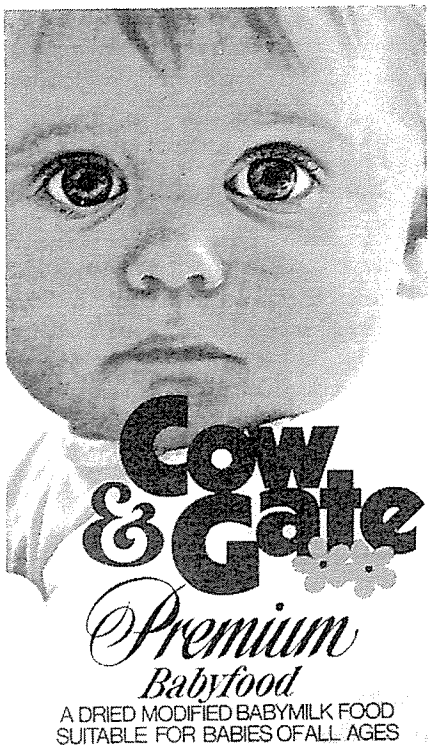
It is not only in developing countries that the infant food industry resorts to aggressive marketing of its products and elaborate attempts to gain the endorsement of health professionals. Similar tactics are used in the industrialised countries. Space has precluded an extensive list, but on the next two pages, we reproduce a few significant examples:

ABBOTT:

● USA (Apr 81) — **Abbott/Ross** maintains a highly visible presence at the American Academy of Pediatrics annual convention in Washington DC, including running a hospitality suite, organising a reception for delegates, running a stall offering **Isomil** simulated ice cream and printing up paper napkins advertising **Isomil**.

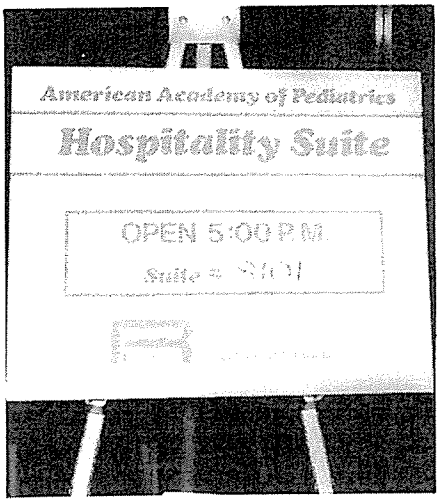
● USA (Winter 81) — with a US $1million grant to the American Academy of Pediatrics, **Abbott/Ross** gains exclusive support rights to an AAP "Pediatrics in Review" (PREP) programme for all third year paediatric residents. Under the terms of the agreement which involves $500,000 per year for two years and has an option for renewal, **Abbott/Ross** is authorised to commission the development of up to four special "educational" items for all AAP members.

Reporting on the grant, the California *Paediatrician* Winter 1981 newsletter acknowledged "some concern as to how a relationship between the Academy and the industry may be perceived by others". But the newsletter argued that "necessary safeguards appear to be in place" and stressed that the industry grant will "increase academic visibility and perhaps membership earlier in the peadiatrician's career." It can also be argued that **Abbott/Ross'** visibility will have increased and that the company will benefit as a result.



COW & GATE:

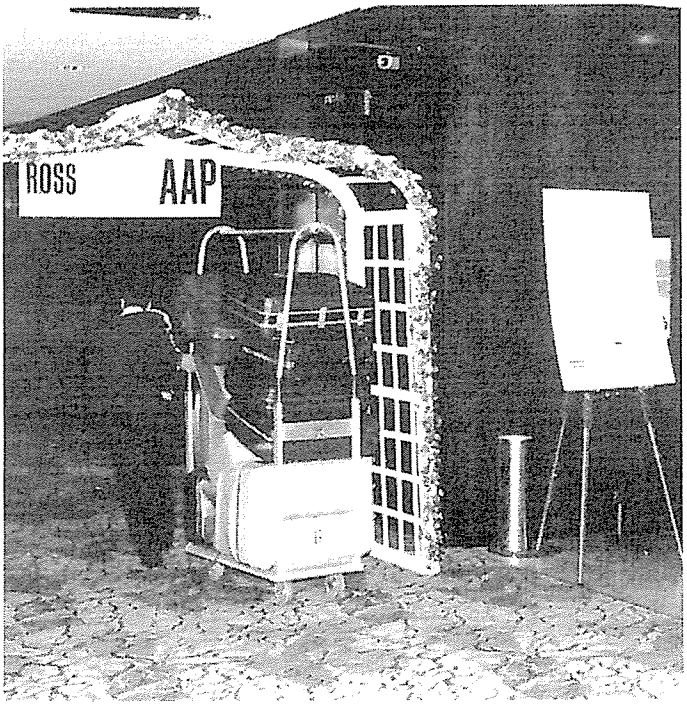
● Republic of Ireland (Jan 81) — **Cow & Gate Premium Babyfood** package has no mention of the superiority of breast milk, but does state: "**Cow & Gate Premium Babyfood** is a baby milk formula which has nutrient levels *approaching as closely as possible the nutritional and compositional values of breast milk*." (**Cow & Gate's** emphasis.)



GALACTINA:

● Switzerland (Mar 81) — **Galactina** runs two ads for formula products in a mother and baby booklet given out freely to pregnant women. The ad on the back cover has a headline: "To nourish your baby, give him with love the products **Galactina** has prepared." The products include an infant formula called **Humana**.

● Switzerland (Mar 81) — **Princessa** milk food with vegetables advocates usage from the 6th week and features a bottle on the front of the package. There is no mention of the benefits of breast feeding.





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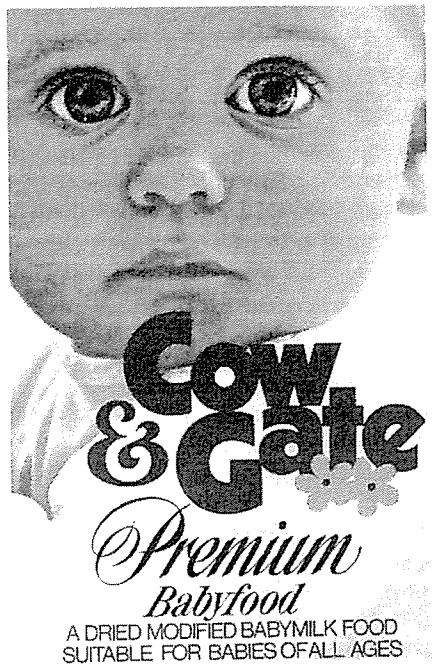
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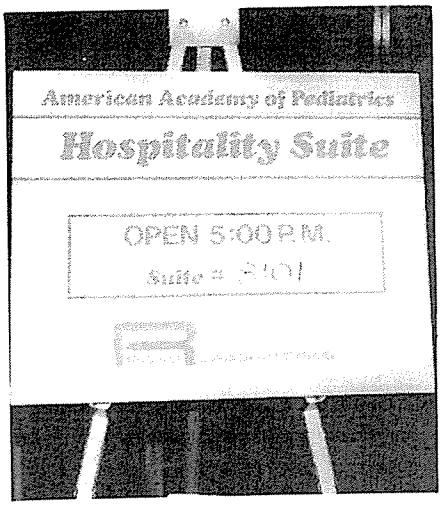
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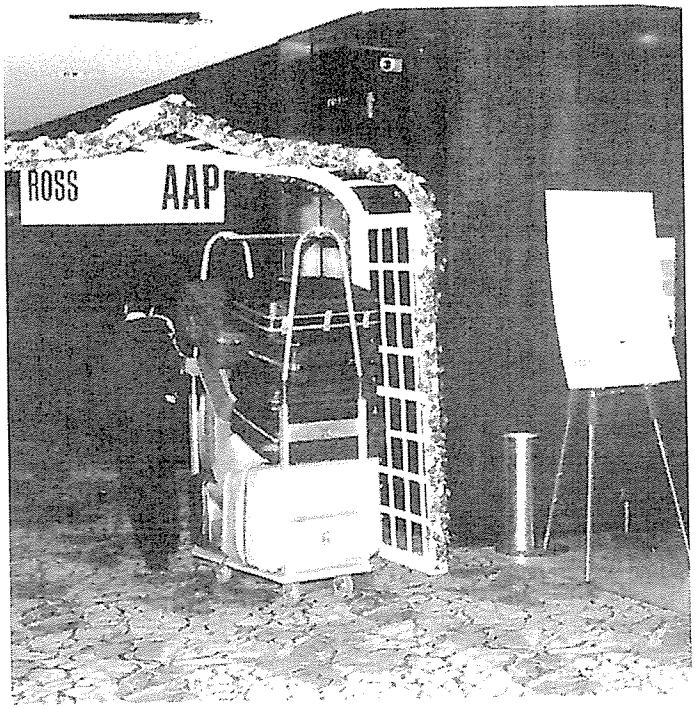
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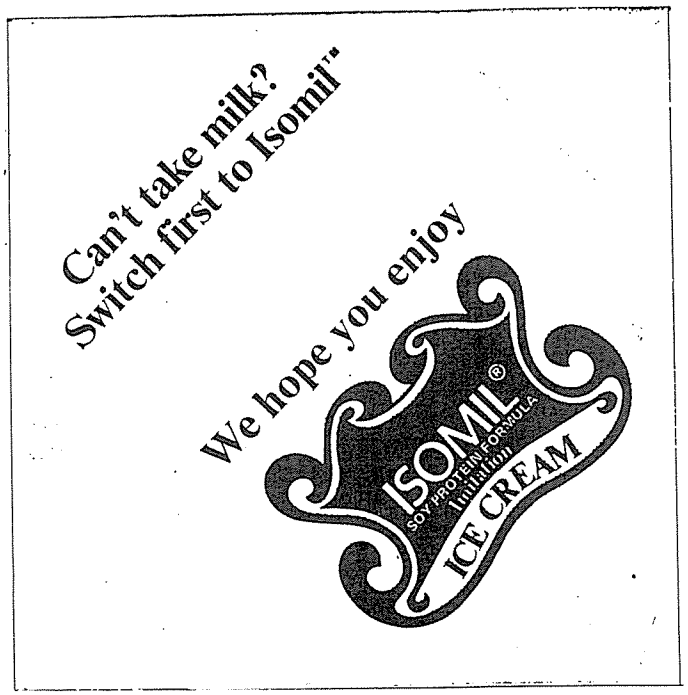
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Top right is a *Cow & Gate* package purchased in Ireland in Jan 81 which claims the product is as close to breast milk as possible. The remaining photos illustrate the efforts of *Abbott* to maintain high visibility at the Apr 81 annual convention of the American Academy of Pediatrics.

MEAD JOHNSON:

● USA (Feb 81 & Aug 80) — a breast feeding mother in a Minneapolis hospital was given a free gift pack of **Mead Johnson** formula including 2 tins of formula, 1 nursette, 2 baby booklets and 1 vitamin sample during Feb 81. The gift pack declares that it is "For the Nursing Mother and Her Baby." In New York, in Aug 80 the same gift pack was being given out to all mothers leaving a hospital.

MILUPA:

● Switzerland (Mar 81) — two page full colour ad in a mother and baby booklet distributed freely to pregant women proclaims: "**Milupa** offers you everything your infant needs for harmonious development."

● Switzerland (Mar 81) — **Milupa** 3-cereal weaning food suggests it can be used from *the first day*, and features a feeding bottle on the front of the package. There is no mention of breast feeding anywhere on the package.

NESTLE:

● Switzerland (Mar 81) — **Nestle** runs two full page, full colour ads in a mother and baby magazine which is freely given out to pregnant women — one ad for **Guigoz** formulas, the other for **Beba** and **Printania**. The second ad has a headline which reads: "For the well-being of your baby."

● Switzerland (Mar 81) — **Nestle** 3-cereal and cream of rice weaning foods suggest their usage from the first month, and both packages feature a feeding bottle prominently on the front. Breast feeding is not mentioned.

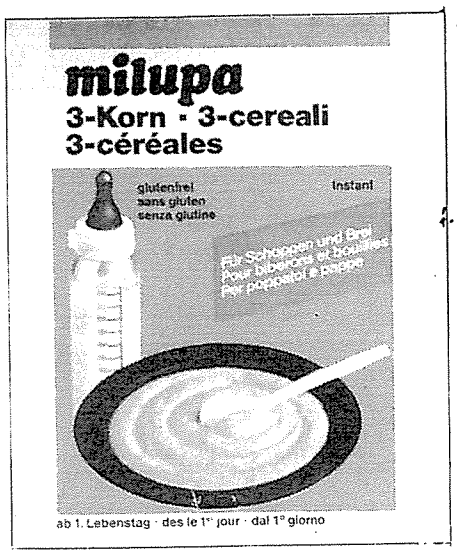
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WANDER:

● Switzerland (Mar 81) — full page, full colour ad for 14 of **Wander's** infant feeding products, including seven infant formulas, in a mother and baby publication that is freely given to pregnant women, has a headline stating: "**Wander** assures harmonious growth — day after day — from the first day."



Top photo shows a *Nestle* ad in a mother and baby publication in Switzerland in Mar 81 which suggests that *Nestle* products will take care of a baby's "well-being". At the bottom are reproductions of three packages of weaning foods from Switzerland during Mar 81, all of which suggest early introduction, and all display a feeding bottle.







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Published by: IBFAN, International Baby Food Action Network, Geneva, London and Minneapolis, May 1981.
Printed by: Lithosphere, 467 Caledonian Road, London N7 9BE, England.

EXCERPTS FROM DOCUMENTS: WHO/UNICEF MEETING ON INFANT AND YOUNG CHILD FEEDING, Geneva, Switzerland, October 9-12, 1979

From October 9-12, the World Health Organization (WHO) and UNICEF jointly sponsored a "Meeting on Infant and Young Child Feeding" at WHO headquarters in Geneva. The purpose of the meeting was to summarize knowledge and discuss what steps could be taken to decrease malnutrition and infectious diseases in children. The meeting was held as part of the WHO and UNICEF's commitment to promote and support breastfeeding.

For the first time in United Nations history, nongovernmental organizations like the Interfaith Center on Corporate Responsibility, were invited to participate as equals along with national governments. Also attending were experts in nutrition and medicine, the infant food industry and specialized U.N. agencies, all told about 150 delegates.

A major impetus behind the meeting is the increasingly successful international campaign aimed at halting the aggressive marketing and promotion of infant formula and other breastmilk substitutes. While the promotion of infant formula is not the only cause for the widespread decline of breastfeeding in developing countries, it has been identified as a significant factor by WHO and UNICEF as well as the International Pediatrics Association, the Food and Agriculture Organization and other international health agencies. Dr. Derrick Jelliffe, a leading authority on infant nutrition who attended the meeting, estimates that there are some ten million cases a year of malnutrition and infectious disease directly attributable to bottle feeding.

ICCR has been criticizing the promotion of infant formulas by American based multinational corporations for over five years. In 1977, ICCR joined with the Infant Formula Action Coalition (INFACT) to organize a boycott of Nestlé products. ICCR has filed shareholder resolutions with American corporations, supported legislation aimed at improving maternal and child health by curbing promotion, and is currently investigating the "bottle baby" problem within select low income communities in the U.S.

The following excerpts are taken from official WHO/UNICEF documents. The Background Paper consists of a preface, a summary of "Current Knowledge" on infant feeding and "Themes for Discussion" at the October meeting. Prepared by WHO/UNICEF scientific consultants and staff, it represents the position of the WHO/UNICEF secretariats.

The meeting's final report consists of a Statement on Infant and Young Child Feeding and Recommendations which grew out of four days of intense dicussions in working groups and plenaries. The five sections of both the Background Paper and Recommendations correspond to the five working groups at the meeting.

The meeting's final recommendations on marketing and promotion are more general than corresponding sections of the Background Paper because the infant food industry refused to go along with the prevailing opinion among delegates which was to accept the guidelines articulated in the Background Paper. The final recommendations nevertheless provide the basis for an international code of conduct and national legislation aimed at controlling marketing and promotion. Strong codes, complemented by legislation and recommendations in other areas could materially improve the health and welfare of infants around the world.

These excerpts were selected by Leah Margulies and Edward Baer of the ICCR infant formula program from WHO/UNICEF documents (available from the Division of Family Health, WHO, 1211 Geneva 27, Switzerland). The WHO also has the preliminary report of the WHO Collaborative Study on Breast Feeding, reports on breastfeeding workshops from Barbados and Guatemala, World Health Assembly resolutions, and speeches and press releases from the October meeting.

BACKGROUND PAPER

"Preface"

Malnutrition is today the most widespread and serious problem affecting young children; combined with infection it is the major cause of death of millions; it is also responsible for retarded growth and development in even greater numbers. Malnutrition is more than a medical problem; it is related to the situation of families and women; it has social, economic and political roots and is closely associated with poverty.

Breastfeeding is ideally suited to the physiological and psychosocial needs of the infant. Artificial feeding has some disadvantages for babies everywhere. In adverse socioeconomic and environmental situations it constitutes a major public health problem because of such factors as contaminated water and unsanitary environment; lack of facilities for the appropriate preparation and storage of breastmilk substitutes or formulas; high cost of these formulas in relation to income, leading to their overdilution and underconsumption; and lack of information about their appropriate use.

It is clear that there should not be public promotion of the use of formulas or milk preparations as breastmilk substitutes. Changes in marketing practices are necessary and regulations by governments of both exporting and importing countries may be desirable.

THEMES FOR DISCUSSION

I. Encouraging and supporting breastfeeding

Many of the practices of modern maternity wards and hospitals have also contributed to the decline in breastfeeding by limiting the possibility of its early initiation, as well as feeding on demand and close contact between the mother and the infant during the first days. The attitudes and practices of the health staff too have an important bearing on whether or not a woman breastfeeds. Similarly the structural design of the maternity ward itself may determine whether close continued contact between mother and infant is possible. Feeding

An ICCR Brief appears in each edition of The Corporate Examiner, a monthly newsletter on corporate social responsibility. Each brief highlights a particular social area and focuses on one or more corporations. It also provides information about action options and resources for issues studied.

Copies of the ICCR Brief may be obtained from the Interfaith Center on Corporate Responsibility, Room 566, 475 Riverside Dr., New York, N.Y. 10027. Telephone:(212)870-2936. Price: 1-10 copies, $.60 each; 11-19 copies, $.40 each; 20-49 copies, $.35 each; 50 or more copies, $.15 each.

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schedules, for example, may be set to suit hospital staff routines rather than the needs of the mother and infant, and in some cases mothers may be led to believe that medical and health personnel consider formulas to be as good as, if not better than, breastmilk. In the case of institutional delivery, the abuse of anaesthesia, medication or surgery during delivery can also interfere with initiation of lactation and breastfeeding.

Another factor is the infant food industry. While it has met certain needs, it has also diffused new and often inappropriate ideas on infant feeding and has created an unnecessary demand with well-known health hazards. The advertising and promotion of breastmilk substitutes, particularly in health facilities, has contributed to the decline in breastfeeding. Promotion of breastmilk substitutes by commercial concerns has been more extensive and pervasive than the provision of information concerning the advantages of breastmilk and breastfeeding.

In the absence of strong interventions designed to promote and support breastfeeding, it can be anticipated that these trends will continue. Even larger numbers of infants and young children will be placed at risk of infections, malnutrition and death.

Infant health and the outcome of childhood can determine a country's potential for socioeconomic development. Ill health in childhood is a drain on national economy. Breastfeeding contributes to health and development. Taking into account the cost of the extra food required by a lactating mother, the relative economic value of breastmilk is high as compared to the cost of industrially processed substitutes. Studies have shown that in some countries mothers who do not breastfeed need to spend as much as 75% of their basic wage on purchasing commercial formula in the amounts necessary to meet the infant's needs. Inevitably, expenditures such as these have repercussions on other family members and their food intake.

II. Promotion and support of appropriate weaning practices

It is generally feasible to meet the nutritional requirements of older infants and young children with proper combinations of the foods regularly consumed by older children and adults. Appropriate weaning with local foods is socioculturally more acceptable. It is also likely to have economic advantages for families, communities and countries since it eliminates the necessity of importing expensive weaning foods. The cost of industrial processing, packaging, transportation and commercial distribution makes the retail price several times higher than the cost of a home-prepared mixture.

Apart from cost, there may be problems relating to the misuse of weaning foods. Foods intended as supplements have in some areas been widely used as complete baby foods, and have created serious problems of malnutrition .... Labelling and advertising of these foods should be clear as to their proper use and indicate that they are not and should not be used as complete baby foods.

In general, the introduction into any market of industrially processed weaning foods should be subject to the criterion of "public purpose". Public purpose implies that before any product is sold or distributed in a country, or to a particular population group, the overall public health and socioeconomic impact of that product has to be assessed; benefits as well as possible dangers have to be identified and evaluated.

It is not sufficient to argue that the marketing of a product provides consumers with an additional choice or an alternative to what are already established practices and available products. The concept of legitimate markets and public purpose is a tool that national administrators and planners should use in assessing whether a particular product serves the interest of the country and the community

III. Information, education, communication and training

The subject of breastfeeding has tended to be neglected in the training of health professionals and health workers, and in general they have been ill prepared to advise mothers and the public on this subject. Various aspects of this issue–health, nutritional, psychological, economic–must be emphasized and incorporated into training courses.

Support for breastfeeding and appropriate yound child feeding, however, must come from the community at large. Unless the community is aware of the importance of this problem and sensitized to the ways in which it can help families and complement the work of educators, health workers and workers in other sectors, progress will be slow.

IV. Health and social status of women in relation to infant and young child feeding

Contrary to expectations, there is evidence in many parts of the world that the situation of many mothers and, by association, children is deteriorating. This is especially true in developing countries and among economically disadvantaged groups. In many instances this deterioration appears to be linked to changing styles of life, behavior and occupational roles and, more specifically, to current patterns of development which are bypassing women and reducing their ability to meet the nutritional needs of their children.

In many situations the type of health care available to women has not helped either. One of the problems has been the tendency for the process of reproduction to be dealt with in much the same way as disease, rather than be treated as the normal biological process that it is.

The absence of openings for female employment and the lack of legislation designed to protect and support women also needs to be dealt with in many countries. Maternity leave and better job security should be seen as basic principles of social and economic development.

A number of actions are required if the health and social status of women is to be improved and, through it, infant and young child feeding. The revival of breastfeeding in some of the most industrialized countries, particularly among highly educated women, suggests that there is no incompatibility between breastfeeding and improvements in the overall social status of women.

V. Appropriate marketing and distribution of breastmilk substitutes

Even in the most ideal socioeconomic and environmental conditions, artificially fed babies are at a disadvantage for several reasons; these include the absence of breastmilk related immunity and decreased bonding to the mother.

For the majority of the population in developing countries, however, the risks are so much greater, that the use of breastmilk substitutes presents a major public health as well as an individual or family problem.

The widespread use of breastmilk substitutes, moreover, has an adverse effect on breastfeeding practices. In addition, the cost of breastmilk substitutes in relation to low incomes, often leads to overdilution of the formula and causes severe strain on the family budget.

Breastmilk substitutes, however, are also widely used by those who voluntarily choose not to breastfeed and the marketing and unjustified distribution of breastmilk substitutes is pervading all segments of the population, both urban and rural, in developing countries.

At present the practices used in marketing breastmilk substitutes vary according to the economic system that prevails in a given country, the existence of national policies re-

garding the marketing of these substitutes, the attitudes of medical and health authorities and the policies and practices of individual companies. A combination of techniques is used, including promotion to medical and health personnel and institutions; mass media advertising; persuasive labeling; distribution of free product samples or feeding accessories; introductory discount sales and personal contact with mothers by company representatives in maternity wards or at home.

Some countries, however, have introduced specific actions to regulate the distribution of breastmilk substitutes. In some cases, for example, information about infant formula can only be obtained through health personnel and at the latter's discretion. Similarly, breastmilk substitutes themselves are available only through health care systems where specific and carefully established criteria are used to determine when there is a need for them. The advertising potential for specific brands of products, moreover, has been limited in other instances by packaging them under a single product name. Feeding bottles have, in one country, been placed on prescription; this permits the health team to evaluate the need for them and also allows them to explain to mothers what the risks involved are.

WHO and UNICEF consider that the measures taken should include the cessation of all advertising and promotion of breastmilk substitutes to the public. In addition, the medical profession should only be provided with "ethical" and factual information necessary for their consideration of product composition. National and international codes of conduct for the marketing of breastmilk substitutes should be adopted by all producers and be nationally enforced.

It is recommended that codes of conduct should include at least the following points:

(a) There should be no advertising of breastmilk substitutes to the general public and sales representatives should not contact mothers.

(b) Breastfeeding should be encouraged and supported and informational literature or labeling should always indicate that breastfeeding is superior.

(c) Clear instructions, particularly on labeling, should be provided for proper use of breastmilk substitutes.

(d) In addition to information and guidance provided through ministries of health, medical, education and professional associations, physicians and other health professionals concerned may be given ethical information on breastmilk substitutes by companies, but the health service and health personnel should not serve as a promotional channel for industry.

(e) There should be no direct or indirect promotion of breastmilk substitutes through health and health related services. Agents promoting breastmilk substitutes should not have access to mothers in maternity facilities. Posters and other advertising materials should not be displayed in government, nongovernment or private health facilities.

(f) Because of the inherent conflict of interest, producers of breastmilk substitutes and of foods used as such should not be involved in any way in the staffing of health services.

(g) Sales bonuses or other incentives should not be applied to sales of breastmilk substitutes.

(h) There should be no promotional sales; distribution of free samples to the public should be prohibited; samples supplied to physicians should be strictly for professional examination.

(i) Bottles and teats should not be promoted.

(j) The packaging of industrially processed weaning foods, milk and cereal products used as weaning foods should be clearly different in appearance from that of breastmilk substitutes.

(k) Whether labeling should contain information on how to use weaning foods as ingredients of breastmilk substitutes should be determined by national health authorities.

In 1974 the World Health Assembly, in resolution WHA27.43, urged "Member countries to review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation where necessary."

In addition to the great value of a code of conduct adopted by industrial groups, it may be desirable and necessary for governments to regulate advertising and promotion. If codes of conduct are sufficiently comprehensive, the purpose of regulation will be to enforce these codes and prevent the invasion of the market by companies not adhering to them. Regulations should also be considered with regard to exports, imports, and national production of breastmilk substitutes and weaning foods.

THE FINAL REPORT

"Statement on Infant and Young Child Feeding"

Poor infant feeding practices and their consequences are one of the world's major problems and a serious obstacle to social and economic development. Being to a great extent a man-made problem, it must be considered a reproach to our science and technology and our social and economic structures, and a blot on our so-called development achievements. It is not only a problem of the developing world; it occurs in many parts of the developed world as well.

Malnutrition in infants and young children cannot be separated from malnutrition and poor health in women. The mother and her infant form a biological unit; they share also the problems of malnutrition and ill-health, and whatever is done to solve these problems must concern them both together.

The problem is part of the wider issues of poverty, lack of resources, social injustice and ecological degradation; it cannot be considered apart from social and economic development and the need for a new international economic order.

Breastfeeding is an integral part of the reproductive process, the natural and ideal way of feeding the infant and a unique biological and emotional basis for child development. This, together with its other important effects, on the prevention of infections, on the health and well-being of the mother, on child spacing, on family health, on family and national economics and on food production, makes it a key aspect of self-reliance, primary health care and current development approaches. It is therefore a responsibility of society to promote breastfeeding and to protect pregnant and lactating mothers from any influence that could disrupt it.

"Recommendations"

I. The encouragement and support of breastfeeding

The health care system in general should ensure that all mothers, particularly during the period of pregnancy, are systematically provided with the type of breastfeeding education that is in keeping with their life situations and presented in practical ways.

Obstetrical procedures and practices should be consistent with the policy of promoting and supporting breastfeeding. In this respect, unnecessary sedation, routine use of

episiotomy, and routine use of lactation suppressants should be avoided.

Breastfeeding should be initiated as soon after birth as possible, normally during the first half hour and, in order to facilitate breastfeeding, mothers should be encouraged and permitted to keep their infants with them in the same room or close to them and to practice on-demand feeding; maternity routines and structures should be conducive to this practice.

All postnatal health care should be oriented towards ensuring the maintenance of breastfeeding for as long as possible. All babies should receive colostrum. For optimal breastfeeding, the use of supplementary bottlefeeding – water and formula – should be avoided. A healthy well-nourished mother who is fully breastfeeding her infant should not need to introduce any complements during the first 4-6 months of life, according to the needs of the infant.

A baby who is not breastfed should receive special attention from the health care system. Adequate instructions for the use of infant foods as well as warnings about its problems should be the responsibility of the health care system. Supplies of infant formula would thus be required for distribution only where necessary and not as a routine.

Paid maternity leave of not less than three months postnatal, job security and economic support should be provided to all mothers whenever possible, and wherever possible, and the responsibility for economic support during maternity leave should be carried by government, the industry in which the woman is working and other relevant international and national institutions.

II. Promotion and support of appropriate and timely complementary feeding (weaning) practices with the use of local food resources

Food complementary to breastmilk will need to be introduced by 4-6 months; when the nutrition of the mother is poor and/or environmental conditions are unfavorable it may often need to be introduced earlier. However, too early introduction of supplements may have a negative effect on breastfeeding and may also increase the risk of infection.

Foods that are locally available in the home can be made suitable for weaning and their use should be strongly emphasized. Mothers need guidance to improve these traditional foods through combinations with other foods available to them locally. Countries should determine the need for subsidizing weaning foods or otherwise helping to ensure their availability to low-income groups.

To avoid infection and interference with continued breastfeeding, infants during weaning should not be fed by bottle but rather by cup and spoon or other suitable traditional vessels and utensils.

III. Strengthening of education, training and information on infant and young child feeding

Basic and continuing education and upgrading of information on all aspects of breastfeeding is necessary for health service staff at all levels,. . .particularly primary health care workers. Training should place particular emphasis on management of breastfeeding and be related to the economic, cultural and social background of the mother and family. Training should consist of the appropriate knowledge on available culturally acceptable, locally grown foodstuffs which are suitable for use as weaning foods for the young infant and supplementary foods for the pregnant and lactating woman. They should also be enlightened about the dangers and hazards of advertising infant foods in clinics.

IV. Development of support for improved health and social status of women in relation to infant and young child feeding

The woman is pivotal for all action related to breastfeeding. Breastfeeding is best for the health of the young baby, but also for the health of the mother including the physical, emotional, and psychological aspects of her health. Government action and community development activities including the help of breastfeeding mothers should be taken to support these mothers to breastfeed. Programs to develop appropriate technologies. . .to reduce these women's workload and to organize community-based day care of children should be emphasized.

Governments should ratify and apply the ILO conventions through national legislation concerning maternity protection which are to be developed (and which extend existing protective measures to increase the period of time of maternity leave) for facilitating the breastfeeding, including facilities for breastfeeding, paid nursing breaks, flexible schedules, day care centers and other measures to ensure the physical closeness of mother and child; these measures should ensure that women's earnings are not substantially reduced or that complementary measures are introduced to provide subsidies; and that any discrimination of nursing mothers in employment should be prohibited.

V. Appropriate marketing and distribution of infant formula and weaning foods

Breastfeeding is the only natural method of feeding babies and it should be actively protected and encouraged in all countries. Therefore, marketing of breastmilk substitutes and weaning foods should be designed not to discourage breastfeeding.

There should be no sales promotion, including promotional advertising* to the public of products to be used as breastmilk substitutes or bottle-fed supplements and feeding bottles. Promotion to health personnel should be restricted to factual and ethical information.

There should be an international code of marketing of infant formula and other products used as breastmilk substitutes. This should be supported by both exporting and importing countries and observed by all manufacturers. WHO/UNICEF are requested to organize the process for its preparation, with the involvement of all concerned parties, in order to reach a conclusion as soon as possible.

Monitoring of marketing practices is recommended. Usually this will be done under government auspices.

There should be no marketing or availability of infant formula or weaning foods in a country unless marketing practices are in accord with the national code or legislation if these exist, or, in their absence, with the spirit of the meeting and the recommendations contained in this report or with any agreed international code.

Facilities of the health care system should never be used for the promotion of artificial feeding. Therefore, advertising or promotional distribution of samples of breastmilk substitutes through health service channels should not be allowed. Artificial feeding should not be openly demonstrated in health facilities.

No personnel paid by companies producing or selling breastmilk substitutes should be allowed to work in the health care system, even if they are assigned more general responsibilities that do not directly include the promotion of formulas, in order to avoid the risk of conflict of interest.

*This includes the use of mass media and other forms of advertising directly to the mother or general public, designed to increase sales of breastmlik substitutes, to the detriment of breastfeeding.

What industry must do to conform to the Code

INTERNATIONAL CODE OF MARKETING OF BREASTMILK SUBSTITUTES

Editor's Note:

The code, as reprinted here has been shortened for space and clarity. The major themes of each article are preserved. No new words or interpretations have been added. Where the context permits, often-repeated phrases are omitted, such as "...products ***within the scope of this Code...*** *" and "...mothers* ***of infants and young children....*** *"*

ENABLING RESOLUTION:

~~The Thirty-fourth World Health Assembly,~~

Aware of the direct and indirect effects of marketing practices of breastmilk substitutes on infant feeding practices;

Convinced that the protection and promotion of infant feeding, including the regulation of the marketing of breastmilk substitutes, affect infant and young child health directly and profoundly;

Confirming the endorsement in their entirety of the statement and recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding, October 1979;

The code is a 'minimum requirement'

Stressing that the adoption of and adherence to the International Code of Marketing of Breastmilk Substitutes is a minimum requirement and only one of several important actions required;

ADOPTS the International Code of Marketing of Breastmilk Substitutes annexed to the present resolution;

Implement the code 'in its entirety'

URGES all Member States; to give full and unanimous support to the implementation of the recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding and of the provisions of the International Code in its entirety as an expression of the collective will of the membership of the World Health Organization; to translate the International Code into national legislation, regulations or other suitable measures; to monitor the compliance with the Code.

THE INTERNATIONAL CODE:

Preamble

Recognizing that infant malnutrition is part of the wider problems of lack of education, poverty, and social injustice;

Conscious that breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; that it forms a unique biological and emotional basis for the health of both mother and child; that the anti-infective properties of breastmilk help to protect infants against disease; and that there is an important relationship between breastfeeding and child spacing;

Recognizing further that inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in all countries, and that improper practices in the marketing of breastmilk substitutes and related products can contribute to these major public health problems;

Believing that, in the light of the foregoing considerations, and in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breastmilk substitutes, the marketing of breastmilk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products;

The Member States hereby agree the following articles which are recommended as a basis for action:

Article 1: Aim of the Code

The aim is to [provide] safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, through appropriate marketing and distribution.

Article 2: Scope of the Code

The Code applies to the marketing of breastmilk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods when marketed or otherwise represented to be suitable, for use as a partial or total replacement of breastmilk; feeding bottles and teats.

Article 3: Definitions

"Marketing" means product promotion, distribution, selling, advertising, product public relations, and information services.

"Samples" means single or small quantities provided without cost.

Article 4: Information and Education

4.1 Governments should have the responsibility to ensure that objective and consistent information is provided on infant feeding for use by families and those in the field of infant and young child nutrition.

4.2 Information and educational materials, written, audio, or visual [for] pregnant women and mothers of infants and young children, should include: (a) benefits and superiority of breastfeeding; (b) maternal nutrition; (c) the negative effect on breastfeeding of partial bottle-feeding; (d) the difficulty of reversing the decision not to breastfeed; and (e) where needed, the proper use of infant formula. When materials contain information about infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breastmilk substitutes. Materials should not use pictures or text which idealize breastmilk substitutes.

Warnings of health hazards on all materials

4.3 Donations of educational equipment or materials should be made only at the request and with written approval of appropriate government authority. Such equipment or materials may bear the company's name or logo, but should not refer to a proprietary product.

Donations of equipment can't advertise formula products

Article 5: The General Public and Mothers

5.1 There should be no advertising or other promotion to the general public.

No ads or promotion to the general public!

5.2 Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples.

No samples, directly or indirectly.

5.3 There should be no point-of-sale advertising, giving of samples, or any promotion device to induce sales directly to the consumer at the retail level (special displays, discount coupons, premiums, special sales, loss-leaders, tie-in sales). This should not restrict pricing policies and practices intended to provide products at lower prices on a long-term basis.

No point-of-sale advertising

5.4 Manufacturers and distributors should not distribute to pregnant women or mothers any gifts or utensils which may promote the use of breastmilk substitutes or bottlefeeding.

No gifts to mothers

5.5 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers.

No marketing contact with mothers

Article 6: Health Care Systems

6.1 Health authorities in Member States should take measures to encourage and protect breastfeeding and promote this Code, and give appropriate information to health workers in regard to their responsibilities, including the information specified in Article 4.2.

6.2 No facility of a health care system should be used for promoting infant formula or other products within the scope of this Code.

No promotion in health facilities!

6.3 Facilities of health care systems should not be used for the display of products, placards or posters concerning such products, or for distribution of material provided by a manufacturer or distributor other than specified in Article 4.3.

No posters, placards, or displays

6.4 The use of "professional service representatives," "mothercraft nurses" or similar personnel, provided or paid for by manufacturers or distributors, should not be permitted.

No mothercraft nurses ('milk nurses')

6.5 Feeding with infant formula should be demonstrated only by health workers, or other community workers; and only to the mothers or family members who need it; the information given should include a clear explanation of the hazards of improper use.

6.6 Donations or low-price sales to institutions of supplies of infant formula or other products within the scope of this Code, whether for use in the institutions or for distribution outside them, may be made. Such supplies should only be used for infants who have to be fed on breastmilk substitutes. If supplies are distributed for use outside the institutions, this should be done only by the institutions concerned. Such donations or low-price sales should not be used by manufacturers or distributors as a sales inducement.

6.7 Where donated supplies of infant formula or other products within the scope of this Code are distributed outside an institution, the institution should ensure that supplies can be continued as long as the infants concerned need them. Donors or institutions concerned should bear in mind this responsibility.

Donated supplies only for medical need and never as a sales inducement.

6.8 Equipment and materials donated to a health care system may bear a company's name or logo, but should not refer to any proprietary product.

Article 7: Health Workers

7.1 Health workers should encourage and protect breastfeeding.

7.2 Information provided by manufacturers and distributors to health professionals should be restricted to scientific and factual matters, and should not imply or create a belief that bottlefeeding is equivalent or superior to breastfeeding. It should include the information specified in Article 4.2.

No $ or gifts to health workers.

7.3 No financial or material inducements to promote products should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted.

7.4 Samples of infant formula or other products, or of equipment or utensils for their preparation or use, should not be provided to health workers when necessary for professional evaluation or research at the institutional level. Health workers should not give samples to pregnant women, mothers, or members of their families.

No samples to health workers, nor through them to mothers.

7.5 Manufacturers and distributors should disclose to the affiliated institution any contribution made for fellowships, study tours, research grants, attendance at professional conferences, or the like. Similar disclosures should be made by the recipient.

Disclose industry contributions for research, travel or the like.

Article 8: Persons Employed by Manufacturers and Distributors

8.1 In sales incentives for marketing personnel, the volume of sales of products within the scope of this Code should not be included in the calculation of bonuses, nor should quotas be set specifically for sales of these products. This should not prevent the payment of bonuses based on the overall sales of other products marketed.

No commissions for infant formula sales.

8.2 Personnel employed in marketing products within the scope of this Code should not, as their job responsibilities, perform educational functions in relation to pregnant women or mothers of infants and young children. This should not be understood as preventing personnel from other functions of the health care system at the request and with the written approval of the appropriate authority of the government concerned.

Article 9: Labelling

9.1 Labels should provide the necessary information about the appropriate use of the product, and not discourage breastfeeding.

9.2 Manufacturers and distributors of infant formula should ensure that each container has a clear, conspicuous, easily readable and understandable message printed on it, or on a label which cannot readily become separated, in an appropriate language, which includes: (a) the words "Important Notice"; (b) a statement of the superiority of breastfeeding; (c) a statement that the product should be used only on the advice of a health worker as to its need and proper use; (d) instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation. Neither container nor label should have pictures of infants, or other pictures or text which may idealize the use of infant formula. They may have graphics for easy identification as a breastmilk substitute and for illustrating methods of preparation. The terms "humanized," "maternalized" or similar terms should not be used. Inserts giving additional information about the product's proper use may be included in the package or retail unit. When labels give instructions for modifying a product into infant formula, the above should apply.

Labels must include warnings of health hazards and costs.

No pictures or text that idealize infant formula use.

Other milk products should conform to the code when sold for babies.

9.3 Products marketed for infant feeding which do not meet all the requirements of an infant formula, but which can be modified to do so, should carry on the label a warning that the unmodified product should not be the sole source of nourishment. Since sweetened condensed milk is not suitable for infant feeding, nor as a main ingredient of infant formula, its label should not contain instructions on how to modify it for that purpose.

9.4 The label should also state: (a) the ingredients used; (b) the composition/analysis of the product; (c) the storage conditions required; (d) the batch number and [expiration] date, taking into account the climatic and storage conditions of the country concerned.

Article 10: Quality

10.1 The quality is an essential element for the protection of the health of infants and should be a high recognized standard.

10.2 Products should, when sold or otherwise distributed, meet applicable standards, [Codex Alimentarius, et al].

Article 11: Implementation and Monitoring

11.1 Governments should give effect to the principles and aim of this Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulations or other suitable measures. Governments should seek the cooperation of WHO, UNICEF and other agencies of the United Nations system. National policies, including laws and regulations, should be publicly stated, and should apply to all those involved in the manufacture and marketing of products within the scope of this Code.

Governments should implement the code.

11.2 Monitoring the application lies with governments acting individully, and collectively through the World Health Organization. The manufacturers and distributors, and nongovernmental organizations, professional groups, and consumer organizations should collaborate....

11.3 Independently of any other measures taken for implementation, manufacturers and distributors of products within the scope of this Code should regard themselves responsible for monitoring their marketing practices according to the principles and aim of this Code, and ensure that their conduct at every level conforms to them.

Manufacturers' conduct should conform to the code at every level!

11.4 Nongovernmental organizations, professional groups, institutions, and individuals concerned should draw the attention of manufacturers or distributors to activities which are incompatible with the principles and aim of this Code, so that appropriate action can be taken. The appropriate governmental authority should be informed.

11.5 Manufacturers and primary distributors should apprise each member of their marketing personnel of the Code and of their responsibilities under it.

11.6 In accordance with the Constitution of the WHO, Member States shall communicate annually to the Director-General, information on action taken to give effect to the Code.

11.7 The Director-General shall report in even years to the World Health Assembly on the status of implementation of the Code; and shall, on request, provide technical support to Member States preparing national legislation or regulations, or taking other appropriate measures in implementation of the principles and aim of this Code. ■

Infant Formula Program
Interfaith Center on Corporate Responsibility
475 Riverside Drive, New York, NY 10115 (212) 870-2750

Almighty Dollar

TRENTON, N. J.

The U.S. Was Hypocritical in Vote on Infants' Formula



Ann Rinaldi

Wrong move on deadly baby formulas

Lonesome, shameful posture for the U.S.

WATSONVILLE, CALIF. REGISTER

THE UNITED STATES stands alone in the ... as a nation which puts the ... of babies

Infant formula vote

A poor U.S. message

The Honolulu Advertiser
HONOLULU, HAWAII

The Evening Press
BINGHAMTON, NEW YORK

Reagan uses wrong formula

IN ITS zeal to stamp out regulation ... wherever its e... the Reagan adminis... countries in ... a mar... ng and ... in-

incredible arrogance: All the world's consumers are not Americans with refrigerators and a reasonably high literacy rate, and infant formulas have been blamed for tens of thousands — perhaps millions — of infant deaths in Third World countries.

Gallons of infant formulas are accused

The Denver Post
DENVER, COLO.

Health Vote Shows U.S. Callousness

FRONT PAGE

Evening Independent
ST. PETERSBURG, FL...

Letter From The...

ROBERT STIFF



It was a motherhood issue that faces ... alth Organization (WHO) thi... ould oppose it.

U.S. alone shuns effort to protect infant lives

THE SUN, MAY 20, 19...

COLUMBUS, GA. LEDGER

The Babies Are Losing

Big Business vs. Babies

Maybe the Reagan administration next will announce that the U.S. right ... ketin... it int... prise...

While the formula may be nutritionally adequate, the conditions ... which it must be prepared ...

The baby formulators and their potent lobby

STOCKTON, CALIF. RECORD

Editorials

For a country that takes pride in ... side of every ... dealt itself

...stitutes. To suggest that world ... ...ining is to ignore ...

INFACT Upsurge

SPECIAL SPRING 198...

INFANT FORMULA ACTION COALITION

Reagan Teams with Industry to Protect Profits, Boycott Fights to Protect Babies

Marchers protest Nestle formula ac...

'No' a disastrous f...

...e Reagan administration will ... mula fro... ...l a callous message to poor coun... ... if it votes against ...

Infant Formula—Horrible Potion From ... White House

LOS ANGELES

Only one member nation refused to ... along with the effort to preve... unnecessary and tragic... Ro...

Nestle boycott uses our economic clout to help save lives of infants

BILOXI, MISS.
SOUTH MISSISSIPPI SUN

But Schweiker, with his usual regard for the sensibilities of others, ignored his top aide. The Reagan administration decided neither to support the voluntary code, nor to abstain from voting. Big business, wounded, bruised, and sorely in need, found many charitable friends in the administrati... who deci...

for the world at ... There is validity to the cla... that infant formula should not be ... universally co... it has its va... nutrit...

JUDY WASHINGTON STAR

By Judy Bachrach

An Inhumane Position



To no one's surprise at all, the United States will be taking the extraordinarily insensitive step this week of voting against an advisory code of ethics that would help protect infants ... developing ...

Where Have Our Ethics Gone?

Continued From C-1

...ow stringently it wants ... ...ect its people. If the code ... were mandatory the ...

The issue is far simpler than that. The question is whether the pursuits ... ...illio... ...each year from ... artificial feeding. Cited ... re poor water supplies, ... conditions for bottle ... n and a lack of refrigera-

An inhumane f...mula for traged...

Robert Walters

...NEWS, DENVER, COL. 5/2...

meeting of the World Health Assembl... ing held this month in Geneva, Switze... Senior officials in the State Depa... and the Department of Health and ... ...most of them Reagan ...

U.S. Shamed By Its Baby Formula Vote

Ob... ground to ... adoption of ... code at a ... missed an ... portunity t... ...certainly ... ...ibe ... ...Ignoring ... ...urian

Mothers protest formula marketing

HAMILTON, ONT., CANADA SPECTATOR

TORONTO (CP) — About 150 ... along Yonge ...

...agree that mothers' ...tious food for babies ... ...in aggressively mar... ...n acceptable substitu... ...d nations of Africa ...erica.

Editorial

MARSHALL, MN. INDEPENDENT

Infant formula vote is a death sentence

the formula industry Opinion

LAS VEGAS, NEV. REVIEW-JOURNAL

un-Times
rsday, May 21, 1981 Page 65 **Editorials**

An independent newspaper, dedicated to championing individual freedom, to exposing abuse of the public trust and to fostering a healthy environment, a sound economy and a just society.

Heartless stand on formula

ebels with a cause can focus attention derfully, as did two top U.S. foreign aid and Bangladesh in voting no on the guidelines (which will not be mandatory

Infant formula vote a bad move by U.S.

Last week, the United States

The breastfeeding of

A 'No' vote in the U.N. will put America in a bad light

U.S.

THE LINCOLN STAR
LINCOLN, NEBR.

Anything for business

EDITORIAL

As our editors see it

for example — of manufactured for-

Tallahassee Democr

Put people before profits

Today the World Health Assembly eets in Geneva, Switzerland, with its ain order of business being debate of a emingly mundane international mar- ng code for breast-milk substitute code is enacted, producers of

derdeveloped nations are using the for- mulas not out of choice or necessity but because they are put in front of them, fed ples and promoted kers. In some in- ufacturing compa- al or material fficials who pro- formulas and dis- . The code ban

tion on

EDITORIAL

al shame

Group of 20 launched successful Nestle boycott

By Dorothy Gilliam
The Washington Post

SHINGTON — How did a handful good organizations do it? How did n beards and women in sandals, y talking to themselves, puttering d the world with a good but un- cause, manage to reach the politi- eights of the World Health Organi- n and humble the United States its terrible lone

ST. JOSEPH, MO.
NEWS-PRESS

Woman leads boycott over baby formula



OTIS
PIKE

The Mighty Eagl
Has Yielded to T
Almighty Dollar

NEWSDAY
GARDEN CITY, N.Y.

VILLAIN: The U.S. will play the role when it vetoes UN code on infant formula

The Detroit Free Press
DETROIT, MICH.

practices, which have included sending out sales people in white uniforms — like those of medical personnel — to back country villages to

until enacted

toward infant health problems.

The Fresno Bee
Founded 1922
Published every morning
CARLOS McCLATCHY, editor, 1922-1933
Wednesday, May 20, 1981 • Vol. 118, No. 21192

The U.S. vote against infants

Principles die so that profits live

CARBONDALE, SOUTHERN ILLIA MAY 27, 1981

HISTORICALLY, when the United States has cast the lone senting vote in an international forum, it has been on a vital national interest or high moral principle.

Last week, at the direction of the Reagan United States chose the mean, the sm

Against the World Health Or curbing "excessive developed countri States cast

Corporate greed vs. human health

ANCHORAGE, ALASKA NEWS

The United Nations World Health Organization, assem-

The Jackson Sun

2B Friday, May 22, 1981

EDITORIAL

Lonely stance shames U.S.

US force-feeds 'Let them eat cake' attitude

HAYS, KANS.
NEWS

Staff
Comme

stand for life

The U.S. votes wrong on a motherhood issue

Philadelphia Inquirer

On an unconvincing argument that the to do otherwise would interfere with domestic antitrust and other free- enterprise principles, the Reagan dministration has put the United tates, in the position of opposing a World Health Organization code on the arketing of infant formulas. The ontroversy is literally a m sue, and the United States What on e arketing ba orld full o

fed to infants under conditions which lead to disease.

The World Health Organization proposal, long in evolving, does not suggest banning infant formulas. It asks governments worldwide, especial- ly in the poorest countri

The Washington Post

THURSDAY, APRIL 23, 1981

Formula for Trouble

THE PROPOSAL being made in the World Health Organization that member governments restrict the marketing of infant formula, to encour- age breast-feeding, is a tough one for this country and especially for this administration. The proposed code, sanctioning interference in the domes ketplace to restrict the promotion cuts across the grain of a free-ent of an administration with a stro

mation and training to manage the formula p Breast-feeding, by contrast, works for all but a percentage of women, even Typically, a malnourished

of 150 plus on the WHO ould impose

puts the number of children's lives could be saved each year by a return to breast

U.S. foolishly stands alone

The Arizona Daily Star
TUCSON, ARIZ.

into the hands of the Co who greet with open arms t victims and survivors of o western capitalistic in they delight in labelling i

the U.S. always seems to end up o the wrong side of every two-bit war an rebellion, but it's our own fault. We lack a professional, highly trained diplomatic corps like that employed by the Soviet Union. We still have am- bassadors assigned purely as political and diplomats who can't even

Methodists still

Breast-feedin

UNICEF information

April 1981

QUESTIONS AND ANSWERS ON INFANT FEEDING

This information note may be freely used in full or in part by UNICEF Field Offices and National Committees, journalists, speakers, and others concerned with infant feeding issues.

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I. THE "CRISIS" IN INFANT FEEDING

What is the "crisis in infant feeding"?

Mothers throughout the world are abandoning the tradition of breastfeeding for the technology of the baby bottle.

Artificial baby milks are expensive; reading the directions on labels requires literacy; bottles and nipples must be sterilized and the water boiled. When infants receive unhealthy diluted milk formulas often in contaminated bottles stored under improper temperatures, the result, commonly called "bottle baby syndrome", is diarrhoea, gastroenteritis, malnutrition and even death.

As more babies are either being weaned from the breast prematurely or started on the bottle from birth, the age at which malnutrition strikes infants is falling, posing an even greater threat to survival.

As WHO Director-General Halfdan Mahler told the 32nd World Health Assembly in 1979: "Evidence from the developing countries indicates that infants breastfed for less than six months, or not at all, have a mortality rate five to ten times higher in the second six months of life than those breastfed for six months or more". This is the crisis.

In the peri-urban and urban regions of the developing world, breastfeeding is clearly on the decline.

Even in remote rural areas where mothers have traditionally breastfed for long periods of time, bottlefeeding is making inroads. Health experts fear that unless strong action is taken to protect breastfeeding in those regions, the problem will become epidemic.

In the industrialized world bottlefeeding can be just as dangerous in impoverished communities where the conditions needed for its safe use are also absent. Even among middle-class populations, breastfeeding for the first four to six months offers significant protection against many common infectious diseases, allergies and other infant feeding problems.

Why is breastfeeding declining?

As families migrate to the cities and as industrialization intensifies enormous changes are wrought in the organization of traditional daily life.

Women begin working outside the home in jobs seemingly incompatible with breastfeeding; babies are born in hospitals where imported maternity practices discourage breastfeeding (e.g. by separating mothers from babies and initiating routine bottlefeeding of all newborns); and people are exposed to modern advertising and marketing which offer a welter of consumer goods promising modernity and development.

Artificial milk powders, in particular, are promoted to the public as "what the upper class buys", and to the medical profession as the most "modern and scientific" way to feed babies. (The implied medical endorsement for artificial feeding is especially impressive to those who hold the medical establishment in fear and awe.)

However, industrialization, women's work, increasing percentage of births in hospitals, etc., need not necessarily result in the decline of breastfeeding in all cases. The experience of Sweden and Hungary, as documented in the WHO Collaborative Study on Breastfeeding, shows that breastfeeding is not necessarily incompatible with industrialization. And breastfeeding is increasing in other industrialized countries, including the United States, England, France, Japan and Norway.

Why did WHO and UNICEF describe inadequate feeding of infants as a "man-made problem" and a "blot on our so-called development achievements"?

The decline of breastfeeding is no "natural disaster". It is a product of social and economic factors and development priorities. Any society that wants to protect breastfeeding has the means to do so.

The feeding of infants should be the least of our food problems. For infants there is no absolute shortage of food:

mothers' milk is potentially available to every baby and supplementary solid food, introduced only after the first four months of life, is required in small amounts. But many of the processes commonly associated with development - urbanization, industrialization, consumerism, transition to cash economy, transition from clan or tribe to nuclear family, etc. - are forces which can threaten breastfeeding. Thus in the name of "development", many societies are actually exacerbating the problems of their most vulnerable members.

II. HEALTH AND NUTRITIONAL ADVANTAGES OF BREASTFEEDING

Why is breastfeeding unique?

Many years ago, Paul Gyorgy, a paediatrician at the Unitersity of Pennsylvania, said: "Cow's milk is best for baby cows and breastmilk is best for human babies!".

Modern science confirms this. Breastmilk provides babies with proteins, calories, minerals and vitamins in the perfect balance needed to support growth in their early most-vulnerable months of life. Breastmilk is also a live substance, containing immunological and anti-infective agents which protect against the common infections of infancy. Breastmilk is constantly changing, adapting to the specific immunological and nutritional needs of the rapidly growing baby, and because breastmilk supply is regulated by demand fully breastfed babies are seldom obese.

Breastfeeding provides more than milk to the baby: the psychological interaction between nursing mother and child facilitates a close relationship and promotes harmonious development of the baby.

Breastmilk requires neither equipment nor preparation, is always sterile, is always available, and costs little.

Finally, breastfeeding increases the interval between births to the benefit of the mother and all her children. No wonder breastmilk has been called "the original convenience food" and the most "appropriate technology" of all. Nothing in a tin or jar can ever match breastmilk from the breast.

How long do women breastfeed?

Most women could, and some do, continue to breastfeed for several years. Usually, however, breastfeeding is terminated much earlier - if it is initiated at all. Unfortunately, especially in the urban areas of developing countries, this is often during the first few months when breastfeeding may be critical for survival and when it can provide the greatest benefits. Breastfeeding is often continued during the weaning period when complementary foods should be introduced at four to six months of age with gradual transition to the family diet by 1½ to 2½ years. The breastmilk provides important contribution of nutrients during this period.

How long can breastfeeding alone meet the nutritional needs of the baby?

Supplementary foods need to be added to the baby's diet at four to six months of age. But, even after such foods are added, breastmilk continues to be an important source of economical, high-quality protein. One study in Indonesia found that it would cost $87 million to provide the same amount of proteins that breastmilk offers in the second year of life.

Weaning should take place preferably onto foods of local origin. Processed foods are so costly per calorie or gram of protein that most people cannot afford to buy as much processed food as their babies need. Local foods are generally cheaper and culturally accepted, and increasing the demand for local food production is to be preferred to spending scarce resources on industrialized products.

Can a malnourished woman breastfeed her baby adequately?

Yes, but it is important that she get more food immediately. Malnutrition in early infancy is so much more immediately life-threatening than malnutrition in adulthood, so the mothers should breastfeed, but every effort should be made to correct their malnutrition.

Mild to moderate malnutrition in woman has no effect on breastmilk quality and little on quantity. Only when maternal malnutrition becomes serious does the quantity of milk really decline. As the former Director-General of the Indian Council of Medical Research, Dr. C. Gopalan, said: "The remarkable ability of poor women to breastfeed their babies for prolonged periods is the most redeeming feature in an otherwise bleak nutritional situation of many developing countries".

Do women who are seriously malnourished need artificial formulas for their babies?

All available resources should be directed to providing food for the mother to improve her nutrition and enhance her ability to nurse her baby. Malnourished women are the last ones who can afford breastmilk substitutes since they cannot even afford to feed themselves. Women can transform the simplest and cheapest foods into the breastmilk perfectly suited for their babies. A recent study in Guatemala showed that it would cost ten times more to artificially feed a baby than to provide adequate proteins and calories for the mother from foods of local origin.

Can every woman breastfeed?

At least 98 out of every 100 women can breastfeed successfully, if they want to and if they receive some basic support and information about the process.

The number of women physiologically unable to nurse is very small, no more than two per cent of all mothers. Lactation failure in traditional societies, i.e. where there are no alternatives, is virtually unknown.

Breastfeeding is, however, a delicate psycho-physiological process that can be upset or inhibited by fear, stress, lack of confidence, and belief that the milk will be lacking in quality or amount. Reports of these anxieties and accompanying lactation failure appear to accompany the spread of modern values, medical practice and the commercial availability of breastmilk.

Substitutes

What should be done for babies who are not receiving adequate amounts of breastmilk in the first months of life, particularly where hygienic and economic conditions make formula feeding hazardous?

According to a recent report by the United Nations Expert Consultative Group on Maternal and Young Child Nutrition of the Sub-Committee on Nutrition, Administrative Committee on Co-ordination, there are several steps that may be taken. The Group lists methods for the management of lactation failure as follows: re-establishment of lactation; breastfeeding by surrogate; feeding non-human milk or a milk product; feeding a cereal/other staple gruel augmented by milk protein or other sources of protein. As far as milk products are concerned, the Group provides guidelines for modifying the following products for infant feeding: fluid whole milks; dried whole milk; dried skimmed milk; evaporated whole milk and filled milk; yogurt/soured milks; sweetened condensed milk (only as a last resort because of its high sugar content); commercial baby milk formula; and, if nothing else is available, K-Mix-2, a special mixture for treating severe protein-calorie malnutrition. With respect to the target groups mentioned above, comments on commercial infant formulas were: "They are expensive and as a result overdiluted feeds tend to be prepared. Thus they are inaccessible in sufficient quantities for the target group discussed here ...".

Clearly women who cannot breastfeed need access to affordable breastmilk substitutes and to information on how to use them safely. Health workers and planners must find ways to assure those who really need substitutes have access to them without creating such indiscriminate availability that use increases without regard for the inherent dangers.

Is breastfeeding good for the mother?

Yes, and in many ways. Contrary to the old wives' tales that nursing makes breasts sag (age and gravity do that), breastfeeding actually helps women to get their bodies back in shape after childbirth. It helps the uterus return to its pre-pregnancy condition and facilitates loss of excess weight gained during pregnancy. It promotes a deep feeling of warmth and attachment between mother and baby, and many women report the physical sensations of breastfeeding are pleasurable.

Although infant formulas are promoted as a convenience, breastmilk has rightly been called the "original convenience food". It is always ready, at the right temperature, sterile, and needs no purchase, preparation, sterilization or storage.

The convenience of breastfeeding can be best appreciated by mothers who must get up in the middle of the night to prepare a feeding bottle, or who have struggled with artificial feeding while travelling, or who simply have to find the money to buy artificial foods.

If women learn to express their own milk and store it safely, mother and baby do not always have to be near each other constantly. Women can manage the process to have the best of both worlds: breastfeeding and activities outside the home.

What about the old wives' tale that breastfeeding women do not get pregnant?

Breastfeeding, especially when unsupplemented and practiced on demand, is a remarkably effective contraceptive. (Dr. Franz Rosa of the American University in Beirut, has even estimated that breastfeeding affords substantially more fertility protection in the developing world than all the clinical contraceptives currently in use.)

The action of the baby sucking at the breast stimulates the secretion of hormones that inhibit ovulation. The more frequent and intense the sucking, the greater the contraceptive protection.

However, breastfeeding does not prevent pregnancy, it only delays it. Once ovulation resumes, there is no protection, and other contraceptive methods should be used if desired. Women should also remember that ovulation precedes menstruation - so a small percentage of women will conceive before menstrual bleeding signals the return of ovulation, unless other precautions are taken.

Hormonal contraceptives, such as the pill, should not be given to nursing women because we do not know the effects of such chemicals when passed on to the baby through the mother's milk. Other contraceptive methods should be offered. Where hormonal contraceptives are the only alternative, their introduction should be delayed as long as possible.

Are chemical contaminants in breastmilk dangerous?

Disturbing evidence has indicated that both breastmilk and animal milks have been increasingly contaminated with certain pesticides and other toxic substances. Some substances accumulate to a greater extent in human milk and others in animal milk. Medical and public health authorities generally agree that the benefits of breastfeeding far outweigh the risks of contaminants in breastmilk, except in a limited number of localized crises. In areas with extremely high exposure to known toxic agents breastmilk should be tested. In extreme cases, women may be counselled to limit the duration of breast-feeding. In other situations breastfeeding may actually prevent ingestion of other contaminants found in cow's milk formulas and in water.

The best answer, of course, is not less breastfeeding, but less environmental pollution.

III. RISING CONCERNS

What are the origins of the concern over infant feeding?

The importance of breastfeeding has been clearly recognized throughout history. In fact, until early this century an infant who was not breastfed usually did not

survive. Confirming earlier European research, large-scale medical studies in U.S. urban populations in the early twentieth century demonstrated tremendously higher death rates among artificially fed babies, especially in unsanitary home environments.

As bottlefeeding spread to the developing world, health workers began documenting similar problems. Dr. Cicely Williams was the first to call attention to the link between malnutrition and the marketing of milk foods for infants in her pioneering address called "Milk and Murder" before a Rotary Club meeting in Singapore in 1939. Physicians, such as Derrick Jelliffe, D.S. McLaren, Catherine Wennen, and others working particularly in Africa, published articles in the 1960s decrying the decline of breastfeeding.

How did the United Nations get involved?

WHO and UNICEF have always been interested in all aspects of infant and young child feeding.

In the 1960s, the Protein Advisory Group (PAG) of WHO/FAO/UNICEF stressed the importance of breastfeeding and pointed out problems with artificial feeding.

In 1970, UNICEF and the Pan-American Health Organization (PAHO) sponsored the first international meeting between paediatricians and representatives of the infant food industry in Bogota, Colombia. Subsequently the PAG sponsored similar meetings in New York, Paris and Singapore.

In 1974, the World Health Assembly unanimously adopted a resolution calling on each member state to do everything in its power to promote breastfeeding, including regulating sales promotion of infant foods.

In 1975, a report on "Priorities in Child Nutrition" to the UNICEF Executive Board by Drs. Jean Mayer and Johanna Dwyer, of Harvard University, stressed the importance of breastfeeding and the need to control breastmilk substitute marketing.

In 1978, a second, more sharply worded resolution was adopted by the WHA because the prior resolution had limited effect.

In 1979, the WHO/UNICEF Meeting on Infant and Young Child Feeding brought together national governments, United Nations agencies, experts, the infant food industry, and non-governmental organizations, including consumer groups. This meeting produced a framework for further international action, including the development of a Code of Marketing.

How did a health problem become cause for public concern?

In August of 1973 the British development magazine "New Internationalist" helped to open public debate on the impact of infant formula in developing countries when it published an interview with two Third World medical specialists. The debate opened the door to scandal six months later when the British charitable organization "War on Want" published an investigation of the industry titled "The Baby Killer". When a group in Switzerland published a translation and labelled it "Nestlé Kills Babies", the company sued for libel and the resultant court case brought the company's methods of marketing and distribution under close public scrutiny.

Just before the court brought in its verdict, Nestlé, with other producers, established the International Council of Infant Food Industries (ICIFI) with a code of ethics for its members - something which the United Nations Protein Advisory Group had sought four years earlier.

The day before the Swiss court brought in its verdict, Nestlé withdrew all charges against the publishers of "Nestlé Kills Babies" except the one concerning the title of the publication. The group was convicted, and the judge also announced that there was cause for the company to rethink its ways.

In the United States a religious order, the Sisters of the Precious Blood, filed suit against another manufacturer - Bristol-Myers - and was able to influence changes in its policies. The National Council of Churches also put its weight behind the issue through the Interfaith Center on Corporate Responsibility (ICCR), an affiliate designed to analyze the social performance

of major U.S. corporations, and public awareness of the issues grew. By July of 1977, another U.S.-based group, the Infant Formula Action Coalition (INFACT), had mobilized a public boycott of all Nestlé products, demanding action to prevent artificial formula from getting into the hands of people who did not have the "means or facilities to use them safely".

Has the debate between manufacturers and critics had any effect?

Yes. Some important changes in promotional practices have taken place in the last five years. For example, some major firms have agreed to suspend use of mass media to advertise infant formulas; many formula tins now carry the message that "breastfeeding is best"; and use of company "milk nurses" soliciting mothers personally in maternity wards and in private homes has apparently been curtailed in some places.

Many forms of promotion continue, however, which focus on influencing health workers and hospital routines. And the line between promotion and "information" or "services" becomes increasingly difficult to define.

Most importantly, the controversy has ignited an explosion of awareness about the seriousness of infant feeding problems. What was once the subject of modest discussion in medical journals and nutrition congresses has now evolved into a major international concern. National governments and international aid agencies are launching new programmes to promote and protect breastfeeding, while researchers are busy finding new evidence confirming that "breast is best". As this activity reaches the hospital and clinic level, commitment to promote breastfeeding can actually be translated into significant increases in the number of breast-feeding women and healthier babies.

IV. HEALTH AND WEALTH OF NATIONS

Is breastfeeding less costly?

Yes, for families, for communities, and for countries.

Artificial feeding is expensive. There are the costs of the milk food, bottles, nipples, soap, and fuel (often scarce

and expensive) for boiling water. These can consume a tremendous proportion of a poor family's disposable income, and increase the probability that formulas will be overdiluted to make them last longer.

Two consultants for the United Nations Food and Agriculture Organization (FAO), Stina Almroth and Ted Greiner, have sought to calculate the economic consequences of breast or bottlefeeding for average families in the Ivory Coast and Ghana (The Economic Value of Breastfeeding, FAO, 1979). They found that "by breast-feeding rather than artificially feeding an infant for two years, the average family in either country would save between $600 and $730 in costs of goods and time, plus any savings that might result from the avoidance of disease or malnutrition caused by artificial feeding".

How else does breastfeeding save money?

By keeping mothers and babies together during their hospital stay ("rooming in"), hospitals can cut back or close their nurseries for normal newborns. Mothers quickly learn to care for their own babies, and nursing personnel can be redeployed to other more essential services.

When such a hospital system was instituted at Baguio General Hospital in the Philippines, along with a ban on all commercial promotion activities, nurses were shifted into staffing the under-5s clinic. Clinic attendance went way up (since waiting time was reduced), and hospital admissions plummeted. The overall plan - to encourage breastfeeding - increased breastfeeding by 85 per cent, decreased morbidity by 50 per cent, decreased mortality by 40 per cent, decreased diarrhoea by 75 per cent and reduced deaths due to septicaemia by over 85 per cent.

Can breastfeeding save money in industrialized countries?

Dr. Allan Cunningham, a paediatrician at the Mary Imogene Basset Hospital, Cooperstown, U.S.A., studied morbidity in breast and bottle fed babies in a middle-class community in

upstate New York (U.S.A.), and found that breastfeeding was associated with considerably less illness in the first year, especially if breastfeeding continued beyond 4½ months. Based on the average cost of hospitalization, he concluded: "Just in the first four months of life, hospitalization only will cost $68,684 for 1,000 bottlefed infants and $4,460 for 1,000 breastfed infants".

The research of Dr. Otto Schaefer in the Canadian North demonstrates that the hospitalization rates of bottlefed children were four to seven times higher than those for breastfed babies. Each hospitalization for a bottlefed baby costs the government $1,500-$2,000. In 1973-1974, five per cent of all Inuit Indian babies born in the Baffin zone had to be flown to Montreal for treatment of intractable diarrhoea and malnutrition, at a cost of $8,885-$28,953 per infant, not including costs of air evacuation! Dr. Schaefer said: "The cost in money, time of our nurses, and above all in health and life of the patients themselves of this condition is indeed staggering".

Is it possible to calculate the social costs of improper bottlefeeding?

It is difficult. To estimate in hard cash the social costs of infant malnutrition related to bottlefeeding, researchers would have to include in their calculations the following:

- the loss to the country of foreign exchange used to import artificial formulas;
- the burden of formula costs on the individual family;
- the waste of human milk;
- the costs of additional births, since breastfeeding has a significant contraceptive effect; and
- the costs of recuperative health care services for sick babies.

However, the emotional and personal costs to the individual, family and health workers of impaired mental and physical development that can result from early malnutrition are incalculable.

What specific steps can increase the incidence and duration of breastfeeding?

There are many simple and affordable steps which health workers can take to help mothers breastfeed. They fall into two categories: providing information and support to mothers, and modifying hospital routines.

Information is important because, although breastfeeding is a natural biological process, the many helpful hints and advice which an experienced, breastfeeding mother can give to a new mother can make the difference between success and failure. Questions such as how to hold the baby, how long and how often to nurse, how to manually express milk to relieve congestion, how to care for sore nipples and the like, can easily be answered and make the nursing experience infinitely more positive and pleasant. Psychological support is also very important because confidence is a key ingredient in the smooth functioning of the "let-down reflex", which allows the baby to extract its mother's milk.

Hospitals are often run for the convenience of the staff rather than the benefit of the patients. Thus, some routines have become entrenched even though they can actually hinder the start of successful breastfeeding. Each of the following changes in hospital routines has been experimentally proven to help increase breastfeeding:

immediate postpartum contact between mother and baby;
rooming-in of mother and baby;
banning supplementary bottlefeeding of any kind;
banning routine weighings before and after breastfeeding;
banning the distribution of literature, posters, and free samples that promote the use of breastmilk substitutes;
easy access to a woman to counsel new mothers on breastfeeding;
minimizing the use of drugs during labour and delivery.

Good follow-up care, especially by woman-to-woman support groups, also helps extend the positive breastfeeding experience.

What can governments do to improve infant feeding?

Several governments have already begun to take decisive steps to slow, stop and reverse the trend away from breast-feeding. The supply of breastmilk can be improved (usually by improving hospital routines and maternity protection) while breastmilk substitutes can be supplied only to those who need them. The motivation of mothers to choose breastfeeding can also be greatly strengthened. The experience to date suggests that a broad front of actions is far more effective than any one action in isolation.

The Government of Papua New Guinea decided to make infant feeding bottles available on prescription only, along with a general plan to restrict advertising of breastmilk substitutes and to promote breastfeeding through various services and channels. In the capital city, just two years after the law was passed, there was a substantial increase in breastfeeding with a concomitant decrease in the incidence and severity of malnutrition in the under-two population.

Algeria has taken a different track. It has nationalized the importation of infant formulas, to eliminate commercial competition and to make the State responsible for both distribution of the product and dissemination of information.

The Government of Nicaragua is just undertaking a comprehensive plan to promote breastfeeding by mass education, re-orienting hospital routines, setting up human milk banks, mobilizing community organizations, retraining health workers, and controlling marketing and promotion of infant formulas. A National Commission on Breastfeeding will co-ordinate the relevant government agencies, health workers and popular organizations.

In Brazil, UNICEF is assisting the Government with a mass media breastfeeding promotion campaign, as part of an overall effort to improve infant health. As well as using commercial advertising techniques, reforms are planned in maternity protection, hospital routines, medical education and infant food marketing.

The Indonesian Government is taking steps to protect breastfeeding where it is popular and promote it where it is declining. Mass media messages are combined with an extensive series of local and regional conferences for local health workers to stress the importance of breastfeeding.

Most of these programmes are too new to be able to tell what will work best under varying conditions. Given the benefits of breastfeeding, and heavy toll on early infant malnutrition, however, government action to promote and protect breastfeeding is one of the most cost-effective public health interventions imaginable.

V. THE IMPACT OF MARKETING ON INFANT FEEDING

How have the availability and marketing of breastmilk substitutes affected infant feeding?

Breastmilk substitutes were originally developed for orphans and mothers who could not breastfeed. But marketing transformed a product for exceptional cases into "convenience" foods for the mass market. Now, however, the markets in the industrialized countries are "saturated" and the birth rate has slowed down. Manufacturers, in search of new markets, extended their reach to the developing countries to stimulate and capitalize on the growing demand for consumer goods. It is recognized that there is a legitimate need for breastmilk substitutes, but under rigidly prescribed conditions for preparation, storage and use. But marketing practices that have proved effective in the developed countries have been transferred to the developing countries even before such conditions for safe use were generally established.

In most industrialized countries, bottlefeeding is widely practiced, and in the Third World, it is growing rapidly.

What marketing concepts are used to persuade people with scarce resources to buy an expensive imported food?

The most powerful message communicated in selling infant formulas is superiority. The product is industrially prepared,

using "scientific" formulations. Pictures on tins display a happy, healthy baby, usually white, while promotional booklets left in clinics, maternities, and doctors' offices promise a middle-class lifestyle, complete with pink or blue booties and basinettes.

Doctors and nurses, who are role models for the community, are given free supplies for their own babies. Those deprived of enough food and health care find the appeal of a product sold as white, upper class and medically endorsed, both powerful and seductive. (Over one billion dollars worth of infant formulas are sold each year in developing countries alone.) Compared with the up-to-dateness and "high-class appeal" given to formulas, breastfeeding is made to seem old fashioned.

What kinds of marketing practices are being criticized?

Two types, really, both of which are used extensively in developing countries. First, food companies use mass marketing techniques for consumer promotion. Examples include ads on radio, television and in print, billboards and posters, and visits to new mothers by paid professional sales personnel in nurses' uniforms. The practice of promoting breastmilk substitutes to the general public has been criticized as an excess for the reason that it reaches far beyond the legitimate target audience for which they are intended. Thus, lactating women have been induced either to abandon or to curtail breastfeeding in response to the persuasive appeals of their manufacturers. The attitude of mothers-to-be are similarly affected. Second, pharmaceutical companies with expertise in hospital selling perfected strategies to initiate routine bottlefeeding in the hospital setting.

In addition, health institutions are supplied with posters, baby books, nursery equipment, bottles and other promotional paraphernalia. Health professionals are offered free goods, and the promise of scholarships, travel allowances, cocktail parties and dinners - all of which contribute to a "conflict of interest".

The combined effect of consumer promotion with hospital and professional selling is the widespread acceptance of bottlefeeding (despite its obvious costs and risks) and loyalty to specific company brands.

But is there any evidence linking marketing with malnutrition?

It is only recently that scientists have shown an interest in investigating the link between marketing and health. A 1980 study of 2,000 low-income women in Sao Paulo, Brazil, revealed an increase in artificial feeding between 1974 and 1979, correlated with increased incidences of infant diseases and malnutrition. During the same period, milk advertising expenditures in Brazil multiplied tenfold. Much of this money was spent on promotion to health professionals who, in turn, had markedly favourable attitudes and practices towards artificial feeding.

Companies frequently argue that promotion only serves to compete for a share of the infant formula market against other companies. But in Brazil, where this study took place, one company is reported to control 95 per cent of all infant milk sales. The promotional techniques practiced by this company were identical to those used in other countries where market shares are more competitive and market expansion potential is far from exhausted. Thus, it is easy to see why promotion continues to compete with breastmilk. Moreover, when one company so clearly dominates the field, it is obvious that its promotion efforts cannot be geared to greater market share but rather to a combination of market share maintenance and (for growth purposes) to market expansion.

A study of infant food advertising in the Caribbean examined the independent effects of income, education and other factors, including advertising, on the feeding and weaning practices of mothers. The study demonstrated that mothers who recalled more infant milk advertisements, weaned their infants earlier. In turn, their earlier-weaned infants suffered higher rates of illness.

How can doctors prescribe infant formula when they know it is expensive and can be dangerous?

Doctors, in fact, do not always "know". According to Dr. John Knowles, paediatrician and former President of the Rockefeller Foundation: "The problem is poverty and inadequate home environment which makes the use of prepared formula so lethal. This the physician is not uniquely qualified to understand. In fact, he may be precisely the most unqualified to understand since he undoubtedly comes from a different socio-economic background and may have no idea of the home conditions of the poorest mothers of his own society".

Besides, doctors are routinely given free samples when they have babies, so they would not necessarily be aware of the cost. Medical curricula (until very recently) did not include infant and maternal nutrition and breastfeeding. Industry filled this education gap with their own materials.

Finally, many dedicated physicians are faced with a real dilemma when dealing with the promotion efforts of formula companies. Their hospitals and clinics are often woefully short of medical equipment and supplies. Under such circumstances, it may seem harmless, even charitable, to agree to give away free samples of infant formula to mothers in exchange for the company's gift of medical stocks, needed equipment or a new nursery.

VI. THE CODE OF MARKETING

What led to the Code?

WHO and UNICEF proceeded to develop a Draft International Code of Marketing of Breastmilk Substitutes following a jointly sponsored Meeting on Infant and Young Child Feeding in October 1979, and a subsequent request from the World Health Assembly. The meeting was aware that in 1974 and again in 1978, the World Health Assembly had unanimously adopted resolutions calling upon member states to regulate inappropriate sales promotion of infant formulas and other breastmilk substitutes.

Frustration at the lack of strong governmental action was expressed. More than 150 representatives of governments, consumer groups, non-governmental organizations, scientific experts, United Nations agencies and industry suggested the Code as part of their overall recommendations for the promotion and protection of breastfeeding. The 1980 World Health Assembly endorsed the recommendations of the October meeting in their entirety mandating, in particular, the process for developing the Code and requesting that it be presented for adoption at the 1981 World Health Assembly.

How was the Code developed?

Since 1979, WHO and UNICEF have developed four drafts which were sent to member states for evaluation. Consultations took place with governments and other interested parties: industry, consumer groups, non-governmental organizations and scientific experts. When the fourth draft was finally approved by the Executive Board of WHO, it was sent to the 1981 World Health Assembly for adoption. Executive Board members concluded that it was a "living" document and subject to change if practical experience revealed weaknesses in the Code's contents.

What products are covered by the Code?

The Code applies to all breastmilk substitutes, including infant formula and other bottlefed complementary foods represented as being suitable, with or without modification, as a partial or total replacement for breastmilk. It also includes feeding bottles and teats. The Code does not apply to weaning foods normally fed with spoons.

What will the Code do?

The Code is a body of recommendations intended as a minimum basis for "the adoption of national legislation, regulations or other suitable measures ... appropriate to the social and legislative framework" of member states.

The Code's restrictions can be divided into two categories: improper practices which the Code proposes to eliminate entirely, and practices which may take place under certain conditions.

Practices to be eliminated:

Direct consumer promotion including advertising, gifts and free samples.
Any contact between company marketing personnel (such as milk nurses) with pregnant women and mothers.
Posters, placards, and the like within health care facilities.
Gifts to health workers.
Bonuses related to sales of breastmilk substitutes.
Pictures of infants on labels.

Practices circumscribed:

Information to families, health workers or on labels shall include messages on the superiority and nutritional benefits of breastfeeding and the health hazards of unnecessary or improper use of infant formulas.
Governments ultimately have the responsibility for ensuring that information is objective and consistent with the Code.
Health workers may only receive samples for professional examination and research.
Fellowships, grants, travel allowances and the like to health workers should be disclosed.
Donated formula supplies should only be used for infants who have to be fed on breastmilk substitutes and supplies should continue for the duration of that infant's need.
Donations of materials and equipment may bear a company name or logo but may not advertise specific brand names.

What about the mother who really needs a breastmilk substitute - does the Code prevent her from obtaining it?

No. The Code will prevent the creation of inappropriate demand for the products, while ensuring availability to consumers with a demonstrated need. Labels will be free of promotional

material and appropriate warnings will be provided. The restriction on sales incentives such as bonuses and quotas should not adversely affect availability but merely inappropriate demand to the detriment of breastfeeding.

How will the Code be presented to the 1981 World Health Assembly?

The Code will be accompanied by a resolution passed in January by the WHO Executive Board. The Executive Board, made up of health ministers from 30 member states of the World Health Assembly, endorsed the fourth draft of the Code and proposed that it be adopted as a minimum requirement for national legislation.

To achieve unanimity, the Executive Board agreed to adopt the Code as a recommendation; the Executive Board resolution proposed a two-year "testing" period and asked the WHO Director-General to prepare a status report on compliance and implementation for the 1983 World Health Assembly and "make proposals, if necessary, for revision of the text of the Code and for the measures needed for effective implementation".

The 1981 World Health Assembly, which meets in May, is comprised of health ministers from 145 nations and has the final say on the contents, legal structure and compliance requirements for the Code.

How will the Code affect industry?

Industry pioneered the ground by adopting self-regulatory codes beginning in the early 1970s. These codes, however, proved the inadequacy of self-regulation. Not all the companies had codes; even those that did did not provide similar standards for self-regulation. Thus, there was inconsistency among the companies and, in a real sense, was not even satisfactory from the industry's point of view. It made for unfair competition and demonstrated a need for a single code consistent with the needs of the situation and for all companies involved.

When the WHO/UNICEF Code development process began, industry applauded the entry of the United Nations agencies into the debate and widely publicized their conviction that this was the "proper forum" for debate. Industry fully participated in the process, attended meetings and consultations, and drafted position papers. In later stages, major firms in the international industry have announced their opposition to the Code, calling it "unacceptable".

As proposed, however, compliance would be voluntary. In this case, the proposed Code would provide recommendations for national action although it is not binding, even for governments.

What are the obstacles to effective implementation of the Code?

Sometimes governments simply may give inadequate priority to the health of mothers and infants. In these cases, a country may adopt legislation without enforcing it.

Other countries may have the will but inadequate capability. They may not have a body of consumer protection law upon which to build. Even laws forbidding over-the-counter sales of prescriptions drugs are impossible to enforce when enforcement requires personnel and budgets beyond national capabilities.

Another problem may be the lack of resources and infrastructure necessary to re-educate health workers and citizens at community level about the promotion and protection of breastfeeding. Without the active participation and support by health practitioners and health consumers, changes in health practices cannot take place.

In some countries there might be a conflict between the Ministry of Health, whose goal is to protect infant and maternal health, with the Ministry of Trade, which may be attempting to develop a national capability in milk production. When one considers the drain of foreign exchange where milk is primarily imported, one can understand the desire to increase domestic production of milk powder as means for improving economic status. Both concerns are legitimate and can be reconciled when national development plans are truly responsive to the needs of citizens.

The largest companies in the industry recently announced their determination to fight the adoption of the Code within national settings on a country-by-country basis, where industry often has large resources and long-term relationships with critical sectors within governments.

What will happen next?

Once, and if, the World Health Assembly approves the Draft International Code of Marketing of Breastmilk Substitutes, each national government can begin work on implementation of this Code, along with the related promotion and protection of breast-feeding.

Important opportunities for action exist in revamping hospital routines; improving the training of health workers at all levels; improving nutrition for pregnant and lactating women; stepping up mass education on infant feeding programmes; etc. Non-governmental organizations have an important role in helping to monitor the Code, in strengthening and supporting educational work, and in mobilizing popular organizations.

WHO and UNICEF are prepared to provide technical assistance and resources upon request for this process. Some countries have already made a commitment to national action. Norway, for example, is proposing legislation which goes beyond the scope of this Code by restricting certain marketing practices of foods for children up to three years of age. Peru and Nicaragua have already requested assistance from the United Nations agencies, and India has publicly committed itself to speedy adoption of legislation based on the approved Code.

What role will consumer groups play in implementing the Code?

Consumer groups will continue to monitor sales and promotional practices of the infant food industry in order to compare actual behaviour in the field with agreed standards of conduct. This role is spelled out in Article 11 of the Code. Up-to-date, accurate, well-documented information on industry behaviour relevant to the Code will be indispensable in assuring

that governments and companies fulfill the "spirit" of the Code. This responsibility will be taken on increasingly by consumer advocates in Third World countries because they have the knowledge of the culture, governmental processes, and represent some of the constituencies most directly affected by the Code.

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CELEBRATING THE WHO/UNICEF INFANT FORMULA MARKETING CODE AS A 'minimum requirement'

EXCERPTED TESTIMONY OF
LEAH MARGULIES
CO-DIRECTOR, INFANT FORMULA PROGRAM
INTERFAITH CENTER ON CORPORATE RESPONSIBILITY

before

SUBCOMMITTEES OF
THE FOREIGN AFFAIRS COMMITTEE

U.S. HOUSE OF REPRESENTATIVES

June 16, 1981

Introduction

I am grateful for the opportunity to appear before you and share with you our celebration of the near unanimous passage by the world's highest health authorities of the WHO/UNICEF Code of Marketing for Breastmilk Substitutes.

Dr. Al-Sait of the Kuwait Ministry of Health announced to the Assembly as the final vote was being tallied: 'This Code is a landmark in the history of health, in particular the health of children, particularly for the developing countries.' We share this perception and we are proud to say that we have worked extremely hard on behalf of the Code's adoption.

My organization, the Interfaith Center on Corporate Responsibility, is a coalition of 15 national Protestant denominations and 160 Roman Catholic orders who, since 1974, have assumed a leadership role in the national and international struggle to improve infant health through the promotion of breast feeding and the halt to the commercial promotion of infant formulas.

We were official delegates to the 1979 WHO/UNICEF Meeting on Infant and Young Child Feeding. We have been invited by WHO to participate in consultations organized during the Code development process to review its contents. We have appeared before U.S. government panels and have prepared endless critiques and interpretations of the various drafts of the Code. We have corresponded and met with health officials around the world, and have helped organize an international network of health practitioners and consumer groups to monitor infant feeding trends and marketing practices. We are considered experts in international infant nutrition policy.

Company Opposition to the Code

While we are jubilant about the passage of the Code, we are also deeply troubled. Troubled that as many as a million babies a year may die from improper formula use, and yet our government cannot bring itself to join the rest of the world to support a relatively mild international recommendatory Code designed to save some of those lives. Troubled that the baby milk firms still refuse to pledge their willingness to abide by a Code that they themselves helped develop and that they have influenced mightily. And troubled that the industry—emboldened by a 'laissez-faire' government—will mobilize its massive resources to undermine the Code development process by pressuring governments to adopt industry-sponsored codes in the place of the tougher and safer WHO version.

Ironically it was the baby food industry that pioneered the notion of market codes, although admittedly their purpose was to forestall external regulation rather than find guidelines that would effectively protect babies and mothers from inappropriate commercial pressure. As industry's own codes were shown defective in both design and execution, public protest escalated. Following the 1978 Senate hearings, industry claims to have suggested moving the discussion to the World Health Organization, a forum that all parties (including the U.S. government) agreed was the rightful place for discussions on the role of infant food marketing. Thinking that the move to a U.N. body could squelch the burgeoning Nestle Boycott by convincing the world that 'the problem was being taken care of,' the industry accepted WHO's invitation to participate in the October, 1979 Meeting on Infant and Young Child Feeding. The meeting put forth recommendations in several areas including restrictions on marketing practices harmful to breast feeding and thus to infant health and welfare.

Although industry pledged to follow these recommendations, in fact they have done nothing of the sort. With its limited budget and staff, the International Baby Food Action Network has documented over 1,000 instances where recommendations were violated, and this represents only the barest tip of the iceberg.

The pattern that emerges is that even after 10 years of debate, the infant formula industry continues aggressive promotion of infant formula that competes with breastmilk. While some of the most flagrant forms of promotion

have been suspended (e.g., mass media advertising), overall promotional effort has, if anything, intensified. The health institution and health care provider are now the central focus of an increasingly sophisticated campaign to promote artificial feeding in general and loyalty to a company's brand names in particular.

To control such practices, the October Meeting mandated WHO and UNICEF to organize a process to develop a marketing code. Industry has been a full participant at every step along the way in the 19 month code development process. As it became clear that the process could not be bought off or scared off, industry began expressing its reservations. The sudden violent manner in which the U.S. artificial baby milk industry opposed the Code shocked and dismayed the WHO and UNICEF Secretariats. They, perhaps naively, thought that the industry was going to agree to the Code since it had been a negotiated compromise.

The rejection of the Code by the baby food industry stands in stark contrast to the other sectors in the debate. The overwhelmingly majority of the world's governments support the Code; a number of prestigious international health organizations have already indicated their unequivocal support for the Code, including the World Federation of Public Health Associations, the American Public Health Association, the International Council of Nurses, the Ambulatory Pediatrics Association, the Christian Medical Commission of the World Council of Churches, the U.N.'s prestigious Subcommittee on Nutrition, and the Senior Faculty of the Johns Hopkins School of Hygiene and Public Health.

The industry can no longer claim it has the best interests of babies at heart; the industry is fighting to preserve a market and the freedom to market, pure and simple. Unfortunately for babies, the international health community is not accustomed to fighting against so formidible an opponent as the well financed international baby food industry. For example, a recent article raises the question of whether a $1 million grant by Abbott/Ross to the American Academy of Pediatrics could be related in any way to the Academy's refusal to endorse the Code. The recent decision by the Indian Academy of Pediatrics to turn down an offer of $7,000 from a milk company (Nestle) in order to preserve their integrity and freedom from conflict of interest stands in contrast to the decision of their U.S counterparts. Furthermore, the hiring of Dr. Stanislaus Flache, a former WHO Assistant Director General, as Secretary General of the International Council of Infant Food Industries (ICIFI), demonstrates industry's resources and resourcefulness. Flache continues to exploit his WHO identity and contacts in the service of his new employers much to the chagrin of current WHO staff. Industry's team of lawyers and lobbyists are working on governments to propose legislation far weaker than the WHO/UNICEF 'minimum reguirement.' In countries such as Kenya, Nigeria, Singapore, Peru, Malaysia, India and South Africa, the industry proposed their own codes; in some of these countries they were adopted.

'Dirty Tricks' at the World Health Assembly

We are disturbed by the way the international infant food industry sought to influence the vote in Geneva. In addition to the wining and dining of delegates and the maintenance of a hospitality suite, documents of ICIFI sought to insinuate a link with the British Government by placing a quote from a British health agency on the cover of the ICIFI charter. This suggestion was rebuked by an offical letter to all delegates by the head of the UK delegation which lent full support to the Code while making it clear that the UK government wished to be in no way associated with ICIFI.

Industry lobbyists also circulated a letter purporting to be from the 'All India Medical Students Association', implying only lukewarm support from Prime Minister Indira Gandhi for the Code. The Indian Head of Delegation felt compelled to circulate a formal letter to all delegations questioning the authenticity of the communique. An organization calling itself 'Voices of the World's Children' began bombarding journalists with highly charged and misleading information, including the statement that the International Pediatrics Association

Implementation and monitoring under the International Code of Marketing of Breastmilk Substitutes

– by Leah Margulies

From its inception, controversy has surrounded the *International Code of Marketing of Breastmilk Substitutes* ("Code"). This is not surprising since it involves a rare attempt at restricting the marketing and promotion practices of a very lucrative industry. The rationale for such an attempt is stated in the final paragraph of the Code's preamble:

"... in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practice, including the unnecessary and improper use of breastmilk substitutes, the marketing of breastmilk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products."(1).

Implementation and monitoring

Implementation and monitoring are at the very center of the controversies. The disputes focus on the appropriate responsibilities of the parties involved and the meaning or intent of Code provisions in order to evaluate whether or not they have been followed.



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The Code is a resolution under the World Health Organization Constitution. As such, it is not binding on governments, but comprises a set of recommendations to the Member States of the World Health Assembly. The first paragraph of Article 11, entitled "Implementation and Monitoring", tells governments to give effect to the Code, as appropriate to each government's social and legislative framework, through the adoption of "national legislation, regulations or other suitable measures" (2). The WHA resolution adopting the Code tells Member States that adoption of and adherence to the Code is "a minimum requirement" (3).

Since 1981, various subsequent resolutions, including some which clarify aspects of the Code, have been adopted – all with the same legal status as the Code. For this reason, the 1990 *Innocenti Declaration on the Protection, Promotion and*

Support of Breastfeeding asked governments to give effect to "the International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety." This language was endorsed by the World Health Assembly in WHA45.34 (14 May 1992) and repeated in WHA47.5 (9 May 1994).

The Code, however, was also envisioned as recommendations for various non-governmental and commercial sectors and its provisions address the responsibilities of health workers, manufacturers and distributors of products covered by the Code, non-governmental organizations, professional groups and consumer organizations. Through this "expression of the collective will of the membership of the World Health Assembly" (4), these recommendations would carry a moral force and power in the world at large beyond the Assembly's Constitutional right to make recommendations to its membership.



There is nothing in the Code which restricts it to a specific age. Photo: Gurli Hansson.

Renewed interest

In the first ten years following the adoption of the Code, only a handful of countries passed national legislation or regulations (a larger number of countries adopted voluntary measures), and national measures rarely incorporated all the provisions of the Code. However, since 1992, when the joint WHO/UNICEF *Baby Friendly Hospital Initiative* began and stimulated renewed interest in the Code, a growing number of countries have adopted or are developing national legislation. Three of the four largest developing countries, China, India and Brazil, have enacted strong laws since 1992.

Article 11.2 tells governments to monitor application of the Code, individually and collectively, by communicating annually to the Director-General of WHO "on action taken to give effect to the principles and aim of this Code" (Art. 11.6), and by having the Director-General report to them on even years of such action (Art. 11.7). Manufacturers and distributors, non-governmental organizations, professional groups and consumer organizations are asked to collaborate with governments toward this aim. Some companies and industry groups use this paragraph to argue that only governments, exclusively, may monitor compliance with the Code, in order to delegitimize monitoring by non-governmental organizations. That interpretation is wrong for the following reasons.

Although Art. 11.2 uses the wording "Monitoring ... lies with governments", the sentence does not stop there but continues "as provided in paragraphs 6 and 7". Paragraphs 6 and 7, described above, outline the traditional UN approach to monitoring, i.e. governmental reporting to an intergovernmental body on the progress it has made in implementing at national level a policy adopted collectively.

Meanwhile, Art. 11.4 specifically requests non-governmental organizations, professional groups, institutions and concerned individuals to draw the attention of manufacturers and distributors to "activities which are incompatible ... so that appropriate action can be taken". Governmental authorities should also be informed. The wording assumes an investigative function, whereas within the context of Art. 11.2, government monitoring assumes a reporting function. Art. 11.4 is a broad mandate since even a concerned individual may legitimately investigate and report incompatible behavior.

Article 11.3 is directed at manufacturers and distributors and says "independently of any other measures taken ... [they]... should regard themselves as responsible for monitoring their marketing practices ac-

cording to the principles and aim of this Code, and for taking steps to ensure that their conduct at every level conforms to them." Art. 11.5 asks manufacturers and distributors to "apprise each member of their marketing personnel of the Code and of their responsibilities under it."

Thus, to say **only** governments may monitor is contrary to what the Code asks. Note also the precision of the wording in Article 11. Paragraphs which address the responsibilities of governments use the verb "shall", because the Assembly is empowered to instruct its membership. In the paragraphs addressing companies, NGOs and others, the verb is "should".

Fundamental principle ignored

Have manufacturers and distributors lived up to their responsibilities under the Code as outlined in articles 11.3 and 11.5? In the opinion of this reviewer, the answer is "no." First, a fundamental principle of the Code is being ignored: the Code applies to marketing practices in all the countries of the world (5). Its title underscores this fact. But no company or industry association has ever agreed, even in principle only, to follow the Code in all countries.

They have only agreed, in principle, to apply the Code in developing countries. In addition, in those developing countries where legislation or policy is more narrow or less rigorous than the Code, companies do not feel obligated to follow the Code, despite the wording of Art. 11.3, which begins "Independently of any other measures taken for implementation of this Code ..."

Nor have companies or industry associations produced documentation demonstrating compliance with Art. 11.5 or showing that they are "monitoring their marketing practices according to the principles and aim" of the Code or have taken steps "to ensure that their conduct at every level conforms" to it (Art. 11.3). The few reports that do exist focus on refuting investigative findings of NGOs or allege conformity either with the company's own code or with the company's interpretation of the International Code.

Market research

Experienced market research companies could certainly collect such data. The cost of underwriting such market research would not be prohibitive for the major firms in the market. Indeed, it is likely that they do market research, although they assert otherwise. If admitted, they allege the results cannot be revealed for competitive reasons. The following statement, although it relates to market size, market share and marketing practices, is relevant to Code compliance:

"It is highly unusual, if not incomprehensible, that these major companies had not done any studies to see who was buying their products and how those products were used. The entire basis of developing a marketing and promotional strategy is to identify potential consumers, determine their needs and preferences, and provide a product that meets those needs. It is not enough to assert, as the companies do, that their products are intended solely for mothers who need them either for biological or other reasons. They must also demonstrate, either through analysis of sales or end-use data, that this is indeed the case. While we must be willing to accept imperfect but "good enough" research findings, a total lack of any reported research on the part of infant formula companies is hard to explain and justify. This leads us to one inescapable conclusion. To wit, infant formula sales must be so highly profitable that companies are afraid to disclose these figures. Absolute levels of high profits and a higher rate of profit on sales, especially in Third World countries, would make it difficult for the companies to make credible assertions about not using high-pressure sales tactics." (6).

On the other hand, the NGOs, collectively through the International Baby Food Action Network (IBFAN), other NGOs (such as Save the Children) and numerous concerned individuals and health workers have complied with Article 11.4 by investigating and reporting to governments and companies "activities which are incompatible with the principles and aim of this Code, so that appropriate action can be taken".

That the NGOs publish such information and distribute it to a wider public in order to put pressure on companies to change their practices is certainly not prohibited by the Code. Once the investigative results have been reported, the controversy focuses on which products and which practices fit under the prohibitions in the Code and subsequent relevant WHA resolutions.

Flexibility

Despite numerous WHA resolutions to the contrary, the latest being WHA47.5 adopted in 1994, companies, industry associations and some experts still argue that the Code co-

vers only infant formula, and applies only to products consumed by healthy infants under 6 months of age.

In fact, there is nothing in the Code which restricts it to a specific age. Indeed, flexibility was built into the Code precisely because marketing changes constantly in response to market conditions, and it was impossible to predict what products and practices would emerge in the future. It was equally impossible to predict the findings of future medical and nutritional research.

Thus, based on research since the Code was adopted, the 1990 Innocenti Declaration states that after 4–6 months of exclusive breastfeeding, "children should continue to be breastfed, while receiving appropriate and adequate complementary food, for up to two years of age or beyond".

The scope, or classes of products the Code covers is broad. It covers all breastmilk substitutes, and "other milk products, foods and beverages, including bottlefed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breastmilk; feeding bottle and teats" (Article 2) (7).

As part of their minimizing strategy, companies claim that promotion practices which would otherwise be proscribed by the Code, are permitted, if they promote, for example, follow-up formula, a formula designed for babies older than 4–6 months of age, or bottle-fed complementary food. This accounts for a large number of instances where non-governmental organizations have reported practices incompatible with the Code and companies contend that no such violation exists.



"It is highly unusual, if not incomprehensible, that these major companies had not done any studies to see who was buying their products and how those products were used"

Given the definitions in Article 3 of the Code for "breastmilk substitute" and "complementary food" (8), and the flexibility with which the Code was designed, the conclusion must be that follow-up formula and bottle-fed complementary foods (such as cereal and milk blends when marketed for young infants or for bottle feeding) are covered by the Code. This result is also absolutely consistent with the Aim of the Code (Art. 1) since infant health is best protected if breastfeeding continues after the introduction of complementary foods, and any bottle-fed liquid is likely to diminish breastmilk production.

Guatemala

This was the case in Guatemala, which in 1983 was among the first countries to adopt the Code as law. Using the Code as a "minimum requirement" as recommended by the WHA, Guatemala included all complementary foods – not just bottle-fed ones – in its law. But in 1992, the Gerber Company began a campaign to pressure the Guatemalan Government to exempt Gerber from the law because it was introducing a new product line of complementary foods, including bottle-fed complementary foods.

Gerber began advertising on TV and, among other things, refused to conform its labels to the law. (The Gerber baby on labels violated the law). After the Ministry of Health refused to exempt Gerber, Gerber brought numerous legal actions and enlisted the United States State Department to its cause. At stake was Guatemala's trade status with the US, and a threatened ban of imports under the regional trade agreement (9).

After three years of this kind of pressure campaign, Guatemala caved in and its Supreme Court exempted imported baby foods from the scope of the national law. The anomalous affect is that, Guatemala may now truly be in violation of free trade regimes since imported products are given preferential treatment under national law.

Costa Rica

A document recently obtained from Costa Rica demonstrates a similar attack by industry on the newly adopted Costa Rican law (9). Among its allegations is the claim that the restrictions imposed by the law are non-tariff barriers to trade

"...the Code,...remains among the most dynamic experiments in international policy and law development ever to emerge from the UN system, and in this sense, is a true success"

that violate the General Agreement on Tariffs and Trade (GATT). These new trade-threat strategies have a particularly chilling effect on national law development.

India and China

In both India and China, industry is challenging the scope of the new laws, i.e., the product lines the laws cover, and Nestlé, the dominating international company in both markets, is disputing claims that it is violating national law. In India, the dispute has reached Delhi's High Court.

Future challenges

Thus, the greatest threat at this moment to Article 11 of the Code is the new strategies being used by manufacturers and distributors to stop the development of strong national laws and to weaken or neutralize laws already in place. Companies are committing enormous resources – financial and political – to this fight. As Professor S. Prakash Sethi writes:

"Another supportive argument in favor of the high profit hypothesis is the ferocity and tenacity with which companies have fought their critics and each other to hold on to their markets despite tremendous adverse public opinion and enormous demands on their resources, including top management time ... despite enormous pressure, no major infant formula manufacturer has ever walked away from any of its significant markets."(10).

Despite these threats, the Code, after 15 years, remains among the most dynamic experiments in international policy and law development ever to emerge from the UN system, and in this sense, is a true success. The World Health Assembly ensured the dynamic tension necessary for success by establishing flexible minimum health standards as a basis for national law in all countries, and by including both industry and non-governmental advocates as active participants in implementation and monitoring at both national and international levels.

"What new products and marketing strategies will emerge to challenge the Code's flexibility?"

In the next 15 years, the Code faces important challenges. Will industrialized countries adopt national laws based on the Code's minimum standards? Will the threat of trade sanctions be successful in weakening or quashing strong national laws even in countries the size of India or China?

What new products and marketing strategies will emerge to challenge the Code's flexibility? One thing is sure, for the foreseeable future, the controversies surrounding implementation and monitoring of the Code will not go away and are, in fact, crucial for democratic processes to prevail. ❑

Endnotes:

1. World Health Organization. The International Code of Marketing of Breastmilk Substitutes (1981), Preamble.
2. World Health Organization. International Code of Marketing of Breastmilk Substitutes (1981), Article 11.1.
3. World Health Organization. Resolution WHA34.22, Preamble.
4. World Health Organization. Resolution WHA34.22 adopting the International Code of Marketing of Breastmilk Substitutes, Paragraph 2.(1).
5. A full analysis of the universal application of the Code can be found in the UNICEF paper, "An end to the ambiguities: All Marketing Practices Which Disrupt Breastfeeding Should be Stopped", NUT/UJ/93-145, UNICEF New York, 1993.
6. Prakash Sethi, Multinational Corporations and the Impact of Public Advocacy on Corporate Strategy, Kluwer Academics Publishers, Boston/Dordrecht/London, 1994. See Chapter 9, Worldwide Infant Formula: Sales, Markets, and Industry Structure, p. 129.
7. UNICEF, "An end to the ambiguities: All Marketing Practices Which Disrupt Breastfeeding Should Be Stopped", NUT/UJ93-145.
8. "Breastmilk substitute" means any food being marketed or otherwise represented as a partial or total replacement for breast milk, whether or not suitable for that purpose. "Complementary food" means any food, whether manufactured or locally prepared, suitable as a complement to breast milk or to infant formula, when either becomes insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called "weaning food" or "breastmilk supplement".
9. Baby Milk Action Update, 18 February 1996, p. 4.
10. Prakash Sethi. Op. cit. pp. 129-130.

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QUESTIONS AND ANSWERS ON

THE CRISIS IN INFANT FEEDING

Poor infant feeding practices and their consequences are one of the world's major problems and a serious obstacle to social and economic development. Being to a great extent a man-made problem it must be considered a reproach to our science and technology and our social and economic structures, and a blot on our so-called development achievements.

Statement on Infant and Young Child Feeding
Joint WHO/UNICEF Meeting,
Oct. 9-12, 1979

If all of us in the international community who are working to promote and protect breast feeding are successful in our efforts, we will save one million infant deaths a year in the 1980's.

James Grant, Executive Director
UNICEF
NGO Forum, United Nations, New York
January 1981

INFANT FORMULA PROGRAM
Interfaith Center on Corporate Responsibility
475 Riverside Drive
New York, New York 10115
USA

What is the "crisis in infant feeding?"

An ever increasing number of infants throughout the world are being fed artificially, and the result is a health crisis. Mothers are abandoning the tradition of breast feeding for the technology of the bottle without realizing that safe bottle feeding requires the accoutrements of modern life. Artificial baby milks are expensive and demand regular cash incomes; reading the directions on labels requires literacy; bottles and nipples must be sterilized and the water boiled. When one or more of these factors are missing, infants receive unhealthy diluted milk formulas in contaminated bottles. The result, commonly called "bottle baby syndrome," is diarrhea, gastroenteritis, malnutrition and even death.

WHO Director General Halfdan Mahler told the 32nd World Health Assembly, "Evidence from the developing countries indicates that infants breastfed for less than six months, or not at all, have a mortality rate five to ten times higher in the second six months of life than those breastfed for six months or more."

Are there infant feeding problems in the developed countries too?

Bottlefeeding can be just as dangerous in the poverty communities of the industrialized world, where the conditions needed for safe use are also absent. Even among middle class populations, breast feeding for the first 4-6 months offers significant protection against many common infectious diseases, allergies and other infant feeding problems.

Breastfeeding is now on the rise in many industrialized countries. A careful review of the effect of women's work on infant feeding practices shows clearly that it is the structure of work, rather than work per se, that affects feeding choices. Thus where breastfeeding is a valued activity, arrangements can be made to harmonize breastfeeding with women's other roles and activities.

Why is breastfeeding declining?

In traditional societies, breastfeeding is universal and uneventful. No alternative is known or practiced. As families migrate to the cities and as industrialization intensifies, enormous changes are wrought in the organization of daily life. Women begin working outside the home in jobs seemingly incompatible with breastfeeding; babies are born in hospitals where imported Western maternity practices discourage

breastfeeding (such as separating mother and baby and initiating routine bottlefeeding of all newborns); and modern advertising and marketing techniques offer a welter of Western consumer goods that promise modernity and development. Artificial milk powders are promoted to the public as "what the upper class buys," and to the medical profession as the most "modern and scientific" way to feed babies.

Modern distribution methods assure the widespread availability of breastmilk substitutes and feeding bottles, even in communities where the misuse of the products is predictable.

Why did WHO and UNICEF call the infant feeding crisis a "manmade problem" and a "blot on our so-called development achievements"?

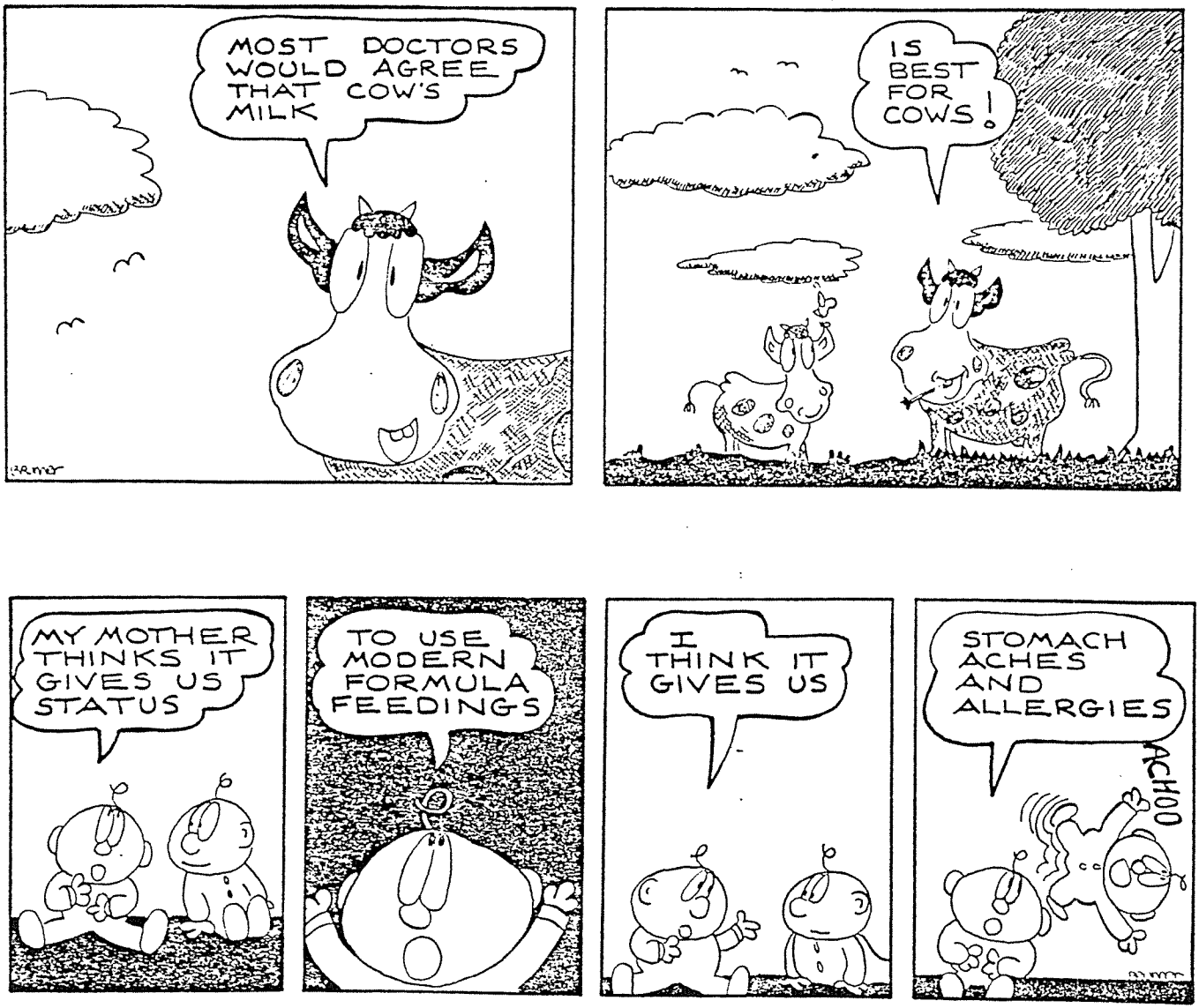
Unlike flood and drought, the decline of breastfeeding is no "natural disaster." It is a product of social and economic factors that can be controlled by society.

The decline of breastfeeding is "manmade" because the vast majority of people making decisions are men: doctors, government officials, infant food company executives, health planners, international civil servants, etc. The fact that few women have had any meaningful access to decision-making authority in the major institutions of government and business has undoubtedly contributed to the problem.

Frankly, feeding babies is really not that difficult. There is no absolute shortage of food, since babies don't eat very much and mothers' milk is potentially available to every baby. Since many of the processes commonly associated with development -- urbanization, industrialization, consumerism, transition to cash economy, transition from clan or tribe to nuclear family, etc. -- are precisely the forces that can sabotage breastfeeding. But in the name of "development," many societies are actually exacerbating the problems of their most vulnerable members.

Why is breastfeeding unique?

Many years ago, Paul Gyorgy, pioneering pediatrician at the University of Pennsylvania, said "Cow's milk is best for baby cows and breast milk is best for human babies!" Modern science confirms this wisdom. Breastmilk provides proteins, calories, minerals and vitamins in the perfect balance needed to support growth in the months of greatest vulnerability. Breastmilk is a live substance, containing immunological and anti-infective


MOST DOCTORS WOULD AGREE THAT COW'S MILK
IS BEST FOR COWS!
MY MOTHER THINKS IT GIVES US STATUS
TO USE MODERN FORMULA FEEDINGS
I THINK IT GIVES US
STOMACH ACHES AND ALLERGIES
ACHOO

factors that protect against the common infections of infancy. Breastmilk is constantly changing, adapting to the specific immunological and nutritional needs of the rapidly growing baby. And because breastmilk supply is regulated by demand, fully breastfed babies are never obese. Breastfeeding provides more than milk to the baby: the psychological interaction between nursing mother and child facilitates a close relationship and promotes harmonious development of the baby. Breastmilk requires neither equipment nor preparation, is always sterile, is always available, and costs little. Finally, breastfeeding increases the interval between births, much to the benefit of the mother, and all her children. No wonder breastmilk has been called "the original convenience food".

How long can a woman breastfeed?

For as along as she wants to! Most women could, and some do, continue to breastfeed for several years. Usually, however, breast feeding is terminated much earlier -- if it is initiated at all. The duration of breastfeeding varies in different cultures. The length of breastfeeding appears stable in many rural, traditional societies; is lengthening among middle and upper classes in the industrialized world; and is declining, sometimes precipitously, in urban areas of the third world.

How long can breastfeeding alone meet the nutritional needs of the baby?

Most experts agree that additional foods need to be added to the baby's diet at four to six months of age. Even after such foods are added, breastmilk continues to be an important source of low cost, high quality protein. One study in Indonesia found that it would cost $87 million to provide the same amount of proteins that breastmilk offers in the second year of life.

Particularly in poverty areas, weaning should take place onto foods of local origin. Process foods are so costly that most people cannot afford to buy as much as their babies need. The advantage of local foods are their low cost, high cultural acceptance, and the stimulus to the demand for local food production, rather than spending scarce personal or national resources on expensive industrialized products.

Can a malnourished woman breastfeed her baby adequately?

Yes, but it is important that she gets more food as soon as possible. Because malnutrition in early infancy is so much more immediately life threatening than malnutrition in adulthood, the lesser of two evils is for breastfeeding mothers to use up their own stores of energy laid down in pregnancy in order to feed their babies safely. Milk to moderate malnutrition in women has no effect on breastmilk quality and little on quantity. Only when maternal malnutrition becomes serious does quantity of milk really decline. As the Director General of the Indian Council of Medical Research commented, "The remarkable ability of poor women to breastfeed their babies for prolonged periods is the most redeeming feature in an otherwise bleak nutritional situation of many developing countries."

Do women who are seriously malnourished need artificial formulas for their babies?

All available resources should be directed to providing food for the mother to improve her nutrition and enhance her ability to nurse her baby. Malnourished women are the last ones who can afford breastmilk substitutes since they do not even afford to feed themselves. Women can transform the simplest and cheapest foods into breastmilk, perfectly suited for their babies. A recent study in Guatamala showed that it would cost ten times more to artificially feed a baby than to provide adequate proteins and calories for the mother from foods of local origin.

Can every woman breastfeed?

At least 98 out of every 100 women can breastfeed successfully if they want to and if they receive some basic support and information about the process. The number of women physiologically unable to nurse is very small, no more than 2% of all mothers. Lactation failure in traditional societies, i.e. where there are no alternatives, is virtually unknown. Breastfeeding is a delicate psycho-physiological process that can be upset or inhibited by fear, stress, lack of confidence, and belief that the milk will be lacking in quality or amount. Reports of these anxieties and related lactation failure appear to accompany the spread of Western values, medical practice and commercial enterprise, which made breastmilk substitutes readily available.

Are infant formulas necessary for babies who aren't being breastfed?

Infant formulas are very expensive. They may not be the best choice, even for the baby being fed on a breast milk substitute. According to a recent report by the United Nations expert Consultative Group on Maternal and Young Child Nutrition, if a baby is not being breastfed, the following steps should be taken, in order of priority: re-establishment of lactation; breastfeeding by surrogate; feeding non-human milk or a milk product; feeding a cereal/other staple gruel augmented by milk protein or other sources of protein." The Group provides guidelines for modifying the following products for infant feeding: fluid whole milks; dried whole milk; dried skimmed milk; evaporated whole milk and filled milk; yogurt/soured milks; sweetened condensed milk (only as a last resort because of its high sugar content); commercial baby milk formula; and K-Mix-2 (a UNICEF product). The role of commercial infant formulas is summarized as follows: "They are expensive and as a result overdiluted feeds tend to be prepared. Thus they are inaccessible in sufficient quantities for the target group discussed here...", i.e. poverty mothers.

Is breastfeeding good for the mother?

Contrary to the old wives' tales that nursing makes breasts sag (age and gravity do that) breastfeeding actually helps women to get their bodies back into shape after childbirth. It aids in the involution of the uterus. It promotes a deep feeling of warmth and attachment between mother and baby, and many women report the physical sensations of breastfeeding are pleasurable and sometimes erotic.

Breastmilk has been called the "original convenience food." It is always ready, at the right temperature, sterile, and needs no purchase, preparation, sterilization, or storage. The convenience of breastfeeding can be best appreciated by mothers who must get up in the middle of the night to prepare a feeding bottle, or who have struggled with artificial feeding while traveling, or who simply have to find the money to buy artificial foods.

What about the old wives' tale that breastfeeding women don't get pregnant?

Breastfeeding, especially when unsupplemented and practiced on demand, is a remarkably effective contraceptive. Dr. Franz Rosa (American University in Beirut) estimated that breastfeeding affords substantially more fertility protection in the developing world than

all of the clinical contraceptives in use combined. The action of the baby sucking at the mother's breast stimulates the secretion of hormones that inhibit ovulation. The more frequent and intense the sucking, the greater the contraceptive protection.

However, breastfeeding does not prevent pregnancy, it only delays it. Once ovulation resumes, there is no protection, and other contraceptive methods should be used if desired. However, hormonally contraceptives should not be given to nursing women because of the unknown effects of such chemicals when passed on to the baby through the mother's milk.

Are chemical contaminants in breastmilk dangerous?

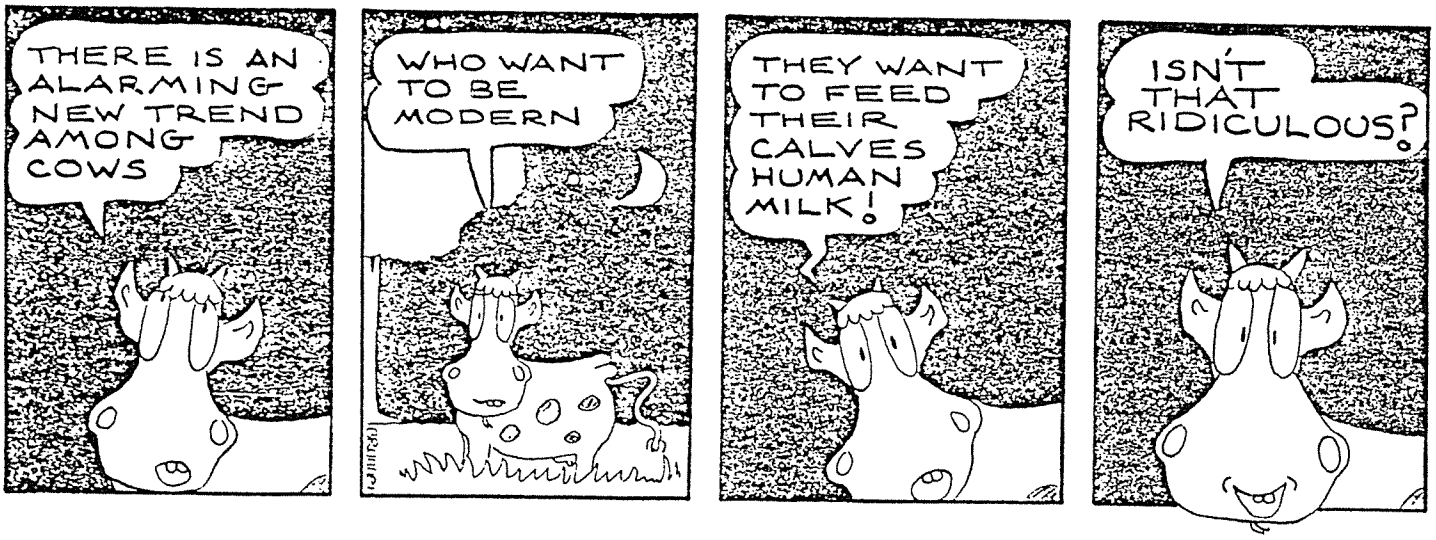
Disturbing evidence has recently been gathered showing that breastmilk is increasingly contaminated with pesticides and a variety of toxic chemicals and pollutants. Most medical authorities agree that the benefits of breastfeeding far outweigh the known risks of contaminants in breastmilk. For women in areas with extremely high exposure to known toxic agents, however, breastmilk should be tested. In extreme cases, women may be counseled to limit the duration of breastfeeding. In other cases, breastfeeding may prevent ingestion of other contaminants found in cow's milk formulas and in water. The answer therefore is not less breastfeeding, but less environmental pollution.

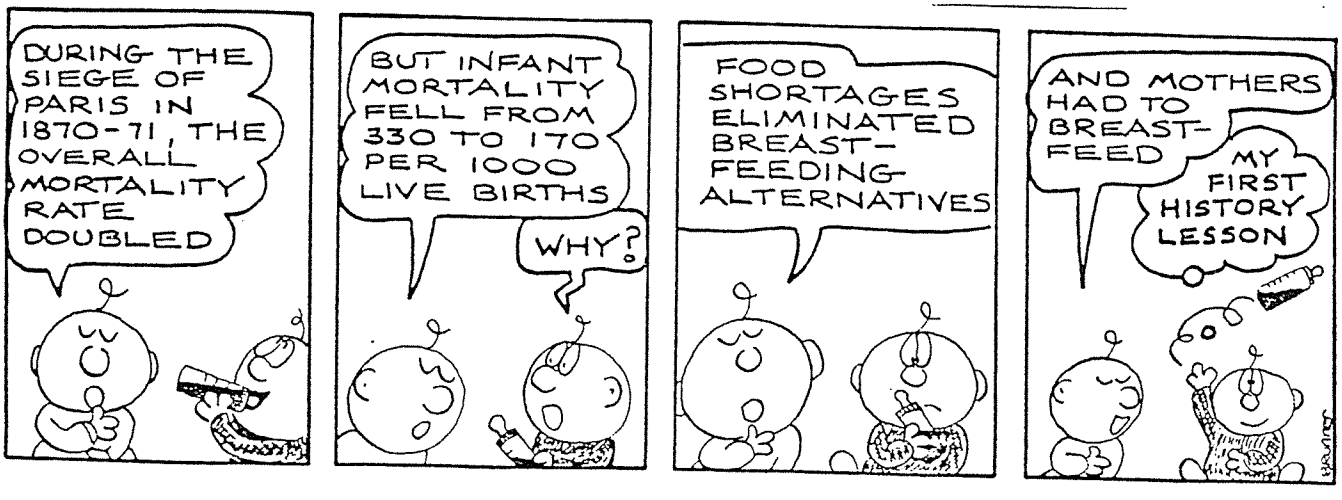
Doesn't infant formula provide women with a free choice?

Free choice only has meaning where (1) people have access to full, fair and accurate information about the alternatives and the consequences of their choices; and (2) where people's living conditions allow both options to be safe and healthy. Information on infant feeding should be free of commercial self-interest. A small number of women need breast milk substitutes, but these should not be pushed into the hands of people who cannot use them safely.

Clearly women who cannot breastfeed need access to affordable breastmilk substitutes and to information on how to use them safely. Health workers and planners must find ways to assure that those who really need substitutes have access to them, without creating such indiscriminate availability that use increases without regard for the inherent dangers.


PEOPLE HAVE BEEN INCLINED TO VIEW ANY NEW TECHNOLOGICAL METHOD
AS BETTER AND MORE SCIENTIFIC
WHAT BETTER METHOD HAVE THE INFANT FORMULA COMPANIES COME UP WITH
ADVERTISING!


THERE IS AN ALARMING NEW TREND AMONG COWS
WHO WANT TO BE MODERN
THEY WANT TO FEED THEIR CALVES HUMAN MILK!
ISN'T THAT RIDICULOUS?


DURING THE SIEGE OF PARIS IN 1870-71, THE OVERALL MORTALITY RATE DOUBLED
BUT INFANT MORTALITY FELL FROM 330 TO 170 PER 1000 LIVE BIRTHS
WHY?
FOOD SHORTAGES ELIMINATED BREAST-FEEDING ALTERNATIVES
AND MOTHERS HAD TO BREAST-FEED
MY FIRST HISTORY LESSON

Is breastfeeding a step backward for women who want to be liberated?

Breast feeding in an intrinsic right of every woman, part of her right to control her own body. Where breast feeding can mean the difference between life and death, sickness and health, breast feeding is liberation, the freedom from hunger and illness. In the industrialized countries, breastfeeding is returning to enormous popularity particularly among the middle and upper classes, precisely those women who are able to make the greatest demands for equal participation in society. Women are not oppressed by breast feeding but by the institutions in society which make it impossible for women to combine breastfeeding with her other roles, if she so chooses.

In the male dominated, curative medical system, the birth experience and its related functions have been commercialized and "medicalized" -- birth is treated like sickness! Mothers are anesthetized, their new babies taken from them and "treated" by medical staffs. Women are robbed of their full participation in child birth and child care. Nursing is a fulfilling and pleasurable experience, precisely nature's way of assuring the survival of the species!

Is breastfeeding cheaper?

Breastfeeding is cheaper for families, communities, and countries. Artificial feeding is an expensive proposition. There are the costs of the milk food, bottles, nipples, soap, and fuel (often scarce and expensive) for boiling water. These can consume a tremendous proportion of a poor family's disposable income, and increases the probability that formulas will be overdiluted to make them last longer. According to 1976 statistics the costs of the food alone for an infant can represent 76% of a family's income in India or 58% in Kenya. U.N. Food and Agriculture Organization (FAO) consultants Stina Almroth and Ted Greiner sought to calculate the economic consequences of the decision to breast or bottle feed for average families in the Ivory Coast and Ghana (The Economic Value of Breastfeeding, FAO, 1979). They found that "by breastfeeding rather than artificially feeding an infant for two years the average family in either country would save between US $600 and $730 in costs of goods and time, plus any savings that might result from the avoidance of disease or malnutrition caused by artificial feeding."

How else does breastfeeding save money?

By instituting "rooming-in" (keeping mothers and babies together during the hospital stay), hospitals can cut back or even close their

separate nurseries for normal newborns. Mothers learn early to care for their own babies, and nursing personnel can be redeployed to other more essential services. When such changes in hospital routines were instituted at Baguio General Hospital in the Philippines, along with a stop to all commercial promotion activities; nurses were shifted into staffing the under-fives clinic; clinic attendance went way up (since waiting time was reduced); and hospital admissions plummeted. The overall plan to encourage breastfeeding increased breastfeeding by 85%; decreased morbidity by 50%; decreased mortality by 40%; decreased diarhhea by 75% and reduced deaths due to septicaenia by over 85%.

Can breastfeeding save money in industrialized countries?

Dr. Allen Cunningham studied morbidity in breast and bottle fed babies in a middle class community in upstate New York (USA), finding that breastfeeding was associated with considerably less illness in the first year, especially if breastfeeding continued beyond 4 1/2 months. Based on the average cost of hospitalization, he concluded, "Just in the first four months of life, then, hospitalization only will cost $68,684 for 1,000 bottlefed infants and $4,460 for 1,000 breastfed infants."

The research of Dr. Otto Schaefer in the Canadian North demonstrates that the hospitalization rates of bottle fed children were 4-7 times higher than those for breastfed babies. Each hospitalization for a bottlefed baby costs the government $1,500-2,000. In 1973-4, 5% of all Inuit Indian babies born in the Baffin zone had to be flown to Montreal for treatment of intractable diarrhea and malnutrition, at a cost of $8,885-$28,953 per infant, not including costs of air evacuation! Dr. Schaefer said, "The cost in money, time of our nurses, and above all in health and life of the patients themselves of this condition is indeed staggering."

Is is possible to calculate the social costs of improper bottle feeding?

To estimate in dollars and cents the social costs of infant malnutrition related to bottle feeding, researchers would have to include in their calculations: the loss to the country of foreign exchange used to import artificial formulas; the burden of formula costs on the individual family; the waste of human milk; the costs of additional births, since breast feeding has a signficant contraceptive effect; the costs of recuperative health care services for sick babies; and the long term burden to nations of significant numbers of people who

will never fulfill their genetic potential.

However, the emotional and personal costs to the individual, family and health workers of impaired mental and physical development that can result from early malnutrition are incalculable and inhumane.

What specific steps can increase the incidence and duration of breastfeeding?

Simple, affordable steps are available to help mothers to breastfeed; providing information and support to mothers, and modifying hospital routines.

There are many pointers that an experienced breastfeeding mother can impart to a new mother that can make the difference between success and failure. Sympathetic, knowledgeable answers to questions such as how to hold the baby, how long and how often to nurse, how to manually express milk to relieve congestion, how to care for sore nipples, and the like can make the nursing experience infinitely more positive and pleasant. Support is so important because confidence is a key ingredient in the smooth functioning of the "let-down reflex," which allows the mother's milk to flow.

Hospital routines are often established for the convenience of the staff rather than for the benefit of patients. Thus, some routines have become entrenched even though they can actually interfere with the establishment of breastfeeding. Each of the following changes in hospital routines has been experimentally proved to help increase breastfeeding in the populations studied; immediate postpartum contact between mother and baby; rooming-in of mother and baby; abandonment of any supplementary bottle feeding of any kind; abandonment of routine weighings before and after breastfeeding; abandonment of distribution of literature, posters, and free samples that promote the use of breastmilk substitutes; easy access to a woman to counsel new mothers on breastfeeding; and minimizing use of drugs during labor and delivery.

What can national governments do to improve infant feeding?

Several governments have already begun to reverse the trend away from breastfeeding. Some governments intervene to control the <u>supply</u> of breast milk substitutes and feeding bottles by import restrictions or prescription sales. Changing hospital routines to support breastfeeding can also be a supply intervention. Other governments are trying

to control the demand for breast milk substitutes through education and information. A combination of both types of interventions will be more effective than either one singly.

The government of Papua New Guinea decided to make infant feeding bottles available upon prescription only (a supply intervention), along with a general plan to restrict advertising of breastmilk substitutes and promote breastfeeding (a demand intervention). Two years after the law was passed, an evaluation in the capital city demonstrated a substantial increase in breastfeeding with a concomitant decrease in the incidence and severity of malnutrition in the under-two population.

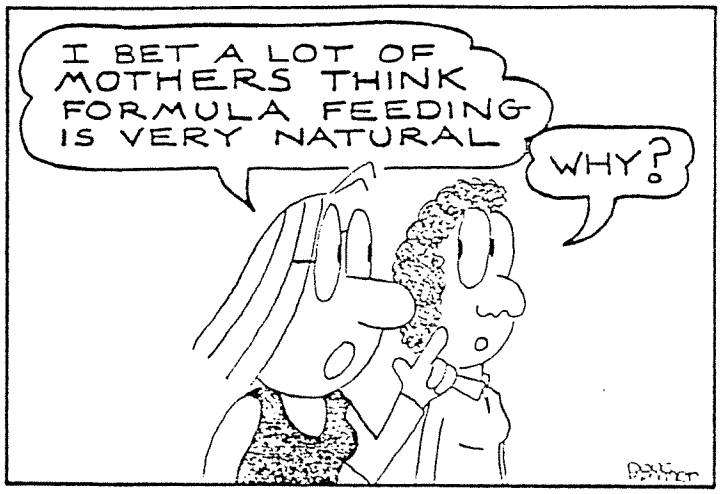
Algeria has nationalized the importation of infant formulas, so as to eliminate commercial competition and make the State responsible for both distribution of the product and dissemination of information. Preliminary indications are that the imports of milk powders are beginning to stabilize, although formal evaluation of infant health status has not yet been completed.

The government of Nicaragua is undertaking a comprehensive plan to promote breastfeeding by mass education, re-orient hospital routines, set up human milk banks, mobilize community organizations, re-train health workers, and control marketing and promotion of infant formulas. A National Commission on Breastfeeding provides coordination among the relevant government agencies, health workers, and popular organizations.

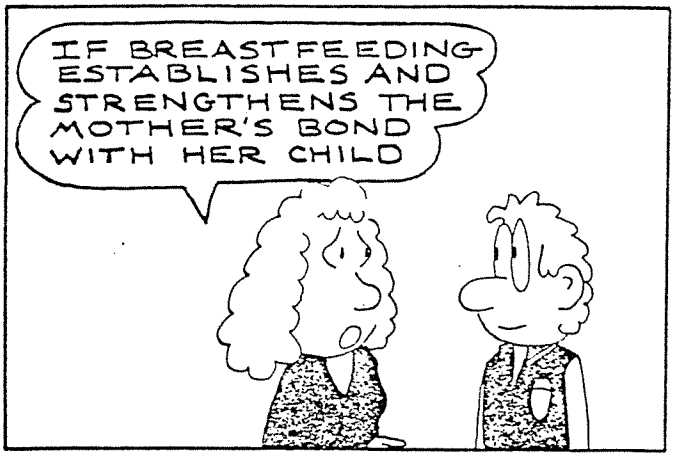
In Brazil, UNICEF is assisting the government in designing a mass media breastfeeding promotion campaign. In addition reforms are planned in maternity protection, hospital routines, medical education, and infant food marketing.

The Indonesian government is taking steps to protect breastfeeding where it is popular and promote it where it is declining. Mass media messages are combined with an extensive series of local and regional conferences to sensitize local health workers about the importance of breastfeeding.

Most of these programs are too new to be able to tell what will work best under varying conditions. Given the benefits of breastfeeding, and heavy toll of early infant malnutrition, however, government action to promote and protect breastfeeding is one of the most cost/effective public health interventions.


I BET A LOT OF MOTHERS THINK FORMULA FEEDING IS VERY NATURAL
WHY?


BECAUSE SO MANY OF THE COMPANIES ADVERTISEMENTS GROW ON TREES
YUM
FORMULA


IF BREASTFEEDING ESTABLISHES AND STRENGTHENS THE MOTHER'S BOND WITH HER CHILD


BOTTLE FEEDING STRENGTHENS THE MOTHER'S BOND WITH THE MULTINATIONALS

How have the availability and marketing of breastmilk substitutes affected infant feeding?

Breastmilk substitutes were originally developed for orphans and mothers who could not breastfeed. But marketing transformed a product for exceptional cases into "convenience" foods for the mass market. Now, however, the markets in the industrialized countries are "saturated" and the birth rate has slowed down. Manufacturers, in search of new markets, extended their reach to the developing countries to stimulate and capitalize on the growing demand for consumer goods. Marketing practices that have proved effective in the developed countries have been transferred to the developing countries even before the conditions for safe use were generally established.

In most industrialized countries, bottlefeeding is widely practiced, and in the Third World, its popularity grows everyday.

What marketing concepts are used to convince poor people to buy an expensive imported food?

The most powerful promotional message used to sell infant formulas is superiority. The produce is scientifically and industrially prepared. Promotional graphics display happy, healthy, white babies and depict a middle class life style. Third World doctors and nurses, role models for the community, feed infant formulas to their own babies using free supplies from the manufacturers. The appeal of a product sold as White, Western, upperclass and medically endorsed, is both powerful and seductive. Breast feeding is made to seem old-fashioned. Almost 2 billion dollars worth of infant formulas are sold each year in developing countries alone!

How big is the market for breastmilk substitutes?

In 1981, the worldwide infant formula market is estimated at $3.5-4 billion dollars, with half the total in developing countries. For a complete picture, however, the sales of powdered and condensed milks when used for infant feeding should be added, but this is impossible to calculate. The infant formula industry is highly concentrated. One company controls 30% of the world wide market (Nestle) which translates to over 40% in the developing countries. 18 companies supply 95% of the total output, while the industry's top five companies account for 75% of that total (Nestle, American Home Products, Abbott Laboratories, Bristol Myers and Cow and Gate).

Because of the oligopolistic nature of the industry, there is little price competition or other competition that benefits the consumer. In a country like the Philippines, for example, where free samples have deeply penetrated even the rural areas, companies aggressively compete to place their formulas in the hospitals' "free" give-away systems.

While the infant formula market currently grows betwen 15-20% a year, and profit margins are in the 20-25% range, there are national differences in the market structure. In Brazil, for example, one international company dominates (Nestle) controlling 95% of all baby milk sales, while in India, numerous national companies compete with the multinationals.

What kinds of marketing practices are being criticized?

Two types, direct-to-consumer and in-hospital promotion, both of which are used extensively in developing countries: Food companies led the way in Third World consumer promotion with ads on radio, TV and in print, billboards and posters, and with visits to new mothers by paid professional sales personnel in nurses' uniforms. Pharmaceutical companies initiated routine bottle feeding in the hospital setting.

One training manual for sales personnel reports: "Hospitals represent one of the most critical markets in which (the company) competes for infant formula. When one considers that for every 100 infants discharged from the hospital on a particular formula brand, approximately 93 infants remain on that brand, the importance of hospital selling becomes obvious."

Can marketing the promotion really affect human behavior?

Of course! Marketing is the science of changing human behavior to increase sales. If marketing didn't affect human behavior, businesses wouldn't spend so much time, money and effort doing it. Manuals developed by companies to train their sales personnel provide useful lessons on how marketing works. One teaches sales personnel how to identify "key influentials" in the health facility -- those who have contact with the greatest number of babies and those with the greatest power over formula brand choice. Another points out "the importance of nurses. If they are sold and serviced properly they can be strong allies. A nurse who supports (company name) is like an extra salesperson." Strategies targeting mothers are also very effective. For example, a recent Ph.D. dissertation at New York University (Dr. A.E. Isenalumbe, 1979) demonstrated that among low income New York City mothers, those who received industry supplied information on infant feeding tended to choose bottle feeding.

But is there any evidence linking marketing with malnutrition?

Scientists only recently began investigating the link between marketing and health. A study of infant food advertising in St. Vincent looked at the independent effects of income, education and other factors, including advertising on the feeding and weaning practices of mothers. By statistically holding other factors constant, the study demonstrates that mothers who recalled more infant milk advertisements, weaned their infants earlier. In turn, their earlier weaned infants suffered higher rates of illness.

How can doctors prescribe infant formula when they know it's expensive and can be dangerous?

Many dedicated physicians are faced with a real dilemma when dealing with the promotion efforts of formula companies. Their hospitals and clinics are often woefully short of medical equipment and supplies. Under such circumstances, it may seem harmless, indeed charitable to agree to give away free samples of infant formula to mothers in exchange for the company's gift of medical stocks or a new nursey.

Doctors are routinely given free samples when they have had babies, so they aren't necessarily aware of the cost. Medical curriculum (until very recently)didn't include infant and maternal nutrition and breast feeding. Industry filled this education gap with their own materials.

Doctors, in fact, don't always "know." According to Dr. John Knowles, pediatrician and former President of the Rockefeller Foundation, "the problem is poverty and inadequate home environment makes the use of prepared formula so lethal. This the physician is no uniquely qualified to understand. In fact, he may be precisely the most unqualified to understand since he undoubtedly comes from a different socio-economic background and may have no idea of the home conditions of the poorest mothers of his own society."

What are the origins of the concern over infant feeding?

Until early this century an infant who wasn't breastfed usually didn't survive. Confirming earlier European reserach, large scale medical studies in U.S. urban populations in the early twentieth century demonstrated tremendous higher morbidity and mortality among artificially fed babies especially in unsanitary home environments.

As bottlefeeding spread to the developing world, health workers began documenting similar problems. Dr. Cicely Williams (the doctor who

identified Kwashiorkor) was the first to call attention to the link between malnutrition and the marketing of milk foods for infants, in her pioneering address called "Milk and Murder" before the Rotary Club meeting in Singapore in 1939.

How did the United Nations get involved?

The first official notice of the problem came in 1970 when the U.N. Protein-Calorie Advisory Group (PAG) convened a meeting in Bogota, Colombia, co-sponsored by UNICEF and the Pan American Health Organization (PAHO). Pediatricians tried to pursuade the infant food industry to modify its methods of promotion of infant formulas, especially to vulnerable populations. Some general guidelines were agreed upon and published as PAG Statement No. 23 in 1972, revised in 1973. In 1974, UNICEF's five-volume series entitled Priorities in Child Nutrition stressed the importance of breastfeeding and the need to control the marketing of breastmilk substitutes. Also in 1974 the World Health Assembly unanimously adopted a resolution calling on each member state to do everything in its power to promote breastfeeding, including regulating sales promotion of infant foods. A second, more sharply worded resolution was adopted by the WHA in 1978, because the prior resolution had limited effect. In 1979 the WHO/UNICEF Meeting on Infant and Young Child Feeding brought together national governments, UN agencies, experts, the infant food industry, and non-governmental organizations, including consumer groups. This meeting produced a framework for further international action, including the development of a Code of Marketing..

How did a health problem become cause for public concern?

In August of 1973 the British development magazine "New Internationalist" helped to open public debate on the impact of infant formula in developing countries when it published an interview with two Third World medical specialists. The debate opened the door to scandal six months later when the British charitable organization "War on Want" published an investigation of the industry titled "The Baby Killer". When a group in Switzerland published a translation and labelled it "Nestle Kills Babies", the company sued for libel and the resultant court case brought the company's methods of marketing and distribution under close public scrutiny.

Just before the court brought in its verdict, Nestle, with other producers, established the International Council of Infant Food Industries (ICIFI) which proposed their own voluntary code of marketing for the firms in their association.

The focus of attention then shifted to the United States where the Interfaith Center on Corporate Responsibility (ICCR), a coalition of religious investors, began filing shareholder resolutions with U.S. infant formula firms. After one such resolution, a Roman Catholic nuns' order, the Sisters of the Precious Blood, filed a lawsuit against Bristol Myers for alleged untruths in a statement the company made to shareholders about formula marketing practices. The suit generated both a substantial data base and growing public attention.

In the United States, a Third World support group initiated a consumer boycott of all Nestle products in 1977 to protest that company's marketing and promotion practices. Nestle, the largest seller of infant formula in developing countries, had refused to substantially change their promotion even after ten years of criticism from the international health community. Soon the Infant Formula Action Coalition (INFACT) was joined by health workers, social justice advocates, major churches, national women's organizations and labor unions.

The Nestle Boycott has now spread to eight other industrialized nations while numerous other countries have baby food action campaigns. Third World consumer and health advocates are making their voices heard at the local and national level, raising consciousness through the press and demanding more of their health care systems.

Has the debate between manufacturers and critics had any effect?

Yes, Some important changes in promotional practices have taken place in the last five years. For example, some major firms have agreed to suspend use of mass media to advertise infant formulas and most company "milk nurses" no longer solicit mothers personally in maternity wards and in private homes. Many forms of promotion continue, however, which focus on influencing health workers and hospital routines such as free samples, bottles, equipment and literature. Companies give health workers gifts, grants and travel.

Most importantly, the controversy has ignited an explosion in awareness of the seriousness of infant feeding problems. National governments and international aid agencies are launching new programs to promote and protect breastfeeding, while researchers are finding new evidence confirming that "breast is best". As this activity trickles down to the hospital and clinic level, commitment to promote breastfeeding can actually be translated into significant increases in the number of breastfeeding women and healthier babies.

How did the Code development process get started?

WHO and UNICEF proceeded to develop an International Code of Marketing of BreastMilk Substitutes following a jointly sponsored Meeting on Infant and Young Child Feeding, October 1979, considered one of the most controversial events sponsored by UN agencies. Participants of the Meeting recognized that the World Health Assembly unanimously adopted resolutions in 1974 and 1978 calling upon member states to regulate the inappropriate sales promotion for infant formulas and yet nothing happened.

The 150 representatives of governments, consumer groups, NGOs scientific experts, UN agencies and industry meeting in October 1979, mandated WHO and UNICEF to develop the Code as part of their recommendations for the promotion and protection of breast feeding. The 1980 World Health Assembly endorsed in their entirety the Recommendations of the October meeting, outlining the process for developing the Code and requesting that it come for a vote at the 1981 World Health Assembly.

How was the Code of Marketing developed?

Over a year and a half, WHO and UNICEF developed four drafts which were sent to member states for evaluation. Consultations took place, which allowed for input and criticism by governments, industry, consumer groups, NGOs and scientific experts. When the fourth draft was finally approved by the Executive Board of WHO, it was sent to the 1981 World Health Assembly for action. Executive Board members concluded that it was a "living" document and subject to change if practical experience revealed weaknesses in the Code's contents or legal status.

What products are covered by the Code?

The Code applies to all breastmilk substitutes, including infant formula and other bottle fed complementary foods represented as being suitable, with or without modification, as a partial or total replacement for breastmilk. It also includes feeding bottle and teats. The Code does not apply to weaning foods normally fed with spoons.

What will the Code do?

The Code is a body of recommendations intended as a minimum basis for "the adoption of national legislation, regulations or other suitable measures...appropriate to the social and legislative framework" of

member states.

The Code's restrictions can be divided into two basic categories: improper practices which the Code proposes to eliminate entirely, and potentially harmful practices which may take place under restricted conditions.

Practices to be eliminated:*

Direct consumer promotion including advertising, gifts and free samples;

Any contact between company marketing personnel (such as milk nurses) with pregnant women and mothers;

Posters, placards, and the like within health care facilities;

Gifts to health workers;

Bonuses related to sales of breast milk substitutes;

Pictures of infants on labels of tins.

Practices circumscribed:*

Information to families, health workers or on labels shall shall include the superiority and nutritional benefits of breast feeding and the health hazards of unnecessary or improper use of infant formulas;

Governments ultimately have the responsibility for ensuring that information is objective and consistent with the Code;

Health workers may only receive samples for professional examination and research;

Fellowships, grants, travel allowances and the like to health workers should be disclosed;

Donated formula supplies should only be used for infants who have to be fed on breast milk substitutes and supplies should continue for the duration of that infant's need;

Donations of materials and equipment may bear a company name or logo but may not advertise specific brand names.

*Partial Lists

What about the mother who really needs a breast milk substitute -- does the Code prevent her from obtaining it?

Not at all! If implemented the Code will prevent the creation of an artificial demand for the products, while making consumers better informed. Labels will be free of promotional material and appropriate warnings will

be provided. Nothing in the code will restrict the availability of the product to the consumer.

How will the Code be presented to the 1981 World Health Assembly?

The Code will be introduced by a resolution passed in January by the WHO Executive Board. The Executive Board, made up of health ministers from 30 member states of the World Health Assembly, endorsed the fourth draft of the Code and proposed that it be adopted as a minimum requirement for national legislation. In order to achieve unanimity, the Executive Board agreed to adopt the Code as a Recommendation even though many members preferred a more binding regulation. The Executive Board resolution proposed a two year "testing" period and asked the WHO director General to prepare a status report on compliance and implementation for the 1983 WHA, and "make proposals, if necessary for revision of the text of the Code and for the measures needed for effective implementation."

The World Health Assembly, comprised of health ministers from 157 nations, has the final say on the contents, legal structure and compliance requirements for the Code.

How will the Code affect industry?

Industry itself pioneered in the Code-making business by adopting self-regulatory Codes in the mid-70s. These codes, however, proved the inadequacy of self-regulation. They were vague, weak and not scrupulously followed. Industry applauded the entry of the UN agencies into the controversy, saying the WHO/UNICEF was the "proper forum" for debate. Industry fully participated in the Code process, attended meetings and consultations, drafted position papers and lobbied the secretariats. When health considerations finally prevailed above business considerations, the major firms in the international industry announced their opposition to the Code, calling it "unacceptable."

Industry should feel a moral obligation to conform to the Code.

Compliance, however, is strictly voluntary. Actions by UN organizations apply only to governments. In this case, the Code provides recommendations for national action, although even for governments it is not binding.

What are the obstacles to effective implementation of this voluntary Code?

1. Sometimes governments simply don't put the health of mothers and infants first. In these cases, a country may adopt legislation without enforcing it.

2. Other countries may have the will but no way. They may not have a body of consumer protection law upon which to build or the necessary staffs. Even laws forbidding over-the-counter sales of prescription drugs are difficult to enforce when they require personnel and budgets beyond national capabilities.

3. Another problem may be the lack of resources and infrastructure necessary to re-educate health workers and citizens at the community level about the promotion and protection of breast feeding. Without the active participation and support by health practictioners and health consumers, changes in health practices cannot take place.

4. In some countries there might be a conflict between the Ministry of Health whose goal is to protect infant and maternal health and the Ministry of Trade, which may be attempting to develop a national capability in milk production. Milk imports are a drain on foreign exchange reserves, so governments may desire to increase domestic production of milk powder. Both concerns are legitimate and can be reconciled when national development plans are truly responsive to the needs of citizens.

5. The major obstacle may be the infant formula industry itself! The largest companies in the industry recently announced their determination to fight the adoption of the Code on a country by country basis within national settings where industry has enormous resources and long term relationships with critical sectors within government.

What will happen next?

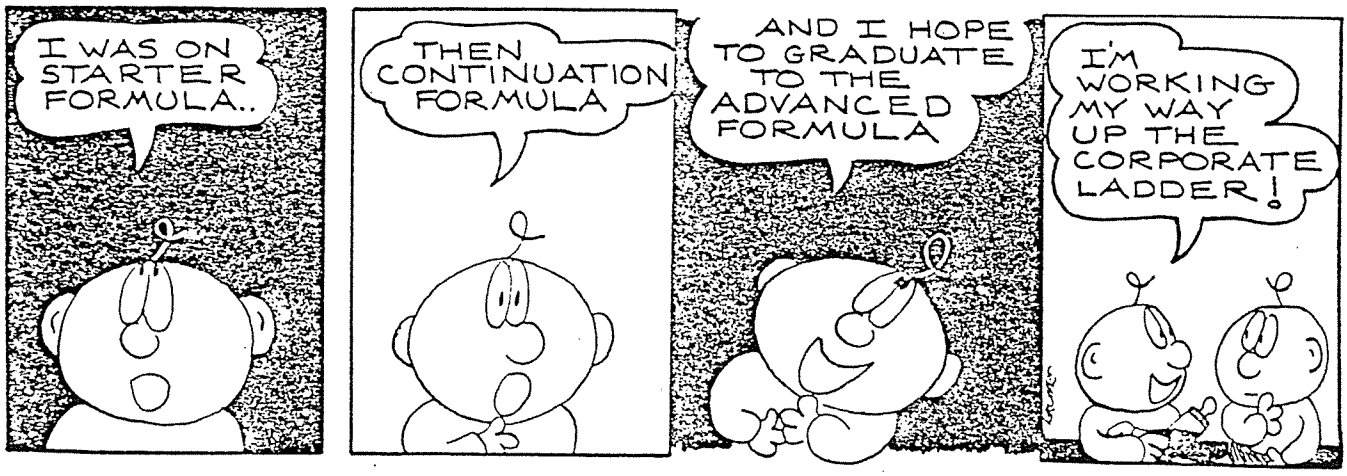
Once the World Health Assembly approves the International Code of Marketing for Breastmilk Substitutes, each national government can begin work on implementation of this Code, along with the related promotion and protection of breastfeeding. Important opportunities for action exist in revamping hospital routines; improving the training of health workers at all levels; improving nutrition for pregnant and lactating women; stepping up mass education and participation on infant feeding programs, etc. Non-governmental organizations have an important

role in helping to monitor the Code, in strengthening and supporting educational work, and in mobilizing popular organizations.

WHO and UNICEF are prepared to provide technical assistance and resources upon request for this process. Some countries have already made a commitment to national action. Norway, for example, is proposing legislation which goes beyond the scope of this code by restricting certain marketing practices of foods for children up to three years of age. Peru and Nicaragua have already requested assistance from the UN agencies, and India has publically commited itself to speedy adoption of legislation based on the approved code.

What role will consumer groups play in implementing the Code?

Consumer groups will continue to monitor sales and promotional practices of the infant food industry in order to compare actual behavior in the field with agreed upon standards of conduct. This role is spelled out in Article 11 of the Code. Up-to-date, accurate, well documented information on industry behavior relevant to the Code will be an indispensable tool to assure that governments and companies fulfill the "spirit" of the Code. This responsibility will be increasingly taken on by consumer advocates located in third world countries because they have the knowledge of the culture, governmental processes, and are part of the constituencies most direcly affected by the Code.



Special thanks to UNICEF for the cartoons.

Demarketing Infant Formula: Consumer Products in the Developing World

Demarketing involves restraints and will not occur without involvement of industry, critics and the governments of developing nations.

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The marketing of infant formula in the developing nations has become the classic case of the industrialized world's promotion of First World products in Third World societies. These societies are unprepared to accept those products without intolerably high levels of consumer misuse. Unlike other articles in this issue of the *JCB*, our concern is not with products that fail to meet adequate standards of quality. Infant formula is a high quality product, with a relatively low rate of product defects. But there is a tragically high rate of consumer misuse in those nations where the requisite conditions for safe use—sanitation, literacy, and adequate income—are deficient. This high rate of misuse is predictable and has stimulated great pressure on the industry to modify, restrain, and halt commercial activities. This paper examines the marketing issues underlying the controversy and assesses the possibilities and mechanisms for demarketing infant formula in the developing nations.

DEMARKETING

Demarketing refers to corporate decisions—taken because of management initiative, public pressure, or government regulation—to reduce or stop completely efforts to sell a particular product because of risks to the health, safety, or welfare of users. It is therefore not the same as a firm's decision to withdraw from a market which is already declining, or to abandon a market in which it can no longer effectively compete with other firms. The demarketing decision has to be made in circumstances in which the firm could expand its sales and profits; but chooses, is pressured, or forced not to do so. The abandonment of one set of marketing practices in favor of an equally effective set of sales tactics, however, is not demarketing, for it does not involve any critical change in corporate goals. The crux of demarketing is the recognition by management of the need to target sales at a level appreciably lower than that otherwise possible in the absence of knowledge about the adverse public effects.

This paper focuses on the question of how to demarket infant formula products in Lesser Developed Countries (LDCs) where, it is claimed, they are associated with inordinately high rates of consumer misuse. Why do we consider demarketing of infant formula in the Third World to be necessary? From where do demarketing pressures come? Under what conditions might manufacturers undertake to curb their marketing efforts? To answer such questions, we will review the nature of the infant formula market in the LDCs. The characteristics of the product misuse and the requisite actions for implementing a demarketing strategy will be examined.

THE PRODUCT

Infant formula is a specially prepared food for infants (under 6 months) based on cow's milk. It is scientifically formulated to approximate the most perfect of all infant foods, human breastmilk.[1] In the complex world of modern food marketing however, many types and varieties of artificial milk products are fed to infants. In Figure 1 is a summary of the major types of alternative milks fed to babies. As indicated, the nutritional value of various commercial alternatives ranges from very high (humanized infant formula) to very low (sweetened condensed milk). Among the commercially processed alternatives, such well-known humanized formulas as Similac, Enfamil, and S-26 are nutritionally superior to all but breastmilk.

It is ironic that the optimal artificial feeding product, as researchers at several manufacturing companies have acknowledged to us, would be an exact replication of mother's breastmilk. It is also ironic that among commercial products, the market price increases as the products approach the quality of human breastmilk, a relatively "free" good. Throughout the developing world, humanized infant formula is priced at more than $2 (U.S.) per pound of powder. Assuming only the cost of the powdered formula, proper feeding of the infant for six months would require approximately 50 pounds of formula. That necessitates an expenditure of at least $100 (U.S.) for the formula, not including the expense of bottles, nipples, and the ancillary expense of fuel for the boiling of water. In much of the developing world, the cost of such complementary goods pushes the total cost of artificial feeding close to the limits of annual per capita income for many people. Yet according to nutritionists, the cost of improving the diet of the lactating mother so as to enhance breastmilk supplies is incredibly low by comparison. And in the view of a number of physicians who have researched the issue, even a malnourished mother can continue to adequately feed her infant at the breast for at least the first four months of life.

Attraction of Bottle Feeding

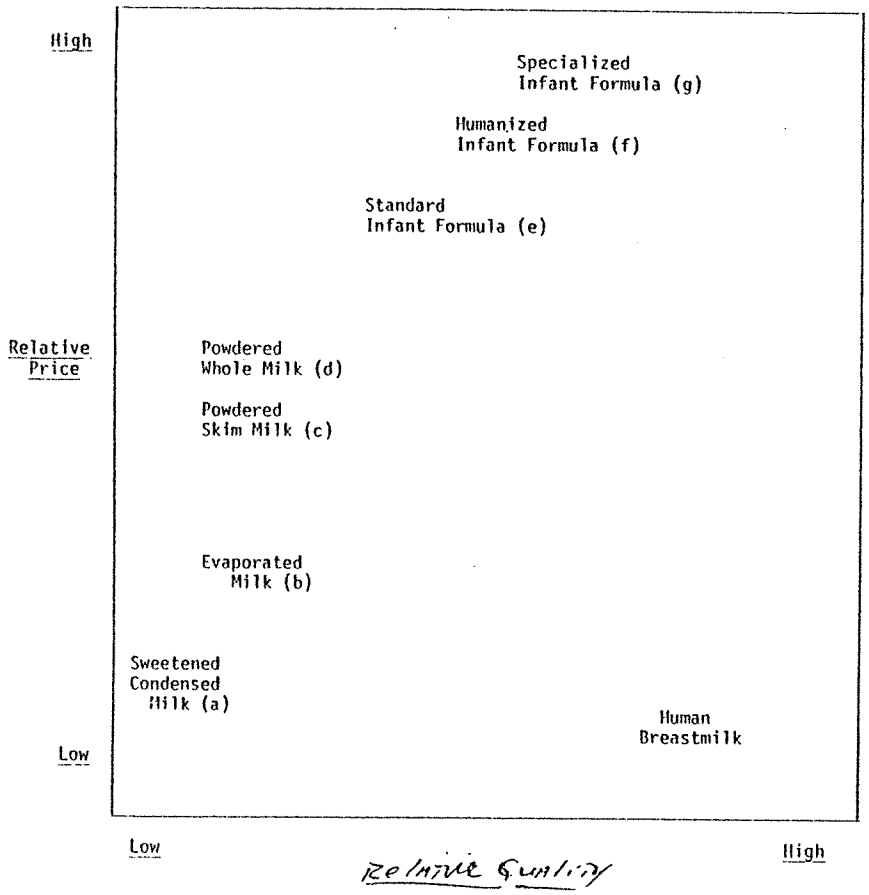
What then is the attraction of bottlefeeding? Why does the sale of infant formula alone, excluding all other commercial milk products in Figure 1, now consume $1.5 billion? That includes an estimated $600 million from the developing world.[2] Even the most strident critics agree that the causes of the shift from breastfeeding to bottlefeeding are many and complex.[3]

Throughout the world, urbanization is creating a mobile population that values convenience and freedom of action. Breastfeeding is viewed as an impediment to this freedom of movement. The growing number of women in the workforce is also a factor. Although the International Labor Organization has long called for employers to establish daycare facilities and infant creches at the workplace to enable mothers to continue breastfeeding, only the People's Republic of China has established such facilities in a widespread fashion. To our knowledge, few Western nations have made any effort to implement the ILO recommendation.[4] The training of health workers has often neglected the importance of breastfeeding, and many hospital routines are criticized for discouraging the establishment of successful lactation. Finally, there is the impact of commercial promotion and sale of artificial milk products for infant feeding purposes. Although sellers of other milk products have been guilty of falsely advocating the value of their products for infants, the focus of the critics' case has been the promotion and sale of infant formulas, the best of the commercial substitutes for human milk.

MANUFACTURERS AT BAY

Criticism of the promotional efforts of the infant formula industry began about 1970. Dr. Derrick Jelliffe, then head of the Caribbean Food

Figure 1
Price/Quality Relationships for
Milk-Based Infant Feeding Alternatives



and Nutrition Institute, charged that intensive advertising efforts by manufacturers were leading mothers who could ill-afford to purchase artificial foods to abandon breastfeeding. Jelliffe cited the companies' use of posters and pictures, portraying healthy, well-fed, and happy babies in the arms of mothers who were bottlefeeding with a particular brand of formula. He argued that false images and sales pressures were seducing mothers into a decision that became irreversible after several days of non-lactation. After a few days of artificial feeding, the mother's milk production may decline and a baby is effectively "hooked" on the bottle. Because infant formulas are sold in powdered form in tropical nations to preserve shelf life, users must mix them with often contaminated local water. Because formula is so expensive, a poor mother could be tempted to stretch her supply of formula (perhaps received as a free sample) by adding excessive amounts of water.

"Commerciogenic Malnutrition"

Such overdilution reduces the food content of the product and decreases the nutrition received by the baby. As a result, the infant is often drawn into a vicious cycle of infectious disease and malnutrition, leading to dehydration, brain damage, and even death. Jelliffe coined the phrase "commerciogenic malnutrition" to describe the disease brought on by the activities of the infant foods industry.[5]

Unlike many other social issues, the criticism of infant formula marketing was initiated in a prominent institutional forum. In 1970, the World Health Organization (WHO) and UNICEF convened a conference in Bogota, Colombia to focus on the problem of infant malnutrition. Along with prominent pediatricians and nutritionists, representatives of the industry were invited to attend. Allegations of unconscionable marketing practices soon dominated discussion, and participants have reported that great diplomatic skills were needed to achieve a measure of reconciliation by the end of the meeting.

The 1970 meeting was followed by another meeting in 1972 under the auspices of the U.N.'s Protein Calorie Advisory Group (PAG) and a statement was drafted with regard to the promotion of special foods, namely infant formula and powdered milks. This statement, PAG No. 23,[6] was revised and issued in November 1973. It was hoped it would generate a consensus among nutrition experts, the industry, and the governments of the LDCs about action that would resolve the problems of infant foods marketing and infant malnutrition. This line of institutional activity continued when in 1974 the World Health Assembly, governing body of the World Health Organization, unanimously adopted a resolution which identified misleading sales promotion as a cause of declining breastfeeding and urged nations to take action to review and regulate marketing practices.[7] In 1975, the International Pediatric Association passed a resolution calling for controls on the promotional activities of manufacturers.[8]

GETTING THE ATTENTION OF THE PUBLIC

The criticism by professionals in the international health and nutrition community needed a journalistic catalyst to bring the issue to the attention of the general public. In 1973, several articles appeared in *The New Internationalist*[9] describing the conditions that Jelliffe had earlier criticized. And in 1974, a landmark pamphlet entitled *The Baby Killer*[10] was published in Great Britain. War on Want, a British charity organization had sponsored the research and published this description of multinational marketing activities in Africa. The report was especially critical of Nestle, the Swiss multinational food company, and Unigate, a British firm.

Within a year, public action groups in Europe were raising the issues of infant formula marketing discussed in *The Baby Killer* and confronting Nestle in a variety of public forums. When a group in Switzerland published a German translation and re-titled it *Nestle Kills Babies*, the company sued for defamation and libel. The ensuing trial provided the public forum and media coverage critics had sought for five years.

The publicity generated by the Nestle trial in Switzerland gradually produced public awareness in the United States as well. In the U.S., the Interfaith Center on Corporate Responsibility, a sponsor-related movement of the National Council of Churches, began filing shareholder resolutions at annual meetings of the three American companies that manufactured and sold infant formula in LDCs. The companies included Abbott Laboratories (Ross Laboratories subsidiary), American Home Products (Wyeth Laboratories), and Bristol-Myers (Mead Johnson Laboratories). These resolutions, coupled with a widening public education campaign put the pressure squarely on the management of the American companies.[11]

In 1977, the Infant Formula Action Coalition (INFACT) was formed to increase public awareness and pressure. Its major strategy has been to campaign for a nationwide boycott of Nestle's products. In May, 1978 the U.S. Senate Subcommittee on Health and Scientific Research, chaired by Senator Edward M. Kennedy, sponsored investigative hearings on the infant formula controversy. Kennedy subsequently secured an agreement from the Director General of the World Health Organization to sponsor an international conference. It was to bring together the industry, its critics, the medical profession and representatives of Third World governments.

DEMARKETING INFANT FORMULA

In 1975, just prior to the public announcement of the judge's decision in the Nestle trial in Switzerland, nine companies announced the formation of the International Council of Infant Foods Industries (ICIFI). Its first public action was to adopt a maketing code of ethics for the purpose of articulating competitive standards in the infant food industry. The adoption of the ICIFI code in 1975 marked a turning point in the controversy surrounding infant formula promotion in the developing world. Symbolically, at least, the manufacturers who adopted the code acknowledged that the marketing of infant formula foods to mothers in the developing world could not continue in an unrestrained manner. Efforts had to be made to assure that such marketing occurred in an appropriate and ethical context. The ICIFI code was the first explicit corporate acknowledgement that the market for infant formula did not consist of every baby of every mother in every nation of the world!

Going Against the Business Rationale

Demarketing goes against the dominant rationale of every businss operation, which is to use available means to expand sales and profits. As Otto Eckstein put it, "capitalism is like a bicycle; if it doesn't keep moving forward, it topples over." Thus, there are important structural reasons why firms will have difficulty in accepting slow or no growth in lucrative markets. That is certainly borne out by the infant formula industry, where no less than five years of intense criticism were needed to produce an acknowledgement that the legitimate market did not include every baby in the world.

An Unnatural Act

Demarketing can involve both the imposition of restraints on the manner and method of selling goods and services, and affirmative efforts to undo the effects of past marketing efforts. But demarketing is an *unnatural act* for the modern corporation, and an antithetical concept for the modern marketing manager. The idea of limiting sales of products in the marketplace for reasons that are not profit-related contradicts the fundamental philosophy of competitive selling. And the concept of corporate involvement in efforts to undo the secondary effects of past marketing efforts is even more remote from the world view of the typical marketer. Yet, as the infant formula controversy so clearly demonstrates, there are situations in which both restraints on sales activities and affirmative efforts to rectify adverse impacts of past practice are called for.

Most developing nations lack the institutional mechanisms, the political will, and the financial resources necessary to comprehensively protect the public against the adverse primary and secondary consequences of marketing. Thus, the creation of a self-regulatory mechanism, like the ICIFI code, has special importance in the setting of a developing nation. But the results of any demarketing effort will depend on the specific circumstances of the industry, the nature of the problem, and the market setting.

The infant formula industry consists of firms with a pharmaceutical orientation (Abbott, Bristol-Myers, American Home Products) and those with a food processing orientation (Nestle, Borden, Carnation). The manner in which these firms approach the market differs, and hence, the manner in which they will be willing to restrain activities also differs. The use of "milk nurses" provides an instructive example. For years, the industry used women sales representatives to visit new mothers in the hospitals and urge them to adopt a particular brand of formula product. Until 1975, the milk nurses of most companies dressed in white nurses uniforms, creating the illusion of official status while making their promotional rounds. The ICIFI code

obliged members to have milk nurses wear uniforms distinct from that of the hospital staff and to clearly display an ICIFI badge to show their commercial status. Since then, critics have pressed the companies to completely withdraw all milk nurses from developing nations. Bristol-Myers announced such a course of action at the Senate Hearings in May 1978. Yet, we recently discovered that in the Philippines, Bristol-Myers eliminated its nine milk nurses by changing their title from "milk nurse" to "medical representative" and removing home visits to new mothers as a functional activity. Presumably, these same people will continue to visit physicians, nurses, and medical personnel, and hold nutrition clinics in community centers.

The structure of the industry must be considered in other ways as well.

"Give Your Baby Love and Lactogen"

The basic strategy of the food companies selling infant formula (and powdered milks) has relied on mass marketing. Thus, before the 1975 ICIFI code, Nestle and Borden used extensive radio advertising to spread the message of commercial feeding. A frequently told story about Nestle's efforts is that the company's basic slogan "Give your baby love and Lactogen" has been translated in more than 70 languages (including Swahili) and played throughout the world. The use of mass media is characteristic of food company marketing and yet has been extensively criticized as misleading to illiterate mothers in LDCs. Pharmaceutical companies have long preferred an approach that relies on medical detailing to physicians, hospitals, and clinics. There is rarely a hospital or clinic in the developing world that does not have posters, calendars, and baby booklets supplied by Abbott, Bristol-Myers, Wyeth (AHP), Nestle and other firms. Ironically, the intensive competition among these two types of firms in the LDCs since the 1960s has meant that *both* consumer advertising and medical promotion have been used by the major sellers to generate sales volume. Before the ICIFI code, some pharmaceutical companies engaged in vigorous mass advertising as well as medical promotion, while some food companies promoted to the medical profession, as well as consumers. Consequently, marketing of infant formula in the developing nations involved more overall advertising than occurred in countries like the United States where promotion is almost exclusively medical.

The Marketing Codes

The importance of industry structure and corporate strategies runs to the creation of remedies, as well as the diagnoses of problems. The infant food industry's marketing codes provide an example.

The pressure directed against manufacturers to reduce advertising in LDCs and to eliminate specific kinds of promotion, such as radio and television ads, could have had significant competitive effects on industry firms. If all consumer promotion and mass advertising had been banned by the ICIFI code, while medical promotion was permitted, the pharmaceutical companies would have enjoyed a competitive advantage through their extensive medical detailing systems. Not surprisingly, the ICIFI code allowed some consumer promotion, while philosophically emphasizing the quasi-medical character of the infant formula product.

Voluntary Regulation Emphasized

The formation of ICIFI, and the adoption of its marketing code of ethics, was announced only a few days before the judge rendered his decision in the trial involving Nestle and the group that published *Nestle Kills Babies*. The timing may have been coincidental, but the code was clearly an effort to convince health professionals, government officials, and an interested general public that voluntary regulation could effectively control the problem.

The ICIFI code was written so as to admit no wrongdoing, and in effect, to justify the role of the industry as "providers of essential supplies for infant nutrition."[12] The official position of the industry was that the code did not indicate any change in consciousness or conduct; it was merely an articulation of policies that member firms had long been following individually. This position was undercut shortly thereafter when Abbott Laboratories withdrew from ICIFI and established its own more restrictive code of ethics.[13] The contrast between the codes provided leverage for critics to press ICIFI members to emulate the steps agreed to by Abbott. They included the limitation on direct consumer advertising, taking milk nurses out of uniform, and recognition that the potential market in developing countries is limited to the group of consumers, defined by socio-economic characteristics. Abbott's willingness to take these steps was influenced by its relatively low level of involvement in Third World markets, and by its extremely important stake in the United States market (55 percent of $300 million market). For Abbott, it was prudent to defend its interests in the United States market by taking the "moral high road" in the controversy over infant formula use in the developing world.

The significance of the ICIFI code was further eroded as professional criticism continued. The PAG issued a sharp critique of the original code; ICIFI members agreed to only minor modifications. ICIFI's largest member, Nestle, has also moved beyond the code by issuing a new statement of marketing policies in response to the consumer boycott campaign that has been launched against it in the United States.[14]

Even the most recalcitrant American firm, Bristol-Myers, has now adopted a position that is more responsive to the controversy than the ICIFI code. Bristol-Myers, which has never been an ICIFI member, refused to acknowledge the existence of any problem whatsoever until 1975. Shortly thereafter, the company became embroiled in a two-year court battle with church groups owning shares of its stock over alleged false and misleading statements in the company's proxy material. This battle was settled in 1978 when Bristol-Myers issued a set of principles and policies regarding its infant formula marketing practices.[15] The latest code prohibits consumer contact of any kind and commits the firm to placing strongly worded warnings on formula labels. It also limits distribution of free samples exclusively to doctors, and commits the firm to disseminate scientific information about the advantages of breast feeding. Just as significantly, at the Senate hearings Bristol-Myers announced its decision to suspend its milk nurses, and acknowledged that this decision was taken because of growing criticism of their role.

Public Pressure Brings Changes

Such acknowledgments point to the important role of pressure in changing conventional marketing activity. It seems fair to say that neither the original marketing codes nor subsequent modifications would have occurred without intense public interest in the industry's behavior. Despite its longstanding denial of any misconduct, the codes have served to explain how the industry operates. This has helped investigators locate additional suspect practices. (For example, a CBS television program reported on a percentage-of-sales commission system between the companies and a medical society in the Dominican Republic).[16]

"No one gets promoted for not selling"

As the controversy has sharpened, the critics have also made the intransigence of certain firms costly, as in the current boycott of Nestle. Public exposure of code violations has also proven embarrassing to the companies, prompting at least some additional investment in corporate monitoring. It is apparent that the willingness of the companies to strengthen the codes and their enforcement depends directly on the strength of the critics' campaign. The unnatural act of restricting conventional marketing activities will only take place when the perceived disadvantages of not doing so outweigh the normal tendencies to increase sales and profits. (As one marketing manager said, "no one gets promoted for *not* selling!")

THE NEED FOR AFFIRMATIVE ACTION

In terms of the demarketing definition given above—restraints on current practices or affirmative efforts to redress adverse effects—the infant formula industry's responses have addressed only marketing practices, not marketing effects. The codes have been useful to the industry. They have been used as evidence that the industry is capable of policing itself adequately. In fact, every industry repesentative at the Kennedy hearings mentioned their company's adoption of a marketing code. The codes also have legitimized certain competitive practices, for example, free samples, while not officially outlawing any specific practices. They have also kept the focus on *how* the marketing of infant formula should continue, rather than whether or not it should continue at all.

Although the codes call for restriction of certain forms of promotion, they do not signal a clear-cut commitment to demarketing. Expectations of market growth, for example, are not addressed in any of the codes. Executives continue to speak of 10-15 percent annual growth rates in LDCs.[17] While some codes recognize that the poor and illiterate are not appropriate customers, the widespread availabity of infant formula products to these very people contradicts the meaning of such a provision. During the U.S. Senate hearings, the issue was clearly articulated by Senator Kennedy. He asked representatives from each of the companies present—Abbott Laboratories, American Home Products, Bristol-Myers, and Nestle—whether they undertook any form of postmarketing review to determine who was using their products. Without exception, the industry representatives stated that their companies did not inquire into who used the product, how it was used, or the socio-economic circumstances of the buyers. While vigorously arguing that they did not *promote* to the poor and those unable to safely use the product, none denied the continuing widespread *availability* of infant formula to people who are poor, illiterate, and unable to secure the clean water required for safe and proper product use.

PRODUCT DEFECTS AND PRODUCT HAZARDS

It is very likely that the manufacturers of infant formula could be sued for product liability if their products were sold in the United States to people facing the same conditions and circumstances as those living in the LDCs. Yet, not even the spirit of American product liability law seems to be guiding the conduct of the multinational sellers of infant formula products. In 1944, California Supreme Court Justice Roger Traynor wrote:

> It is to the public interest to discourage the marketing of products having defects that are a menace to the public. If such products nevertheless find their way into the market it is to the pub-

> lic interest to place the responsibility for whatever injury they may cause upon the manufacturer who, even if he is not negligent in the manufacture of the product, is responsible for its reaching the market. (*Escola* v. *Coca Cola Bottling Co. of Fresno*, 150 P.2d 436)

Granted that the hazards associated with consumer misuse are not identical to inherent "product defects" in a narrow legal sense, there is a defect in the *concept* of marketing artificial infant feeding products in LDCs that is as inherent as that present in an exploding soft drink bottle or badly designed auto steering mechanism. The Swiss judge at the Nestle trial in 1975 wrote that the company had not tried to kill babies, thus the title "Nestle Kills Babies" was defamatory. However, he said evidence of misuse was so strong as to lead him to believe that Nestle should undertake a "fundamental re-examination" of its marketing policies in the developing world.

Infant Formula is Hazardous in LDCs

The field work that we have done in recent years in Latin America, the Caribbean, and Southern Asia has convinced us that infant formula is indeed a hazardous product when used in the normal and usual circumstances of its buyers. Yet to our knowledge, there is not a single developing nation with a body of product liability law that can be applied to this case. The absence of usable product liability law is symptomatic of the general state of consumer protection in the developing nations. While there have often been calls for improvement in the state of consumer protection law in LDCs, the likely focus of such protection will rightly first be on product defects, not product misuse.

Infant formula has been relatively free from charges of product defects. Although infant deaths attributable to defective batches of infant formula were reported in Colombia in 1977 and Australia in 1978,[18] the manufacturers' records of safety in production have been quite good. While it seems likely that the manufacturers of defective infant formula would be held liable for contaminated products in many developing nations, such is not the case for product-related hazards.

Essentially, problems with infant formula occur because of consumer misuse. The failure to use clean water is a consumer error; the illiteracy of a mother is a defect not caused by the infant formula companies; and the poverty that might tempt a mother to overdilute the formula in order to stretch it for an extra few days is certainly not within the control of the infant formula industry. But each of these considerations represents a hazard and risk that is predictable and calculable in the environment of a developing nation. As we testified during the Kennedy hearings:

> In our research in Colombia, it was learned that only 29 percent of rural populations and 72 percent of urban populations have the potable water required for mixing with powdered infant formula. And yet, formula was available to consumers and promoted to health personnel throughout that nation. No manager familiar with this issue could authorize distribution and marketing in Colombia without also knowing that there was a high probability of misuse by as much as 71 percent of the rural population and 28 percent of the urban population.[19]

It is the absence of a comparable level of consumer protection law in the LDCs that makes the affirmative aspect of demarketing important in analyzing the infant formula case. Over time, the cumulative effect of advertising, promotion, and growing infant formula use has been to accelerate a trend away from breastfeeding. Even if no further advertising and promotion occurred in the LDCs, it is likely that the effect of past "market creation" would continue to fuel growth in the demand for infant formula. For that reason alone, the industry must play a role in affirmative efforts to demarket infant formula.

A STRATEGY TO DEMARKET INFANT FORMULA

Drawing on the points made above, and referring to our working definition of demarketing as embracing both curbs on marketing and affirmative efforts to rectify past impacts, we believe a strategy can be framed to effectively demarket infant formula in the developing nations. Recognizing the complex relationships between the industry, critics, international agencies, and governments of the developing nations, it is clear that all of these actors must be drawn into the process of implementing the demarketing concept. Thus, a successful demarketing strategy requires three separate, but equally vital tracks of activity.

THE CRITICS

As this controversy has evolved during the past decade, the role of the critics as a voice seeking to be the "conscience" of the industry has become more clearly defined. The critics have succeeded in accomplishing three tasks:

- Making the industry officially aware of the existence of a problem when the clear preference of most firms was to deny the existence of any problem whatsoever.
- Stimulating changes in corporate policy and actual competitive practices.
- Monitoring the field conduct of firms in the industry, exposing deviations and violations, and thereby continuing to press the companies to transform stated corporate policy into operative policy in the field.

The critics have managed to take a problem that was considered by some to be a scientific issue (e.g., capability of mothers to adequately breastfeed) and make it a public issue focusing on the secondary consequences of normal and continuing commercial marketing. During the past few years, this had gradually helped focus concern firt on product promotion, and more recently on the concept of marketing products to high-risk populations. This effort has had the effect, in turn, of leading the industry to implement nearly all of the relatively easy marketing changes and move to the threshold of a genuine, affirmative demarketing effort.

A Continuing Role

The continuing role of the critics is therefore quite clear. If they maintain pressure on the industry, there will be little opportunity for backsliding in the implementation of changes to which firms are already committed. Moreover, through such means as the U.S. Senate hearings the critics have legitimized such questions as "To whom can this product be safely sold?" and "Under what circumstances should the product not be sold at all?" In addition, they have shifted the burden of proof to the companies to demonstrate that their products do serve a genuine public need. Companies are also expected to show that the products do not injure innocent consumers who cannot control the circumstances or conditions in which they use commercial products, and are not marketed in a manner that says "let the buyer beware." This is a role that is both quite legitimate and necessary.

THE INDUSTRY

To date, changes by the industry have involved specific marketing practices and actions—the means to corporate goals. The industry's role in demarketing infant formula in the LDCs now requires both further restrictions on the "means," but more importantly, a redefinition of the marketing objectives that are legitimate with respect to this product. It is now clear that those goals cannot involve any attempt to legitimize efforts to sell infant formula products to every mother of every infant in every nation of the world.

ELIMINATING PROMOTIONAL ACTIVITIES

On a practical level, the manufacturers have the capacity to continue the elimination of commercial promotional activities. Free samples to mothers and health personnel should be halted; posters, calendars, and baby booklets that associate corporate names with images of healthy babies should be eliminated. In addition, the intensity of the still-sanctioned medical promotion should be diminished. Health personnel will continue to be susceptible to gifts of products, useful items such as weight charts, and the underwriting of such accouterments as air conditioning and special equipment for hospital pediatric units. The companies should not prey on resource shortages in LDCs by providing additional resources to one segment of those societies while virtually exploiting another segment.[20] Warnings about product dangers and hazards should be included on all cans of formula, and even expanded to posters. Most importantly, the companies must develop, articulate, and implement criteria for the careful segmentation of the consumer markets. As Senator Kennedy suggested at the hearings, post-marketing reviews to determine who is actually buying and using the product is an absolutely necessary act if consumer misuse is to be prevented.

Marketing goals, as well as promotional techniques, must change. Commercial objectives must be redefined in ways that recognize that growth in sales volume and profitability are not legitimate with respect to infant formula. Slow growth objectives can be substituted for the high growth goals now being pursued. Careful segmentation of the market will mean that only mothers meeting appropriate criteria will constitute the target market population.

A No-Growth Policy

In some nations, a no-growth goal will be most appropriate, especially where consumer segmentation will be difficult or impossible to effectively implement. In such cases, managers may simply have to conclude that no growth should be pursued at all. Finally, there may be situations in which the only alternative is for the marketer to withdraw entirely from the LDC. Both Abbott and Borden have so acted in several nations where the high rates of illiteracy, poverty, and lack of sanitation made segmentation impossible or left too small a commercial market. Clearly, such negative growth policies are most difficult for a corporate management to adopt.

The adoption of slow growth, no growth, or negative growth goals can only be accomplished with major effort. Senior management of the parent companies that operate divisions or subsidiaries producing infant formula must recognize that no public purpose is served by the commercial marketing of these products in the LDCs. All of the American companies are divisions of multidivisional, multinational firms. Thus, subsidiaries cannot adopt the goals mentioned above without the strong and explicit endorsement of the parent company's senior management. It remains doubtful that such endorsement will occur until outsiders—critics or governments—convince those at the pinnacle of the corporate hierachy that the problem is both serious and directly affected by their marketing activities.

LDC Governments

The governments of the developing nations must ultimately play a role in any program to demarket infant formula for only they have the capacity to analyze the concerns of the critics, translate them into objectives applicable to their own nation, and institutionalize appropriate remedies.

Our work with several governments has made clear the existence of at least three levels of appropriate activity. *First*, most LDC governments have the capacity to provide a basic level of consumer protection against products which are likely to be misused or hazardous to the public. Relatively inexpensive steps to regulate appropriate promotional activities by companies can be taken. They include regulations as to labeling (e.g., Indonesia requires that sweetened condensed milk cans be clearly labeled as unacceptable for infant feeding). Prohibiting sales representatives in maternity wards, and provision of gifts to hospitals and health personnel are timely in terms of dealing with the problem and relatively low cost as to enforcement and monitoring. Bans on radio advertising, direct consumer promotion, and free sampling are extensions of this consumer protection effort.

Second, governments which are willing and able to be more affirmative in their efforts can utilize a variety of strategies to affect the demand for artificial feeding products. Counter-advertising messages on radios, billboards, and other mass media have been seen to work in several developing nations. Breastfeeding education campaigns are another often-mentioned affirmative program. Finally, efforts by people such as Dr. Clavano in the Philippines to demarket infant formula by refusing all corporate gifts, extensively promoting breastfeeding, and shifting the medical focus from therapeutic treatment of malnutrition to preventive treatment via outpatient clinics, provide affirmative models with impressive cost-benefit efficiencies.

Third, LDC governments have a number of options to affect the supply curve for artificial feeding products. Nations such as Jamaica and Ghana have chosen to restrict the importation of infant formula. This action includes the risk that mothers who are hooked on artificial feeding will substitute inferior products, but it can, if coupled with an educational effort to increase breastfeeding, control the unrestrained product availability which characterizes many LDCs. In addition, steps can be taken to restrict permissible sales outlets for infant formula products, either by restricting the outlets such as hospital dispensaries or the buyers' qualifications by prescriptions, for example. Such actions would effectively treat the use of infant formula products as a public choice, rather than a private choice. But since there is no consumer advantage from the *competitive* marketing of infant formula—and to our knowledge none has ever been claimed by the manufacturers—actions to restrict supplies of these products might very well produce salutary consequences for the general population while still providing the product to those who might be shown to actually need it.

An effective strategy to demarket infant formula in the developing nations embraces both efforts to restrain the context in which the corporate marketing effort occurs and to affirmatively act to alleviate the cumulative effects of past marketing practice. Such a strategy can only be accomplished if three main things occur!

- Critics continue to press the manufacturers.
- The companies continue to adjust and modify their goals and the means used to accomplish them.
- LDC governments couple improved consumer protection with affirmative efforts to influence the demand and the supply of products whose misues is likely.

CONCLUSION

The marketing of First World products in Third World nations sometimes poses serious problems of consumer misuse and consequent injury. As with infant formula, the normal and usual conditions of these social environments often makes high rates of product misuse predictable and calculable by the manufacturer. Foreseeable consumer misuse creates a duty on the part of the manufacturers to restrain promotion and conscious product market development. Demarketing involves restraints as represented in the infant formula industry's codes of marketing ethics, but also, efforts to rectify the cumulative effects of past marketing campaigns. Without the involvement of the *industry, critics, international organizations,* and the *governments of the developing nations,* genuine demarketing cannot occur.

Ultimately, the marketing of sophisticated consumer products in the social environments of the developing nations represents an inherent defect in concept, rather than a physical product defect. The letter and the spirit of American product liability law would create manufacturer obligation and liability were similar consequences to occur in the United States. Because that is not the case in LDCs, however, more reliance need be placed on manufacturers' self-restraint and the monitoring efforts of critics. Without both, future tragedies from misguided marketing strategies are certain to occur.

FOOTNOTES

1. Derrick B. Jelliffe and E.F. Patrice Jelliffe, *Human Milk In the Modern World* (Oxford, England: Oxford University Press, 1978).

2. James E. Post, Testimony before the U.S. Senate Subcommittee On Health and Scientific Research, May 23, 1978.

3. Johanna Dwyer, "The Demise of Breastfeeding—Sales, Sloth, Or Society?" *Priorities In Child Nutrition*, ed., Jean Mayer, UNICEF Document # E/ICEF/L. 1328 (March 28, 1975) Vol. 2, pp. 332-339.

4. The ILO drafted its first statement on the subject in 1919. See ILO, Convention No. 3 (October 1919). Since then, ILO has issued similar statements in Recommendation 95 (June 1952) and Convention No. 103 (June 1952). For a review article see Jean Lecerf Richardson, "Review of International Legislation Establishing Nursing Breaks," *Journal of Tropical Pediatrics and Environmental Child Health* (October 1975) pp. 249-257.

5. Derrick B. Jelliffe, "Commerciogenic Malnutrition?" *Food Technology*, Vol. 25, No. 55 (1971) 153-154.

6. Protein Calorie Advisory Group, "Promotion Of Special Foods (Infant Formula And Processed Protein Foods) For Vulnerable Groups," PAG Statement No. 23, (July 19, 1972; revised, November 28, 1973).

7. World Health Organization, "Statement of the 27th World Health Assembly," May 23, 1974.

8. International Pediatrics Association, "Recommendations For Action Programs To Encourage Breastfeeding," *Bulletin of International Pediatrics Association*, Vol. 4 (October 1975) pp. 18-22.

9. The articles in *The New Internationalist* (Vol. 7, 1973) were based on field observations of reporters and discussions with physicians in Third World nations. These articles led Mike Muller to undertake the study that was published by War On Want.

10. Mike Muller, *The Baby Killer* (London, War On Want, 1974).

11. For a discussion of this campaign against the industry see James E. Post, *Corporate Behavior and Social Change*, Chapter 13, (Reston, VA: Reston Publishing Co., 1978).

12. International Council of Infant Food Industries (ICIFI), "Code of Ethics and Professional Standards for Advertising, Product Information, and Advisory Services For Breast Milk Substitutes" (Zurich, Switzerland; November, 1975).

13. See Abbott Laboratories (Ross Laboratories Division), "International Code of Marketing Ethics With Reference To Infant Feeding" (1976), and Abbott Laboratories (Ross Laboratories Division) "The Code of Marketing Ethics For Developing Countries With Reference To Infant Feeding," (Revised, Winter 1977).

14. Nestle Alimenta, S.A. "Nestle Infant Food Policy," (Vevey, Switzerland: Infant and Dietetic Products Department, Nestle Products Technical Assistance Co., Ltd., February, 1978).

15. Bristol Myers, Inc. "Bristol Myers Company, International Division, Policies and Practices, Production, Labeling, and Marketing of Infant Formulas" (October, 1978).

16. "CBS Reports: Into The Mouths Of Babes," Wednesday, July 5, 1978, 10:00-11:00 EDT., Bill Moyers, Reporter.

17. The *Malaysian Business Review*, for example, recently carried an article describing the commercial need for further penetration of rural areas in order to achieve the 15+% "growth potential" of the Malaysian market. *Malaysian Business Review* (Fall 1977).

18. Douglas Clement, "Nestle's Latest Killing In The Bottle Baby Market," *Business And Society Review*, No. 25 (Spring 1978) pp. 60-64.

19. James E. Post, Testimony before the U.S. Senate Subcommittee On Health and Scientific Research, May 23, 1978.

20. "CBS Reports: Into The Mouths Of Babes" Wednesday, July 5, 1978, 10:00-11:00 EDT., Bill Moyers, Reporter.

21. U.S., Congress, Senate, Subcommittee On Health and Scientific Research, *The Marketing And Promotion Of Infant Formula In The Developing Nations*, Transcript of testimony by Dr. Navidad Clavano. (May 23, 1978).

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THE THIRD WORLD SPEAKS OUT ABOUT THE DANGERS OF ARTIFICIAL FEEDING



"It's like giving a stick of dynamite and a large matchstick and a barrel of highgrade petrol to your children to play with, and saying 'please be careful how you handle it.' This is the way we look at artificial feeding."

Dr. E.M. Semba
Director of Medical Services, The Gambia

"There are . . . artificial food companies, milk companies, who are able to divert that tradition [breast feeding] to brainwash the nurses, to brainwash everybody until we think this is not the way you should really feed your baby."

Dr. E.A.R. El-Awadi
Minister of Health, Kuwait
President, World Health Assembly

Excerpts from closing Press Conference, World Health Assembly, May 23, 1980

Excerpts from the May 1980 World Health Assembly Debate on the Proposed Code of Marketing

Burma – Dr. Shwe Tin

Burma was grateful for the steps taken by WHO and UNICEF to prevent the exploitation by multinational companies of poor countries like it. Burma had to take firm measures to reduce the use of breastmilk substitutes. Burma welcomed moves to establish an international code of marketing of breastmilk substitutes and regretted that WHO had not taken action 25 years earlier.

Burundi – Dr. Mpitabakana

Until recently the use of powdered milk had been unknown in Burundi; however, like other countries, Burundi had now been inundated by a variety of infant formulas, each reputed better than the last. Since powdered milk was imported it was extremely costly, and it frequently deteriorated in transit so that its quality was poor, and it was even dangerous. As a consequence, the number of cases of gastroenteritis had increased.

Cape Verde – Dr. A.D.F. Pina

Bottle-feeding and unnecessarily early weaning were the most serious causes of malnutrition and intestinal diseases. Encouragement of breastfeeding for as long as possible and the introduction of supplementary feeding from the age of 4-6 months using suitable locally-produced products were of key importance. At the same time, advertising and promotion of breastmilk substitutes had to be rigorously controlled if maternal and child health was to be ensured.

Congo – Dr. G. Ondaye

Many African countries had experienced the situation of the introduction of bottle-feeding, giving rise to serious problems. Breastmilk substitutes had been promoted as giving advantages such as the liberation of women, but when poverty and illiteracy were combined with unfavorable ecological and climatic conditions, their impact could only be negative. He regretted the passing of many of the traditional values and the trend, partly to be modish and partly from ignorance, towards adopting everything from the advanced countries. Measures would have to be taken to reduce infant mortality and morbidity resulting from bottle-feeding.

Democratic Yemen – Dr. A. Nasher

. . . the time had come for the Health Assembly to save breast-feeding from extinction by the influx into almost every home of so-called breastmilk substitutes . . . . What was more alarming was that the replacement of breastfeeding by artificial feeding with infant milk formulas was spreading in epidemic form to rural communities in almost all developing countries. The epidemic was being promoted by the indiscriminate propaganda of manufacturers' advertisements, by the mass media, and at times even by misinformed personnel.

Equador – Dr. G. Henriquez

Companies went too far in advertising and promoting their products, and many doctors had failed to collaborate in applying the standards. Many paediatricians appeared to gain greater prestige by recommending expensive products – assisted, of course, by those who marketed those products . . . in spite of all advances in technology, nothing better than mother's milk had been found.

India – Dr. Sankaran

He hoped that no effort would be made to dilute the WHO/UNICEF recommendations because of subtle pressures by multinational and even national food industries, which had already done enough harm to generations of children, particularly in developing countries.

Lesotho – Dr. P.S. Ngakane

The Director-General's report and related proposals were timely in the light of the high-pressure sales drives for breast-milk substitutes currently taking place in his country. If immediate remedial action was not taken, the nutritional and health status of the children would be seriously compromised.

The rapid decline in the natural process of breastfeeding was causing growing anxiety in his country. The Lesotho National Food and Nutrition report had indicated serious alarm from field workers at the inroads being made by commercial products in a society which traditionally breastfed its young to the age ot two years and had a relatively low incidence of child malnutrition.

Niger – Mrs. L. Issa

Mothers and health workers needed to be educated about the disadvantages of substitute feeding at the present time, when publicity campaigns in favor of powdered milk were widespread. Malnutrition was one of the main causes of infant mortality in Niger. The advantages of breastfeeding and the disadvantages of substitute feeding were two of the principal aspects of health education in social and maternal and child health centers . . . much remained to be done, in particular, the adoption of legislation prohibiting publicity for powdered milk and the uncontrolled sale of feeding-bottles.

Nigeria – Dr. E.A. Smith

It was evident that the high incidence of protein-energy malnutrition and the consequent morbidity and mortality were largely owing to a decline in breastfeeding. The aggressive and uncontrolled advertisement of breastmilk substitutes and the trend towards a breakdown in traditional culture, with women in urban and periurban areas taking up work, had contributed to the decline.

Peru – Mr. A. Galvez de Rivero

Economic, technological and cultural dependence had imposed a consumption pattern which, in matters of health, had proved to be injurious, as was reflected in a rising death rate. Transnational cooperations had a significant impact regarding health.

Senegal – Professor O. Sylla

It was impossible to emphasize too strongly the disadvantages of artificial infant foods, and particularly the danger of contamination and deterioration in tropical climates.

Sierra Leone – Dr. B. Williams

In many instances taking a baby off the breast was tantamount to signing its death warrant, for the extremely high cost of infant formula and the total lack of knowledge about and facilities for keeping bottle-feeds sterile made it more or less impossible for mothers to avoid contaminating them, particularly when there was no running water in the home.

Togo – Dr. T. Houenassou-Houangbe

. . . breastfeeding had been the most widespread practice in African countries and only recently had artificial feeding begun to creep in and sow confusion. Though a breastfed infant was likely to avoid diseases that a bottle-fed child was liable to contract, the advice of health personnel to nursing mothers was all too frequently swamped by the advertising in favor of artificial feeding.

Wherever possible breastmilk substitutes should be discouraged unless there were strong grounds for using them. He was even in favor of making it mandatory for substitutes to be available only on prescription. Every effort should be made to eliminate the kind of advertising that left a mother with the impression that a given type of breastmilk substitute was the best one for her particular child.

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BREAST VS. BOTTLE

The Scientific Evidence for Breastfeeding



"The remarkable ability of poor women to breastfeed their babies for prolonged periods is the most redeeming feature in an otherwise bleak nutritional situation of many developing countries."

Dr. C. Gopalan, Director General of
the Indian Council of Medical Research,
XVth International Pediatric Congress,
New Delhi, 1977

Puffer, R.P. and C.V. Serrano, *Patterns of Mortality in Childhood.* Pan American Health Organization, Scientific Publication No. 262, 1973.

The investigation studied 35,000 childhood deaths in 13 widely scattered project sites in Latin America. Among infants dying of diarrheal disease at 28 days to five months, 51.7% died who were not breast fed as compared to 31.7 who were breast fed and not weaned. Among babies in the same age group who died of nutritional deficiency, 51.5% died who were not breast fed as compared to 34.1% who were breast fed and not weaned. The authors conclude: "This is important indirect evidence of the protective value of breast feeding."

Plank, S. and Milanesi, "Infant feeding and infant mortality in rural Chile" *Bulletin WHO,* 48:203-210, 1973.

"During 1969-70, 1712 rural Chilean mothers were interviewed to see if their feeding practices contributed to infant mortality. There were three times as many deaths among babies given bottles before the age of three months as among those who were wholly breast fed.... As living standards improved, weaning was accelerated and a higher proportion of children were fed on the bottle alone. The anomalous consequence was that infant mortality rose with income."

Ellestad-Sayed, J., *et. al.* "Breast-feeding protects against infection in Indian infants," *Canadian Medical Association Journal.* 120:295-298, 1979.

"Fully bottle-fed infants were hospitalized with infectious diseases 10 times more often and spent 10 times more days in hospital during the first year of life than fully breast-fed infants.... Breast-feeding was strongly protective against severe infection requiring hospital admission and also against minor infection. The protective effect, which lasted even after breast-feeding was discontinued, was independent of family size, overcrowding in the home, family income and education of the parents. Measures to achieve breast-feeding for virtually all infants, particularly in northern communities, should be given high priority."

Cunningham, A.S. "Morbidity in breast fed and artificially fed infants," *The Journal of Pediatrics.* 90:726-729, 1977. (Study in Cooperstown, N.Y.)

"Breast-feeding was associated with significantly less illness during the first year, especially if continued beyond 4½ months of age.... The health advantage of breast-feeding was still evident after controlling for parental educational status. In better educated families the difference in significant illness between infants who were artificially fed and those who were breast fed for prolonged periods of time was two- to threefold."

Larsen, S.A. and D.R. Homer, "Relation of breast versus bottle feeding to hospitalization for gastroenteritis in a middle-class U.S. population," *The Journal of Pediatrics.* 92:417, 1978.

"Of the 107 infants admitted with acute gastroenteritis during the study period, only one was being breast fed at the time of admission.... The data in this study strongly indicate that breast-feeding plays a major role in protection against intestinal infections. This effect is almost as dramatic in a modern, middle-class U.S. community as in a developing country with rudimentary environmental sanitation."

Kanaaneh H. "The relationship of bottle feeding to malnutrition and gastroenteritis in a pre-industrial setting" *Journal of Tropical Pediatrics.* 18:302-306, 1972. (Study in three Arabic villages in Israel.)

"The beneficial influence of breast-feeding on morbidity from gastroenteritis among infants as well as its greater nutritional adequacy in supporting growth up to six months of age in a pre-industrial setting is shown in this study...the

incidence of malnutrition is essentially nil among the two exclusively breast fed groups and rises gradually to approximately 30% of those who were exclusively bottle fed for the greater part of the six-month period.... The protective antidiarrheal function of human milk is particularly noted during the susceptible early months of life.... Infants who were supplemented with fresh cows' milk or with powdered milk from a cup had a significantly lower incidence of hospitalization from gastroenteritis than infants who were supplemented with powdered milk from a bottle for any period of time, further attesting to the direct relation of this incidence to the method of feeding rather than to the infants' deteriorating state of health."

Gerrard, J.W. "Breast-feeding: second thoughts," *Pediatrics.* 54:757, 1974.

"Breast-fed infants are less likely to develop respiratory and gastrointestinal infections and allergic reactions. Infants slowly develop their own immunologic defenses in the months after birth, and breast feeding is a hygienic, gradual method of protection during the transition to immunologic independence. Best protection is achieved when the infant receives breast milk alone for, at least, the first six months of life. Pediatricians should be aware that this is particularly important in areas where contamination of cows' milk and other foods is likely and where medical facilities are inadequate."

"More about infant diarrhoea" *British Medical Journal,* 2:1562, 1977.

"Experience at the gastroenteritis unit of the Queen Elizabeth Hospital for Children, London, in 1971 and 1972 has recently been reviewed, re-emphasizing several important points. Firstly, only two of the 608 children seen there with gastroenteritis were breast-fed compared with 14% of matched infants in the community served by the hospital, showing yet again the supreme importance of breast feeding in the prevention of this disease."

Lambert, J.N. Letter from the National Planning Office, Port Moresby, Papua-New Guinea, July 12, 1978. Reprinted in U.S. Senate Hearing Report, *Marketing and Promotion of Infant Formula in the Developing Nations,* 1978, page 810.

"A survey carried out in Port Moresby revealed that of 136 infants, (35%) were artificially fed. Sixty-nine percent of these children were malnourished...compared with 26% of the breast fed infants. Twenty-three percent of the artificially fed infants were below 60% weight for age [severely malnourished] compared with just 3% of the breast fed infants." [The study led to national legislation making baby bottles and nipples available only by prescription.]

Murray, J. and A. Murray, "Breast-milk and weights of Nigerian mothers and their infants" *American Journal of Clinical Nutrition.* 32:737,1979.

"Companies manufacturing infant formulas sometimes attempt to justify the distribution of their products in developing countries on the following premises: undernourished mothers are unlikely to be able to provide adequate nourishment from their breast milk alone for the normal growth of their infants; prolonged lactation is likely to intensify any existing maternal undernutrition.... [The study] shows clearly that mothers, undernourished by nonfamine standards of contiguous African nations were able to provide enough breast milk for normal growth of their infants to six months of age without detriment to their health."

Surjono, D. *et al.* "Bacterial contamination and dilution of milk in infant feeding bottles," forthcoming, *Journal of Tropical Pediatrics,* 1979.

"Mothers in the waiting rooms of two urban hospital MCH Clinics and two rural health centers (Central Indonesia) were asked to provide a sample of the milk from the bottles they were using to feed their infants.... Twelve different brands of commercial formulas were encountered while two mothers used unprocessed cows' milk.... One third were less than 50% of proper strength...¾ of the samples had bacterial densities in excess of 10,000 per ml....the control samples mixed properly showed fewer than 100 organisms/ml....improper preparation of milk feeds leading to gross bacterial contamination and incorrect formula strength occurs in a substantial proportion of cases using bottle feeds.... Children receiving bottle feeds should be classified as 'high risk'."

Rosa, F.W. "Breastfeeding and family planning," *PAG Bulletin* 5:3, 1975.

"It is estimated that breast feeding prolongs birth interval by about four months on the average in urban areas and about eight months in rural areas.... Supplemental infant feeding substantially reduces the duration of postpartum amenorrhea [period of no ovulation] .... Thus in developing countries approximately one-third more protection is provided by lactation amenorrhea than by family planning program contraceptive methods.... In another study the main factor leading to an increase in birth rate from 40 to 64 among Canadian Eskimos was reported to be the introduction of bottle feeding. The increase in birth rate could even be correlated with the proximity to the nearest trading center providing canned milk!"

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INFACT Update
Infant Formula Action Coalition
July/August 1982

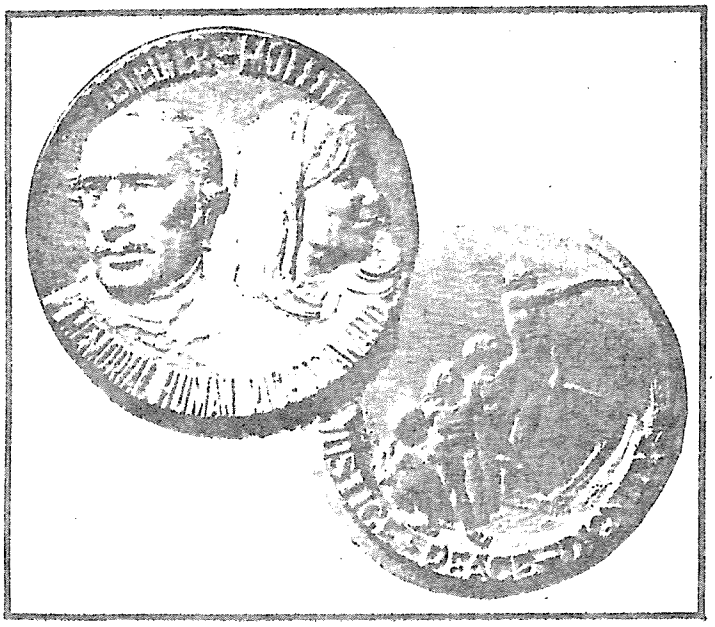
INFACT WINS LETELIER-MOFFITT HUMAN RIGHTS AWARD

The Infant Formula Action Coalition (INFACT) has been named as 1982 co-recepient of the coveted Letelier-Moffitt Memorial Human Rights Award.

INFACT was chosen for this select honor "because of the exceptional work...carried out in this country educating the public about the Nestlé boycott and the use and misuse of infant formula in the Third World" wrote Isabel Letellier (Fellow, Institute for Policy Studies and Pres. Chile Committee for Human Rights). "We strongly feel that basic human needs are an integral part of human rights and INFACT deserves to be awarded for its extraordinary work."

Douglas Johnson, INFACT's National Chairperson, welcomed the award: "On behalf of the board, national staff, local organizers and loyal Nestlé boycott supporters, I am pleased

Continued on p. 5



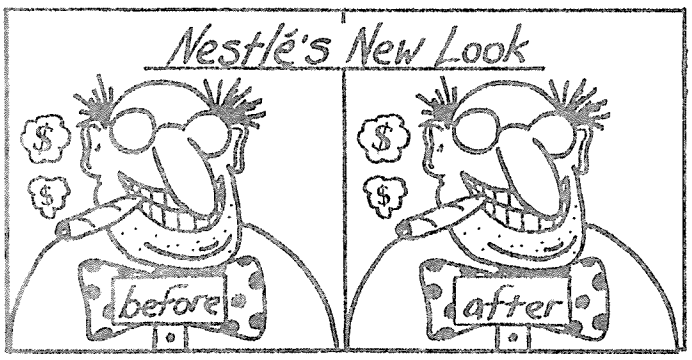
The Case Against Nestlē Continues..

BEG INTENSIFY BOYCOTT FOR SAKE OF OUR BABIES

Cablegram received from Consumer Guidance Society of India, August,1982

The Nestlé company's interpretation of the WHO-UNICEF Code, and its Audit Commission to monitor the same, have been criticized by international agencies and citizen groups world-wide.

The company sought to undermine the Nestlé Boycott when it publicly released 'instructions-on implementation of the Code to its marketing staff in March '82. But the 'instructions' are an inaccurate interpretation of the Code.



James P. Grant, executive director of UNICEF, expressed grave reservations about the "possible harmful" effects of Nestlé's interpretation of the Code of marketing infant formula, reported Washington Post on June 10 and the International Herald Tribune on June 11.

"I must ask you, and your colleagues in Nestlé not to use the name of UNICEF nor mine in any way which suggests our endorsement of Nestlé's instructions" wrote Grant, in a June letter to Rafael Pagan, president of Nestlé's Coordination Center for Nutrition (Nestlé's public relations arm in Washington, D.C.).

NESTLE BREAKS PLEDGE, VIOLATIONS CONTINUE

Meanwhile, field reports on Nestlé's market-

Continued on p. 4

Infant Formula Promotion
WHO Code Violations

Nestlé



Malaysia & Philippines

May 1982. "Nan Better than ever" formula ad, placed in pharmaceutical and obstetrical journal, fails to include information regarding the benefits of breastfeeding, the negative effects of partial bottle-feeding and the health hazards of unnecessary or improper formula use, violating WHO Code articles 4.2 and 7.2. Source: Berita Farmasi and Obstetrician's Journal.

Nigeria

June 1982. Nan and Al-110 infant formula labels give no instructions in local language. Al-110 tin states "for babies who do not tolerate breastmilk" giving impression of superiority of infant formula. Source: A. Moller.

Zimbabwe

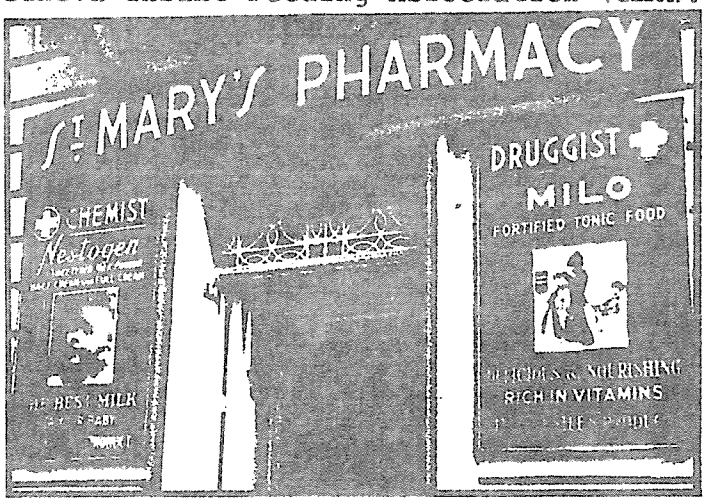
April 1982. Nestlé's new "important notice" sticker, to be placed on formula products, fails to include substantive information required by WHO Code articles 4.2 and 7.2. Use of sticker shifts educational responsibility solely upon the health profession. Source: American Friends Service Committee (AFSC).

Malaysia

March 1982. A case of Lactogen free samples was left in the waiting room of O.b. ward in Assunta Hospital, violating WHO Code article 7.4. Expectant mothers, while waiting for their check-up are naturally tempted to take one of these samples home. Source: Malaysian Infant Feeding Action Network (MIFAN).

Malta

June 1982. The facade of a pharmacy advertises Pelargon and Nestogen, violating WHO Code article 5 prohibiting promotion to the general public and point-of-sale advertising. Pelargon poster states "the greatest advance in infant feeding". The Nestogen poster reads: "the best milk for your baby, it's a Nestlé product." Both posters depict infants, in violation of WHO Code article 4.2. Source: Geneva Infant Feeding Association (GIFA).



Wyeth

Nigeria

June 1982. S-26 tins in supermarket give no instructions for preparation in local language. Source: A. Moller.

Philippines

May 1982. S-26 ad in obstetrical journal fails to give information regarding the benefits, preparation for, and maintenance of breastfeeding and the health hazards of inappropriate formula feeding methods, violating Code article 4.2. Ad is not scientifically informative, violating WHO Code article 7.2. Source: Obstetrician's Journal.

News Around the Nation

Washington Notes

BY RICK HOYE

Democrats Urge Code Implementation

Democrats gathering at the party's June mid-term convention in Philadelphia unanimously adopted a resolution disapproving of the Reagan administration's sole negative vote (May '81) against the WHO/UNICEF infant formula marketing code. The resolution was introduced by Representative Tom Harkin of Iowa with the unanimous consent of participants at the Food and Agricultural Policies' workshop. The policy statement was passed without objection by the entire convention. The resolution further urged the U.S. Government to "closely examine the benefits of implementation of the code in this country, and support the efforts of developing countries to implement the code."

House Introduces Bill On World Hunger

In April, U.S. Representatives Benjamin Gilman (R-NY) and Mickey Leland (D-TX) introduced House Resolution 424, calling for the establishment of a Select Committee on Hunger. The Committee would serve as a vehicle for assessing major recommendations of the Presidential Commission on World Hunger, the Brandt Commission on International Development Issues, and other recent findings on world hunger.

While the Committee would have no legislative authority, it could suggest a program of related legislative proposals aimed at a more effective U.S. hunger policy. INFACT joins many other organizations--including Bread for the World, Save the Children, World Hunger Year, and the Interreligious Task Force on U.S. Food Policy--in support of a Select Committee on Hunger. Interested individuals should write their Congressional Representatives to cosponsor H. Res. 424.

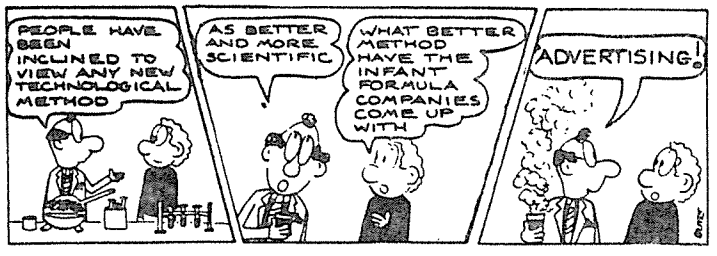
Union Support

Over the past few months, there has been a significant increase in support for the infant formula campaign from organized labor. Three additional national labor organizations have endorsed the Nestlé Boycott since the January Washington reception hosted by Screen Actors Guild President Ed Asner. They are the Graphic Arts International Union, Coalition of Labor Union Women, and the Hotel Employees and Restaurant Employees International Union (H.E.R.E.). H.E.R.E.'s endorsement, in particular, is indicative of labor's growing concern for issues beyond the traditional wage and benefits of their membership. H.E.R.E. represents workers at several Nestlé-owned Stouffer hotels making their support a genuine act of courage. (Most Stouffers hotels are non-union.)

Several past endorsing unions have recently stepped up their active support for INFACT. The National Education Association (NEA), for instance, has donated 300 square feet of office space for INFACT's Washington operation. The American Federation of State, County, and Municipal Employees (AFSCME) recently gave a sizable financial contribution to the infant formula campaign. Rod Bower, President of the International Federation of Professional and Technical Engineers, hosted an April meeting of union legislative directors in Washington to rally support for Representative Tom Harkin's bill to eliminate tax write-offs for infant formula manufacturers who violate the WHO/UNICEF Code (H.R. 4535).

Non-endorsing unions who hold contracts at Nestlé facilities are also showing a sincere interest in resolving the infant formula controversy. On June 11, the presidents of six major unions who represent Nestlé employees sent a cable to the company urging that it "promptly enter into good-faith negotiations with the International Nestle Boycott Committee" (INBC). The cable, which was initiated by United Food and Commercial Workers President William Wynn, was a response to Nestlé's announced intention to abide by the WHO/UNICEF Code. The union presidents, whose total membership covers 5.3 million American workers, stated that the INBC "has a legitimate desire for clarification of Nestle's new policy and for verification that this policy is being implemented throughout your company."

Joining William Wynn in signing the telegram were John De Concini, President of the Bakery, Confectionary, and Tobacco Workers International Union; William Winpisinger, President of the International Association of Machinists and Aerospace Workers; Roy L. Williams, General President of the International Brotherhood of Teamsters; Edward T. Hanley, General President of the Hotel and Restaurant Employees International Union; and Thomas W. Gleason, President of the International Longshoreman's Association



The Case Against Nestlé

Continued from p. 1

ing practices indicate no discernible changes since their Washington public announcement six months ago.

"When last I talked to people in the Ministry of Health they had not heard about Nestlé's announcement of compliance....There has been absolutely no notice taken in newspapers or other media, and there has been no visible change in Nestlé policies. Labels are still the same", wrote the Coordinator of the International Baby Food Action Network in Peru in June.

Judging by a May 1982 report from the Middle East, the scenario remains unchanged. "Nestlé activities here in Yemen are still the same. They are still distributing samples in health centers as they called it 'to poor mothers'. They distribute also other incentives direct to mothers such as footballs, key rings, plastic bags and pamphlets. They (Yemenis) have no idea about Nestlé instructions or WHO Code", wrote one primary health care instructor from Yemen Arab Republic.

NESTLE'S AUDIT COMMISSION

In July, according to a Norwegian newspaper, an international group of independent legal experts wrote to Muskie to express concern over the "divergency between the Nestlé instructions...and the International Code."

"We feel it is our duty to inform you of some of these divergencies," wrote the legal experts (from Kuwait, England, Holland, Norway, Kenya and the Philippines) in their letter.

At issue are eight specific points where Nestlé's interpretations are at variance with the International Code. For example:

"Nestlé's instructions regarding Art. 4 ignore the responsibility of manufacturers to provide informational and educational materials with warnings concerning the adverse effects of bottle feeding on lactation."

The legal experts objected to other Nestlé instructions because they "undermine the intent of the Int'l Code, which is clearly to avoid the extensive and routine distribution of samples to mothers through the health workers and the health care system." The experts rebuked Nestlé for its continued violations of the Code by "giving samples to doctors or their offsprings" (as in the Philippines, INFACT UPDATE April '82).

In early May, Nestlé announced its Audit Commission, and hired former Senator Edmund Muskie to chair it. The stated task of the Commission is to verify staff compliance with the Nestlé's instructions. Because the instructions are inadequate and because the Commission was selected by Nestlé alone, the Commission has been widely criticized.

The Commission received further criticism when one of its members visited Third World groups.

"Vijaya Melnick mostly defended Nestlé.... Meeting her confirmed Nestlé Commission (is) not independent" the Consumer Guidance Society of India cabled INFACT, in August, following a visit with Dr. Melnick (a member of Nestlé's Commission). Urged the cable: "BEG INTENSIFY BOYCOTT FOR SAKE OF OUR BABIES".

The Washington Post

UNICEF Hits Nestle On Infant Formula

By Philip J. Hilts

UNICEF has rebuked Nestle officials over the "possibly harmful" way the company has chosen to interpret the World Health Organization (WHO) guidelines on marketing infant formula.

Nestle products, including coffee, chocolates and Stouffer's food, have been the target of a boycott by some 75 unions, church groups and health organizations. Nestle's and other companies' aggressive marketing practices have persuaded mothers to switch from breast to bottle feeding, creating a danger to the health of the infant and a high cost to the family, the boycotters say.

Last year, the United Nations approved a voluntary marketing code it intended for nations to adopt that would restrict the aggressive marketing of formula. The vote was 118 to 1, with the United States the lone dissenter.

The Nestle company is the world's largest manufacturer of infant formula, and the only one that has said it will try to comply with the voluntary rules for marketing infant formula. But the company has done so by issuing its own interpretation of the code, which critics have attacked.

Last month, James Grant, executive director of UNICEF (the United Nations Children's Fund), wrote to Nestle:

"It is with regret that I now inform you that my staff have conveyed to me their serious misgivings on Nestle's interpretations of significant aspects of the [WHO infant formula marketing] code, and on the possible harmful effect of its instructions [to sales personnel] in the implementation of the true spirit and intent of the code.

"I must ask you," Grant's letter continued, "and your colleagues in Nestle not to use the name of UNICEF nor mine in any way which suggests our endorsement of Nestle's instructions."

Rafael Pagan, president of Nestle's Coordination Center for Nutrition, wrote back to Grant, "I am shocked and dismayed at your letter of May 10 stating your staff's 'misgivings' with our recent policy initiatives to implement the WHO code."

Thursday, June 10, 1982

INFACT WINS AWARD

Continued from p. 1

and honored to receive the Letelier-Moffitt Award. It is special recognition of INFACT's years of struggle, commitment and dedication to the health of babies and women. Encouraged by this honor, we will intensify our efforts to stop Nestlé's unethical promotion of infant formula around the world." The award ceremony is September 21, in Washington D.C.

The Letelier-Moffitt Memorial Fund For Human Rights is a program of the Institute for Policy Studies in Washington, D.C. The IPS established the Letelier-Moffitt Memorial Human Rights Awards in 1977 to honor the memories of Orlando Letelier and Ronni Karpen Moffitt. The Fund sponsors the Human Rights Awards to recognize those worthy individuals and groups most dedicated to the struggle for human rights in the United States and in the Third World.

In choosing the recipients of the awards, the Institute also pays tribute to the legacy of their slain colleagues. As Director of the Transnational Institute, IPS's international program, Orlando Letelier spoke out for democracy and against political and economic repression.

In her work, Ronni Moffitt demonstrated that democracy and equity in this country cannot be achieved without standing with those seeking justice abroad. Ronni lost her life by choosing to work with Orlando, knowing that his activities made him a target of the Pinochet dictatorship.

In 1981, recipients of the Letelier-Moffitt memorial Human Rights Awards were the Maryknoll Sisters and Jacobo Timerman (the publisher of **La Opinion**, a major newspaper in Buenos Aires, Argentina). Timerman's newspaper carried articles on the "desaparecidos" the 20,000 who simply "disappeared" in Argentina, never to be heard from again . In 1977, he was jailed for 30 months and tortured. His book, **Prisoner Without a Name, Cell Without a Number**, is a moving testimonial of this ordeal.



NESTLÉ RED-BAITS IOWA CITY INFACT

BY GINNY LINS

In the recent past Iowa City INFACT has attempted to arrange a public debate between INFACT and Nestlé. In the process, Karen Kubby-INFACT activist, met with a Nestlé sales representative, reputedly the company's Midwest salesperson of the year. This sales rep. tried to prevent such a forum from taking place.

One of his tactics is very familiar: red-baiting. He claimed that INFACT was actually a front group for the Socialist Party, and that money for INFACT was secretly funneled into the Socialist Party account.

This Nestlé sales rep. also tried to intimidate Ms. Kubby by suggesting he knew facts about her personal life and knew private information about INFACT's financial situation. Karen told us: "He seemed to know a lot about me personally, but what's more frightening is that he knew what the balance was in INFACT's credit union account. He went to a lot of (illegal) trouble to get that information." It is not known how the Nestlé rep. obtained information about INFACT's account, but that type of information is confidential and not publicly available without the organization's permission.

Ms. Kubby concluded, "I think one reason why Nestlé is putting so much energy into Iowa City's INFACT (which has only made an educational impact on the issue) is that the Vice President of Hawkeye Wholesale, is willing to hear INFACT's side of the story and he is a 'valued customer' (a large distributor) of Nestlé products.

Nestlé boycott supporters and local INFACT groups should be forewarned about this type of Nestlé activity. As boycott efforts escalate in the coming weeks and Nestlé feels the pinch-red-baiting, harassment and similar activities will likely increase.INFACT would like to know if other Nestlé boycotters, activists or friends have had similar experiences with Nestlé representatives. Write: INFACT, 1701 University Ave. S.E., Mpls 55414; ph.(612) 331-2333. It is also helpful to monitor increased anti-INFACT activities as the Nestlé Boycott intensifies. Contact the national office with any relevant information.



NESTLÉ BOYCOTT IN ACTION

Luthern Women Caucus Endorses Nestlé Boycott

WHEREAS, The WHO Code explicitly calls on the infant formula industry to abide by its provisions independent of any government measures taken to implement the code (Article 11.3), and

WHEREAS, There is continued evidence of Code violations by the infant formula industry and by Nestlé in particular, and

WHEREAS, INFACT'S (Infant Formula Action Coalition) demands are similar to the provisions of the the WHO Code, which Nestlé continues to violate, and

WHEREAS, On MARCH 16, 1982, Nestlé announced that it would "voluntarily comply" with the WHO Code, acknowledging for the first time their responsibility for controlling their own marketing behavior in the absence of national laws, and

WHEREAS, Nestlés consistently refused to meet with the International Nestlé Boycott Committee, representing some 70 major U.S. and Canadian endorsing church groups and other organizations, to clarify their position and demonstrate ways in which their changes will be implemented and enforced; therefore be it

RESOLVED, that the Lutheran Women's Caucus endorse the boycott of all Nestlé products, as organized and led by INFACT, until Nestle's policies and practices are clearly changed and the boycott lifted, and be it further

RESOLVED, that no function of the LWC be held in any Nestlé/Stouffer or Stouffer-owned hotels or restaurants as long as the Nestlé boycott remains in effect, and be it further

RESOLVED, that copies of this resolution shall be sent to the presidents and bishops of the American Lutheran Church, the Lutheran Church-Missouri Synod, the Lutheran Church in America, and the Association of Evangelical Lutheran Churches, INFACT, Nestlé USA, Stouffer, and the Inter-Faith Center for Corporate Responsibility.

Adopted May 1, 1982
by LWC Convocation

ASTMH Endorses WHO Baby Milk Code

The American Society of Tropical Medicine and Hygiene, by a 4 to 1 margin of voting members, endorsed WHO International Code of Marketing of Breast Milk Substitutes, reported the **Tropical Medicine and Hygiene News**, June 1982.

The Society is "an organization specifically dedicated to improvement of health in the developing world, counting among its members internationally recognized authorities in nutritional and infectious diseases."

Excerpts of the resolution:

WHEREAS prevailing social, hygienic and economic conditions in many developing countries often results in baby formulas (milk substitutes) being contaminated or incorrectly diluted,

And WHEREAS such contaminated or incorrectly prepared formulas cause or contribute to increased infant morbidity and mortality,

BE IT RESOLVED that The American Society of Tropical Medicine and Hygiene:

Condemns any advertising or promotional practices that would tend to discourage breast feeding and result in inappropriate or dangerous use of milk substitutes; and

Supports the UN-World Health Assembly code which urges individual countries to regulate the promotion, sampling and marketing of infant formulas.

DOUBLETALK?

Raymond Osborn, Wyeth vice president, stated at a University of Vermont forum, on April 27, that Wyeth, 2 years ago, stopped distributing posters which advertised their infant formula with pictures of babies. Such posters are in violation of the WHO Code.

However, Wyeth Watchers obtained a poster from the Phillippines showing a healthy, blond, blue-eyed baby prominently displaying Wyeth brand names **S-26, SMA** and **Bonna**, which was dated 1982.

Wyeth's promotional department subsequently confirmed the poster was printed this year (1982). What Wyeth officials say, and what the Third World gets are two different things.

by Wyeth Watchers
Vermont

Letters

ALTERNATIVE GIFT

Enclosed please find a check for $50.00 from the Minnesota Alternative Fund. A proposal was submitted by one of our members to support your continuing work against the marketing of infant formula in Third World countries. The Alternative Fund consists of money withheld from payment of federal taxes spent for past, present, and future wars, and is affiliated with Minnesota War Tax Resistance. At its meetings, the AF Grant Committee allocates funds to social, service and social change organizations which serve life-affirming activities and which are generally not funded due to our misplaced national spending priorities.

Daniel Shaw
for Minnesota War Tax Resisters and the Alternative Fund



Nestlé's Tasteless Choice

The Pennsylvania Nurses Association's delegation attending the American Nurses' association convention in Washington, D.C. this past month noted with great displeasure that the Nestlé Company was represented in the exhibitor section and was liberally passing out samples of its product, "Taster's Choice".

Martha Hooper, R.N., M.S.N.
Secretary of the Board

Letters To Nestlé

Weavers' Way is a consumer cooperative located in Philadelphia, with an active membership of 1800 families. One of our principal activities is operation of a retail food store whose sales are currently approaching two million dollars per year.

In response to concerns voiced by several members, our board of directors unanimously voted on January 6 to endorse the international Nestlé Boycott and to sell no Nestlé products in our store until there is clear evidence that Nestlé's marketing policies recognize the parity of infant health with corporate profit.

We are pleased to note that the Nestlé Corporation supports the aims of the International Code of Marketing of Breastmilk Substitutes, and we look forward to the time when the Company will implement the specific changes recommended by the Code.

Mort Brooks, President
Weavers' Way Cooperative Association

FILIPINO WOMEN URGE NESTLE TO NEGOTIATE

Our organization is composed of 11,382 mothers in metro Manila. We are natrually interested in maternal and child health. Many of us are on the board of directors of the 89 health centers in Manila.

We strongly urge you, the Nestlé Corporation, to meet with the International Nestlé Boycott Committee in the near future to mutually establish an enforceable agreement with regard to the marketing of infant formula overseas.

Leonarda N. Camacho
Chairperson, Metro Manila Council of Women, Inc-
San Miguel, Manila, Philippines

NESTLE'S BAD EXAMPLE

I have before me the letter of James P. Grant, Executive Director of UNICEF, to you. He told you on May 10 of UNICEF's "serious misgivings on Nestlé's interpretation of significant aspects of the Code and on the possible harmful effect of its instructions in the implementation of the true spirit and intent of the Code"

I have also read your remarks of April 22 to the Public Affairs Council. For myself I believe in capitalism, but not in irresponsible and unjust capitalism. It should be democratic and responsible. Nestlé's has not been giving a good example, it seems to me, of global responsibility. Nestlé's is one of the reasons capitalism has a bad name — you give an impression of greed and deceit. It is no wonder people drift off to socialism in desperation for protection of their rights.

Here's hoping for a full, open and consistent following of the Health Code!

(V. Rev.) John A. McGrath, S.M.
Marianist Provincial House, Province of New York, Baltimore, Maryland

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Nestle Red-baits IO. City INFACT

Washington Notes:
- Democrats Urge Code Implementation
- House Introduces Hunger Bill
- Unions Support Nestle Boycott

Contributors: Nancy Cole, Betsy Sawyer, Douglas Clement. Many thanks to AFSCME Council 6, AFL-CIO (and Claudia Lacho, press operator) for their special assistance in the production of this UPDATE

Graphic Artist: Max Haynes

Editor: Ola Shobowale

Infant Formula Issue: Publications

Boycott Census, The, June '82 "Boycott All Nestle Products"

Bread & Justice, (Interfaith Hunger Coalition of So. Calif. Newsletter) July4, '82 "Hearings Held on Domestic Formula Misuse"

Catholic Review, The, June 18, '82 "UNICEF Raps Nestle on Formula Response"

Clarion Herald (New Orleans), June 17, '82 "Nestle Criticized"

Daily Review, (Hayward, Calif.) June 29, '82 "County panels back boycott of Nestle's"

Dispatch, (Lexington, N.C.) July 18,'82 "Presbyterians Plan To Reunite Sectors"

Food Monitor, May-Jun[illegible] Nestle Announcement: What the Critic[illegible]

"Background t[illegible]ycott" by Lee C[illegible]Hogan

IFDP (Institute for Food and Developme[illegible]y), Diet for Small [illegible]t, 1982

IFPTE Outlook ([illegible]t'l Federation of [illegible]ofessi[illegible] and Technical Engi[illegible]rs) AFL-CIO & CLC "IFPTE Su[illegible]s Infant Formula [illegible]"

Journal Reg[illegible]Al[illegible], [illegible], [illegible], [illegible] "[illegible]st vs. Bottle" [illegible]De[illegible]c B[illegible]l[illegible] P[illegible]e Jelliff[illegible]

Maryknoll J[illegible]ce and [illegible]ce vs. [illegible]te, July [illegible] "Nestle Boycott [illegible]tinues"

Morning Tele[illegible]n, (Madi[illegible]) June 17, '82 "Ne[illegible] Boycott isn't ove[illegible]st yet" by Lois Vidaver

National Coali[illegible] Ne[illegible] (Nat'l Coalition o[illegible]ternative Community [illegible]June '82, "Nestle C[illegible]in To U.N. Pressure"

Press-Herald, (Po[illegible] Maine) July [illegible] "Muskie steps into Nestle deb[illegible] Michae[illegible]lo

Tribune, (Lewiston, I[illegible] victory for civil (and consumers') right[illegible]

Unitarian Universalis World, May 15, '82 "Nestle Boycott Continues"

INFACT memberships and UPDATE subscriptions

Your support and involvement can help save infants from disease and death. Become an INFACT member to help solve this urgent world health problem.

Enclosed is my contribution of $_____

Organizational Membership $35

(Will receive the monthly Update, INFACT News and and an Organizer Kit)

Individual Member $15

(Will receive the monthly Update and the INFACT News)

Subscriptions

INFACT Update (one year). $12
Corporate/Institutional. $35
(foreign subscriptions add $6 for postage)
Organizer Kit $5

NAME_____
ADDRESS_____

Contributions to INFACT are tax-deductible



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INFANT FORMULA ACTION COALITION
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INFACT Update

Infant Formula Action Coalition

February / March 1983

ONE MILLION OF US!

Make a Commitment to Save Babies Lives and

BOYCOTT TASTER'S CHOICE

INTERNATIONAL NEWS

Nestlédom: Low Taxes, Free Samples, Sick Babies

NASSAU, BAHAMAS

Nassau, Bahamian capital city, is best known for its beaches, duty free shops, and casinos that attract a multitude of tourists year-round from Europe and the United States. But a short journey beyond the beachfront hotels provides a unique perspective on the questionable operations of a Swiss conglomerate, Nestlé.

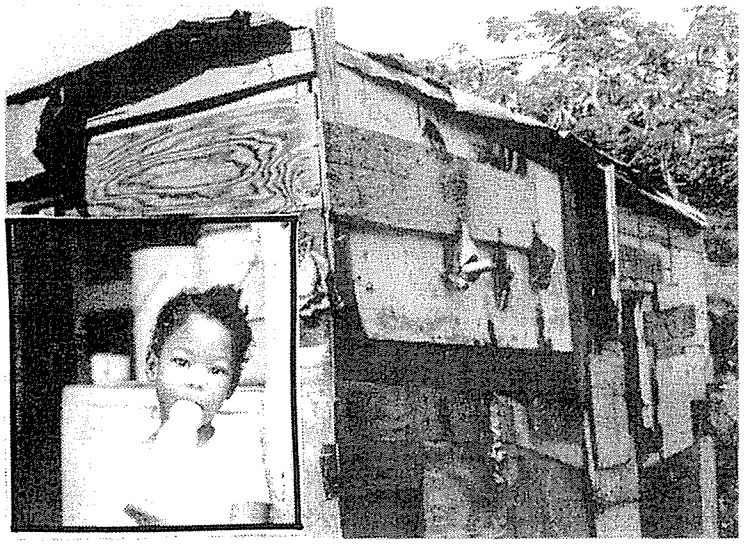


Photo: Grace Egeland Dec.'82

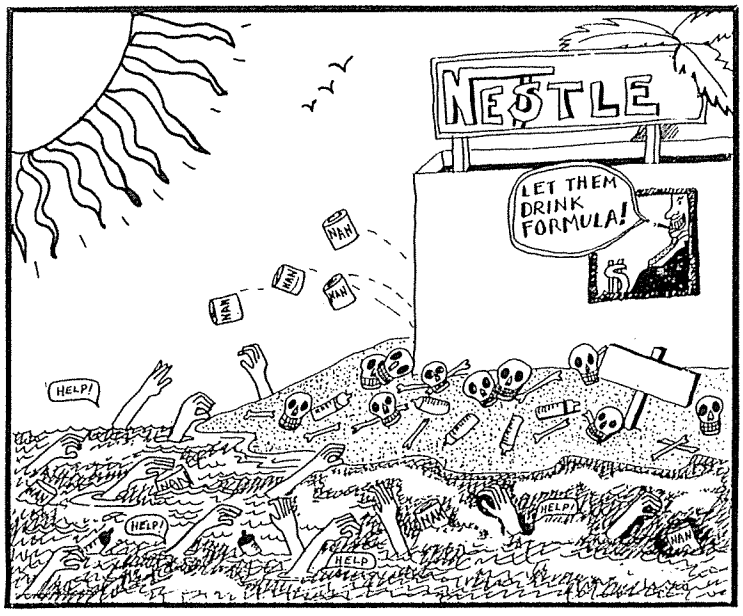
Pig ears hang from wall of a house in New Providence Island.

Walking up Collins Avenue, one passes several "mail box companies," as they are commonly called, noted for transfer pricing and "cooking the books." Nestlé Products, Ltd. is located here in a small one-story office with a staff of three or four people. It functions as a holding company for most of Nestlé subsidiaries in Africa, Asia, and the South Pacific. But the fiction that Nestlé Products, Ltd. is the real home of an important part of Nestlé's operation saves this multinational millions of dollars in corporate taxes.

While many of Nestlé's infant formula cans are observedly labeled as products of the Bahamas, they are not actually produced here. But by using the Bahamas as a tax-free port ("export platform"), Nestlé is able to ship underpriced or overpriced formula here and then re-export it, to other markets in developing countries, at normal market value or at inflated costs. Therefore, governments, for tax purposes, have no way of knowing to what extent Nestlé's export and import prices represent the "true value" of the products. The bottom line is higher profits for Nestlé. The losers in the "game" are struggling governments like India, Ghana, Malaysia, and of course, consumers everywhere.

A few blocks from this Nestlé goldmine, one finds many such consumers in a radically different type of neighborhood. Like many islands of the Caribbean, most of the local population resides in an area dominated by one-room shacks. Indoor plumbing is rare here. Respiratory infections and gastroenteritis respectively rank first and second as leading causes of infant disease and mortality. Breastfeeding, the best defense against both of these infant killers, is exceptionally low.

The Bahamian government trying to reverse this situation, established an ambitious program, in 1981, to encourage breastfeeding and prohibit the distribution of free formula within the health care system. The practice of distributing free samples has long been a favorite sales gimmick of the formula companies. Especially when distributed through health workers, samples carry the message of a medical endorsement for bottle-feeding. Over the years, the formula industry developed this as a routine, seemingly harmless arrangement. The WHO/UNICEF Code, as well as the Bahamian government, is attempting to stop this life-threatening practice. But the formula companies will not make it easy.



At a nearby government clinic, a mother feeds her baby Nestlé's Lactogen while waiting her turn for an examination. The baby's eyes have that hollow, listless look often seen in pediatric wards on infants suffering from diarrhea and undernourishment. When asked why she uses Lactogen, the young mother says it was on the advice of a friend. Her friend had received a free sample of Lactogen from this very clinic a few months earlier and knew that "it must be best."

Cont'd on pg. 7

Taster's Choice Campaign Launched by Boycott Leaders

Washington, D.C.: In a move designed to convince the Nestlé Company to abide by the World Health Organization (WHO)/UNICEF infant formula marketing Code, INFACT announced, March 1st, a new boycott campaign focusing on Nestlé's **Taster's Choice** coffee. "Despite a massive publicity campaign to convince consumers otherwise," observed INFACT's National Chairperson Douglas Johnson, "Nestlé continues dangerous marketing practices which threaten the lives of millions of infants in developing countries."

Johnson addresed a news conference at the headquarters of the American Public Health Association. He announced that INFACT will distribute 50,000 **Boycott Taster's Choice** bumperstickers every month, and will gather one million petition signatures to symbolize the one million infants who die each year from "bottle baby disease."

Taster's Choice is Nestlé's most profitable and largest single product line representing 14 percent of the company's U.S. sales. But only a few consumers know that this is a Nestlé product. However, Johnson added, the new campaign will identify **Taster's Choice Boycott** - in the minds of the public - with the results of Nestlé's activities overseas: the suffering and death of millions of babies. Other speakers at the news conference included the representatives of Boycott supporting organizations:

* William McBeath, M.D., M.P.H., Executive Director, American Public Health Association;
* Barbara Altman, Legislative Director, League of United Latin American Citizens (LULAC);
* Cathy Collette, Coordinator of Women's Activities, American Federation of State, County, and Municipal Employees (AFSCME);
* Leon Schull, Executive Director, Americans for Democratic Action;
* Patricia Young, member, Formula Monitoring Committee, United Presbyterian Church, Presbyterian Church in the U.S.

Cathy Collette, speaking on behalf of AFSCME President Gerald W. McEntee, stated: "Only greater Boycott pressure will force Nestlé to practice a much higher level of corporate responsibility in this area. Only by making its arrogant and antisocial behavior in the infant formula controversy unprofitable here - in the U.S. - where **Taster's Choice** coffee is Nestlé's largest selling product, will this conglomerate abide by international standards."

The Boycott against Nestlé started in 1977 to convince the company to adopt a more ethical marketing policy. Nestlé publicly committed itself a year ago to abide by the WHO/UNICEF Code, but reports from the Third World continue to reveal numerous violations by Nestlé.

Cont'd on pg. 6

The Guardian 2-7-83

Charity claims it refused $1m offer from Nestle

By a Correspondent

The food company, Nestlé, which has been criticised for promoting canned baby milk in Third World countries, has made an unsuccessful attempt to link its name to the Save the Children Fund, Britain's oldest overseas aid charity, according to an internal SCF document.

The minutes of the fund's overseas committee meeting on December 8 last year show that Nestlé offered to invest $1 million in a fund-raising campaign for SCF in the United States. The campaign would have shown that Nestlé was supporting the fund.

The minutes show that the fund was led to believe that about $10 million would be raised by the Nestlé-financed campaign.

A fund official says he understands that, had the offer been accepted, the fund-raising campaign would have consisted of television advertising along the lines; "Nestle is helping to save the children: this time is paid for by Nestlé."

The company and other manufacturers have been attacked by War on Want and other groups for promoting canned baby milk in developing countries. UNICEF says there is evidence to suggest that bottle-fed babies are three to five times more likely to die in infancy than breast-fed ones.

The Nestlé offer was put to the fund on an informal basis during two meetings, the second on December 3 last year. A fund spokesman said it was put to them by Mr Gerry Raffé, general manager of the company's corporate affairs department in London.

The fund's overseas committee met on December 8 and decided to reject the offer, but Mr Hugh McKay, the fund's overseas director, did not write to Mr Raffé to decline until January 12 this year.

Minutes of the December 8 meeting show that the fund's overseas director consulted the fund's chairman and directors, "and they had recommended against involvement as association with Nestlé would do no good to the fund (on account of the existing controversy regarding the WHO code of practice on breast-feeding substitutes)."

Mr Raffé acknowledged that he had met fund officials last year, and had received Mr McKay's letter. He said the meeting had discussed the possibility of collaborating on teaching and training materials.

"I have no personal recollection of discussing an advertising campaign," he said. "The talks were in very general terms. We discussed mutual problems and malnutrition in the Third World, the availability to the SCF of the medical and scientific data bank we were building up in Washington, and collaborating in teaching aids."

There was no question of cashing in on an association with the charity.

However, the fund's December 8 minutes contain a heading: "Nestlé's proposed SCF UK fund-raising project in the USA."

Earning the good-will of a charity like the Save the Children Fund could have helped Nestlé in its attempt to counter an international boycott of its products, launched several years ago by a Swiss pressure group.

Last May Nestlé announced that it intended to implement the World Health Organisation code of practice aimed at stopping improper practices in marketing breast milk substitutes. But voluntary agencies recently published a report accusing scores of companies, including Nestlé, of repeated violations of the code between June and December last year.

Last year Nestlé set up a commission, chaired by the former US Presidential candidate, Ed Muskie, to investigate any alleged violations of the code by the company.

NESTLÉ BOYCOTT IN ACTION

CINCINNATI, OH: What an irony! The Nestlé-owned Stouffer's Inn here provided a setting for a kick-off of the new focus of the Nestlé Boycott. Over 100 **BOYCOTT TASTER'S CHOICE** bumperstickers and 100 basic leaflets were distributed in a booth at the American Camping Association (interdenominational church camping association) Conference held at Stouffer's Inn, February 28 - March 6. The information booth, by courtesy of the Presbyterians, generated a lot of enthusiasm for the new campaign as well as protesting the use of Stouffer's for the conference.

LOUISVILLE, KY: The fight to tame Nestlé is on, even before the (official) March kick-off of the **TASTER'S CHOICE BOYCOTT.** Colleen Shannon-Thornberry, of PCUS in Atlanta, distributed some 500 petitions and 400 bumperstickers at the Presbyterian Health Education & Welfare Biennial Conference in Louisville, during the week of February 21. The Hunger Action Enablers are, reportedly, very interested in the Taster's Choice Campaign.

MINNEAPOLIS, MN: Paul Zak (director, University of Minnesota Newman Center) reports that he swims regularly at the seminary where he once saw **Taster's Choice** coffee being served in the lounge. He wrote a letter of protest informing them that the Nestlé Boycott is continuing. The next time he went swimming (February ending), the **Taster's Choice** was gone.

ST. CLOUD, MN: Seeing is believing. Visibility of the new boycott focus (on campus, in the neighborhoods, supermarkets...) is paramount for a successful conclusion of this cause. At least, that's the thinking around here. Mary Segale from St. Cloud, MN has ordered 500 **BOYCOTT TASTER'S CHOICE** bumperstickers to aid in the kick-off of the campaign on the campus of St. Cloud State University. Mary will be collecting signatures on petitions and selling bumperstickers at the Newman Center located on the campus. Mary expressed her interest and desire to participate in the campaign at a recent fundraising dinner held in St. Cloud.

WENTWORTH, NH: Julie Snell of Wentworth, NH just recently ordered 100 bumperstickers, a large number of leaflets and newsletters for her neighborhood teach-in, and just to spread the word. Julie and her daughters will set up a table in front of their neighborhood grocery store to distribute these items to shoppers. **Boycott Taster's Choice** will be on everyone's mind when they do their shopping in Mary's neighborhood soon.

TULSA, OKLAHOMA: Vicki Litton of Tulsa, called the INFACT national office recently. She ordered seven bumperstickers, not because she has seven cars, but for her fleet of seven trucks at her Tulsa steel company.

OKLAHOMA CITY, OK: Chris Jahnke, Our Lord's Lutheran Church member, reported that his children came home from school a couple of weeks ago with information about a school fundraiser that planned to sell Nestlé chocolate bunnies. He and his children objected and rallied church and community support forcing the school to drop the Nestlé bunnies for fundraising purposes.

ENGLEWOOD CLIFFS, N.J.: Sister Joan Steans, a Catholic sister, recently sent us 175 names and addresses of people who she thinks should get the INFACT newsletter. She is paying for postage and will also be leafletting, selling bumperstickers, and getting signatures on the petition. She's "getting the Lord on our side."

CARNEY'S POINT, N.J.: Felicia Fezil, a student at St. James High School, called and asked for some petitions after she and a group of her friends (30 fellow high school stuents) had received a recent copy of the INFACT newsletter. Felicia and her group used the Taster's Choice bumpersticker graphic to make flyers and posted them around the school. They have gotten the school involved and have sent letters to all parents to get Nestlé products out of the school and out of local stores.

PEORIA, ILL.: Here's an ingenious way to aid the cause. This INFACT Chapter (with barely $30.00 in its account) needed to raise a minimum of $500 during the month of February — for newsletter mailing plus duplicating costs. Thus, supporters were asked for a gift representing the cost of one or more Nestle products. Popular items listed include:

Overnight at Stouffer's Inn	Single $73-87 per nite Double $85-99 per nite
L'Oreal Preferrence	$5.19
Taster's Choice	$4.89
Nescafe Classic Blend	$4.33
Stouffer's Frozen King Crab	$4.39
Stouffer's Lean Cusine-Oriental	$3.88
L'Oreal Shampoo	$3.04
Libby's Canned Red Salmon	$3.39
NestIe Quik	$2.46
NestIe Chocolate Chips	$1.81

Your consideration of this "one of a kind" gift will be much appreciated.

Crimes like these demand a boycott of Taster's Choice.



The advertising jingle says, "Times like these are made for Taster's Choice." But crimes committed against mothers and infants by Nestlé, the parent company, demand a national boycott of the brand. Nestlé's promotion of infant suffering and mortality in the Third World will cease if we succeed.

For years, Nestlé has promoted its line of breast-milk "substitutes" throughout the underdeveloped world in flagrant, cynical, and lethal disregard of the human consequences.

As a result, hundreds of thousands of bottle-fed infants have sickened and died from malnutrition and disease.

International outrage led the World Health Organization to adopt a commonsense Code which limits the reckless promotion of infant-formula products in regions where they pose a grave risk to newborn life.

But Nestlé has repeatedly violated both letter and spirit of the W.H.O. Code, and continues to lobby intensely against the Code's enforcement by Third World governments whose own health advisors denounce the trade as "a crime."

To save thousands of Third World infants from the ravages of malnutrition and disease, the U.S. Nestlé Boycott asks you to make a simple choice.

Since the Boycott began in the U.S. in 1977, pressure on Nestlé has mounted in Canada, Australia, New Zealand, Great Britain, West Germany, Sweden and France.

The former chairman of a Fortune 500 company estimates the worldwide boycott has already cost Nestlé more than $1 billion.

But now, to hit Nestlé where it really hurts, we ask you to increase the pressure and cost them $120 million more, right here in America.

Nestlé has invested all these millions to establish Taster's Choice as the leading brand in the U.S. marketplace. An effective boycott turns their investment into a costly liability—and serves notice that we can target and destroy any other Nestlé moneymaker (chocolate, Nescafé, Stouffer's frozen food, Libby's juice, Beringer and Los Hermanos wine, Beechnut baby food) just as easily.

Because it's very simple for you to choose another brand of coffee. Much easier than bringing a dead infant back to life.

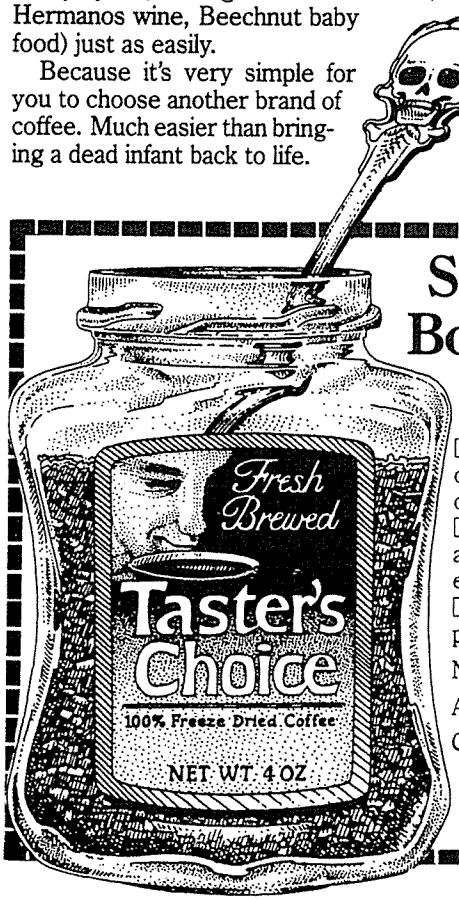
Spread the word among your friends and family. To help us organize nationwide, to learn more about the issue and what you can do about it, redeem the coupon below.

The Nestlé Boycott has been endorsed by hundreds of organizations including the National Council of Churches and the American Public Health Association, the United Auto Workers, the YWCA, the National Organization for Women (NOW).

But any boycott succeeds or fails with one person at a check-out counter. The battle against infant-formula death begins and ends with you.

Economic warfare is the *only* way to force Nestlé to act responsibly and save newborn lives. Already some movement is apparent. But we have to cost Nestlé more—$120 million more—to win this life-and-death struggle once and for all.

Join the Nestlé Boycott now. Crimes like theirs demand the boycott of Taster's Choice.



Sleep at night. Boycott Taster's Choice.

☐ I'm joining the Nestlé Boycott as of this moment and will choose any other brand than Taster's Choice.
☐ Keep me informed and send me a bumpersticker to spread the word even farther. Enclosed is ☐ $100 ☐ $50 ☐ $25 ☐ $10 to keep the pressure on nationwide.

Name _____

Address _____

City _____ State ____ Zip ____

INFANT FORMULA ACTION COALITION
1701 University Avenue SE,
Minneapolis, MN 55414

Place a Taster's Choice Boycott Ad!

See instructions on pg. 7

Chicago Campaign Center: Hub of Taster's Choice Boycott

"The **Taster's Choice Boycott**, is harnessing the power of Chicago consumers to inflict heavy losses on Nestlé." said Elaine Lamy, director of the recently established Taster's Choice Campaign Center in Chicago. Judging by the Center's accomplishments her assessment is accurate.

Now in its 5th week of operation, the center is energetically fulfilling its mission: to build a power base of grassroots participation, to mobilize people for the Taster's Choice Boycott and to remain highly visible in doing so. As of Saturday, March 5th, 5,000 petition signatures have been collected (the goal for May is 100,000)In addition, 42 Chicago activists have, so far, pledged to participate in petition drives every Saturday.

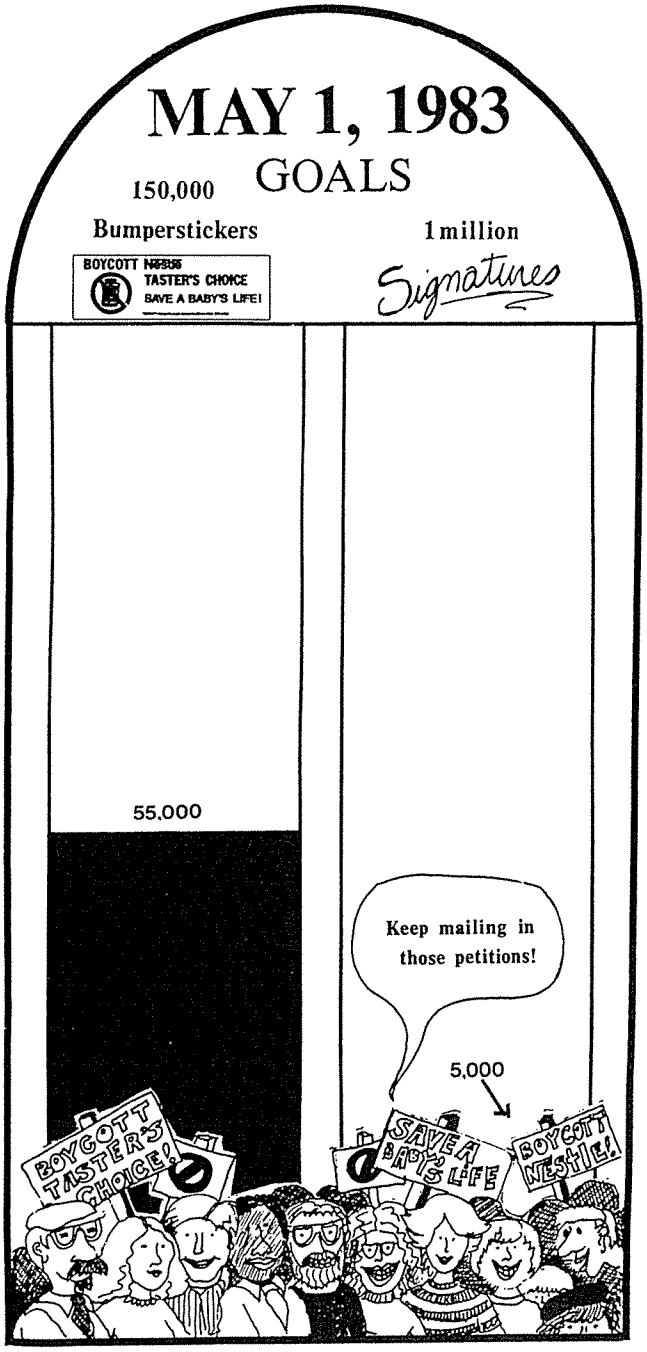
But the best is yet to come. The Center has already mobilized over 100 people for a March 12 **Boycott Taster's Choice** campaign kick-off in Chicago. A protest march at Jewel-T food to Domino's grocery store, three blocks away, will include leafleting and collecting petition signatures and a demand that city grocery stores take Taster's Choice off their shelves!

To be sure, the dedication of the Chicago field organizers generates a lot of excitement for this new boycott focus. The staff is headed by Elaine Lamy, formerly with 8th Day Center for Social Justice. Elaine has been working on the infant formula issue for 3 years. Joe Neff was a field organizer with the UFW before joining INFACT. Another Chicago Center organizer, Rae Lopez worked as a sales representative for an infant formula company in the Philippines. He supervised the "angels of death", as Rae regretfully recalled his company's milk nurses. Melissa Meyer ("Messy" to her friends) recently moved to Chicago from St. Louis and quit her job, March 5, to work full-time on this campaign. Kim Henritzy is a Mennonite volunteer who initially came to the Chicago training session for another project but became so involved with the Boycott that she's now working full-time on the campaign!

COMING EVENT!

Human Billboard March

Columbus, OH: Public demonstration on interstate overpass and downtown will launch **Taster's Choice Boycott** campaign here on March 19. Similar demonstrations and leafletting sessions are slated for every Friday at different supermarkets in several city neighborhoods. About 150 activists have mobilized volunteers to realize the goal of collecting 50,000 petitions signatures.



Taster's Choice Campaign Launched From pg. 3

Patricia Young noted: "The aggressive protection of infant health should have priority over aggressive promotion of infant formula." She challenged Nestlé, "to walk through the door we've been holding open for years now - the door to the room where we can negotiate the end of the Boycott." Barbara Altman announced that LULAC was sending letters to the competitors of **Taster's Choice** coffee, asking those companies to increase advertising resources to the U.S. Latino population.

Leon Schull added that, **"The Taster's Choice campaign will demonstrate to Nestlé the potency of America's outrage over Nestlé's practices. We hope to pile up enough Taster's Choice in Nestlé warehouses to make it, to Nestlé, the most bitter tasting coffee in America."**

Nestlédom From pg. 2

Near the clinic is the office of the local Nestlé infant formula distributor. A company official quite candidly speaks of an on-going policy of donating free samples to the government clinics. These are not for professional evaluation or the long-term health care needs of sick infants as the WHO/UNICEF Code allows, but for promotional purposes whereby each low-income mother receives only one can of the powdered milk. Nestlé's "sample request forms," which are supposed to prevent the unsolicited donations of infant formula, were aptly called "receipts" by a company delivery man who stated they were usually signed but never read by the overburdened clinic staff.

When asked if Nestlé headquarters in Switzerland was aware of this Code-violating practice, the official recalled being told to suspend these give-aways for a time after passage of the Code in 1981, but within the last year, he was directed by Nestlé management to renew free sampling. Although a copy of Nestlé's latest marketing guidelines was visible on the official's desk, it was apparent that they were not taken too seriously, perhaps not even read, and that conflicting directives from Nestlé headquarters seemingly justify consistent violations of the WHO/UNICEF Code.

Over on Collins Avenue, surrounded by poverty, profits pour through a tax haven that benefits a foreign conglomerate and cheats developing countries from justifiable and sorely-needed revenues. Meanwhile, in the U.S., a distinguished former Senator and Secretary of State informs the American public that this formula company has reformed its once-evil ways. But the eyes of a baby at Coconut Grove Clinic tell one that something is wrong.-Rick Hoye

Nestlé Boycott: Products List

The Nestlé company reportedly sold its Libby's fruit and vegetable operations last year. The purchasers were California Canners and Growers (CalCan - all fruit and tomato products, excluding tomato juice), and S.S. Pierce and Co. of New York (all vegetable products). Nestlé, however, retained Libby's tomato juice, fruit juices and nectars, canned meats, and pumpkin.
The negligible proceeds Nestlé realizes from these operations provide little incentive for a continued boycott of these products, decided INFACT board.

The Nestlé Boycott now includes these Libby's products only: Libby's Juices & Nectars including Tomato Juice, Libby's Pumpkin and Libby's Canned Meats

Nestlé-subsidiary Stouffer's hotels
The latest word on this front is that four of these hotels (in Cincinnati, Denver, St. Louis and Marion, OH) are partly owned by another company, but Stouffer's owns the franchise. The management of these four hotels claims that they plan to be totally independent of Stouffer's later this year. For now the boycott against all Stouffer's hotels continue.

Place a Taster's Choice Boycott Ad!

WHAT YOU CAN DO:

- Place the **Boycott Taster's Choice** ad in your community and neighborhood newspapers, and in your organization's newsletters and publications.
- Buy space for the Taster's Choice Boycott in your daily newspaper. Camera-ready artworks are available (on request) from INFACT national office. Dimensions:
  1) 2-1/4" x 5"
  2) 4-1/2" x 3"
  3) 4-1/2" x 5"
  4) 2-1/4" x 9-3/4"
  5) 7" x 10"
- Ask your national, regional and local organization's magazines to carry these ads as soon as possible.
- Your phone calls to editors will influence their decisions to run the **Taster's Choice Boycott ad. ACT NOW.**



Meet INFACT Deputy Director

The grassroots campaign against infant formula misuse proceeds in tandem with the building of an organization to sustain its enduring success. At INFACT national office Nancy Cole works actively to realize both goals. As the deputy director she is responsible for the operations of the national office.

A constitutional/public interest lawyer by training, Nancy's background is deeply rooted in cultural anthropology and a commitment to social justice advocacy. As a board member of the Law Students Civil Rights Research Council (LSCRRC) and National Committee to Combat Women's Oppression (NCCWO) of the National Lawyers Guild, Nancy's extensive clinical experiences have tackled discrimination against families with children, child support and sterilization abuses both in the U.S. and abroad. Since April 1980 she has been a research analyst for Minnesota Recipients' Alliance & Center for Urban and Regional Affairs from where she joined national INFACT, in Sept. '81, as national administrator.

Asked why she wanted to work with INFACT, Nancy said: "It's essential that poor and oppressed peoples be empowered to take control over their own lives. A public interest organization like INFACT can assist communities in this empowerment process."

IN THIS ISSUE

Nestledom: Low Taxes, Free Samples, Sick Babies

Taster's Choice Campaign Launched by Boycott Leaders

Charity claims it refused $1m offer from Nestle

Nestle Boycott in Action

Place a Taster's Choice Boycott Ad

Chicago Campaign Center: Hub of Taster's Choice Boycott'

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The UPDATE is a monthly publication of the Infant Formula Action Coalition (INFACT).
Tel. 612-33]-2333

Editor: Ola Shobowale
Graphic Artist: M. Sherwood
Contributors: Grace Meyer, Nancy Cole, Julie Graham, Glenn Geissinger, Karen Koch, and Linda Koch.

BOYCOTT TASTER'S CHOICE Order Form



Please send me the items listed below:

Item	Amount	Cost
Bumperstickers	_____	_____
Newletters	_____	_____
Petitions	_____	_____
Window Signs	_____	_____
Action Pack	_____	_____
Envelope Sticker	_____	_____
Leaflets		
-Basic	_____	_____
-Taster's Choice	_____	_____
Boycott Buttons	_____	_____
INFACT UPDATE	_____	_____
Postage		_____
TOTAL		_____

Send Materials to:

Your name _____
Address _____
_____
_____

Mail Order to:

INFACT
1701 Univ. Ave. SE
Minneapolis, MN 55414
Tel: (612) 331-2333

ORDER EARLY * ORDER EARLY *****ORDER EARLY****ORDER EARLY

PRICE LIST

Bumperstickers	50¢ a piece; 1,000 at 30¢ a piece
Envelope Sticker	$1.00 for packet of 30
Newsletters	10¢ a piece
Window Signs	$1.00 a piece
Action Packets	$3.00 a piece
Petitions	10¢ a piece
Leaflets	
Basic	10¢ a piece (1-9), 6¢ (10-49), 4¢ (50+)
Taster's Choice	10¢ a piece (1-9), 6¢ (10-49), 4¢ (50+)
Boycott Buttons	50¢ a piece (1-10), 35¢ (11-50), 25¢ (51+)
INFACT UPDATE	$12.00/year (subscription), $1.00 a piece

***include $2.00 for postage and handling

INFACT memberships and UPDATE subscriptions

Your support and involvement can help save infants from disease and death. Become an INFACT member to help solve this urgent world health problem.

Enclosed is my contribution of $_____

Organizational Membership $35

(Will receive the monthly Update, INFACT News and and an Organizer Kit)

Individual Member $15

(Will receive the monthly Update and the INFACT News)

Subscriptions

INFACT Update (one year). $12
Corporate/Institutional. $35
(foreign subscriptions add $6 for postage)
Organizer Kit $5

NAME_____
ADDRESS_____
_____

Contributions to INFACT are tax-deductible

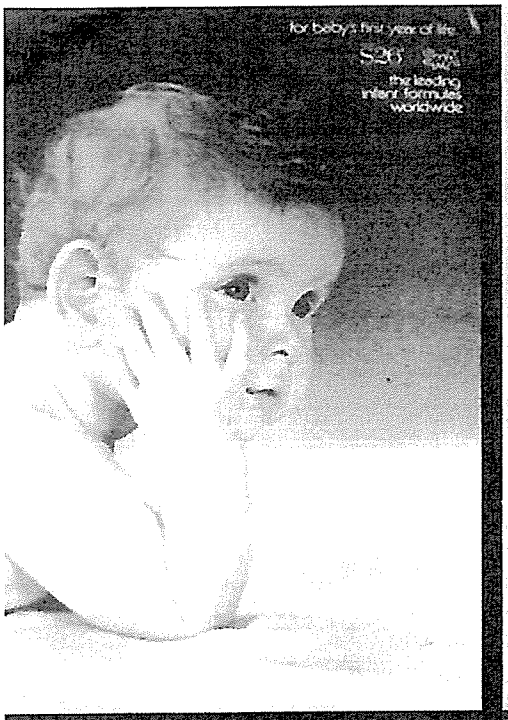


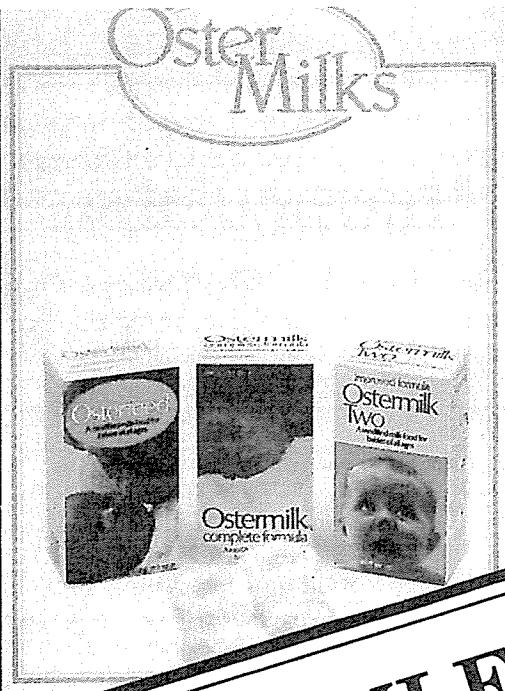
INFACT
INFANT FORMULA ACTION COALITION

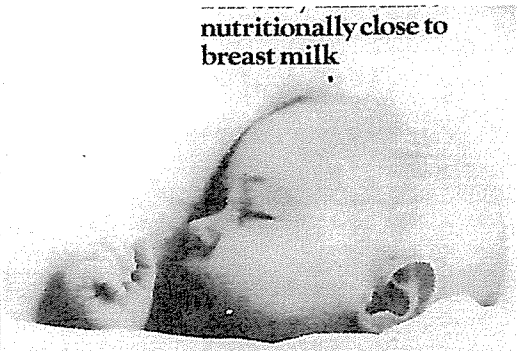
1701 University Ave. S.E. Mpls., MN 55414

NON-PROFIT ORG
POSTAGE
PAID
MINNEAPOLIS, MN
PERMIT NO. 3355

address correction requested







nutritionally close to breast milk

For mothers who are unable, or decide not, to breast feed more and more midwives and health visitors now recommend Gold Cap S-M-A because it resembles breast milk so closely.

Just like breast milk, Gold Cap S-M-A contains easily digested protein and fat and has a low mineral content; in all respects it is the ideal choice of scientifically prepared baby milk. This is why more maternity hospitals now use Gold Cap S-M-A than any other baby milk.

Gold Cap S-M-A

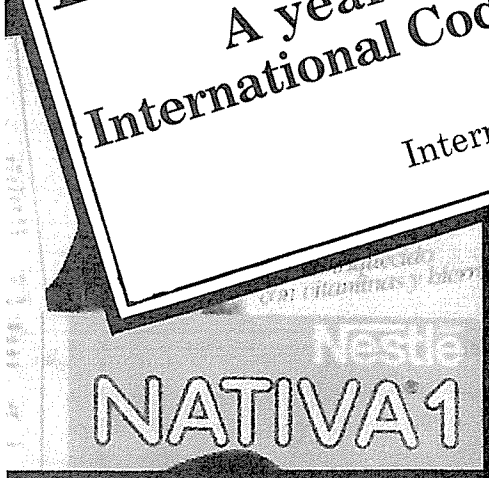
by milk

Professional feeding

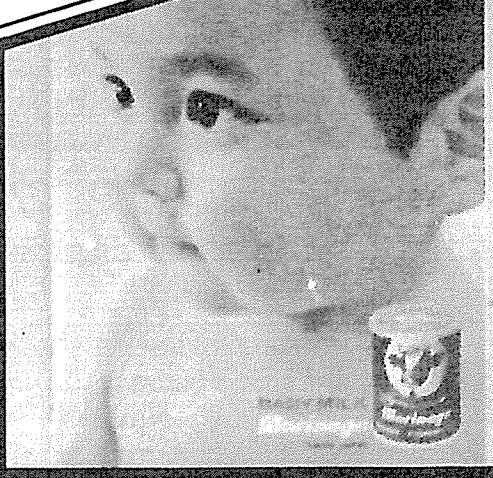
BREAKING THE RULES — 1982

A year end compilation of violations of the International Code of Marketing of Breast-milk Substitutes

Published by the
International Baby Food Action Network (IBFAN)

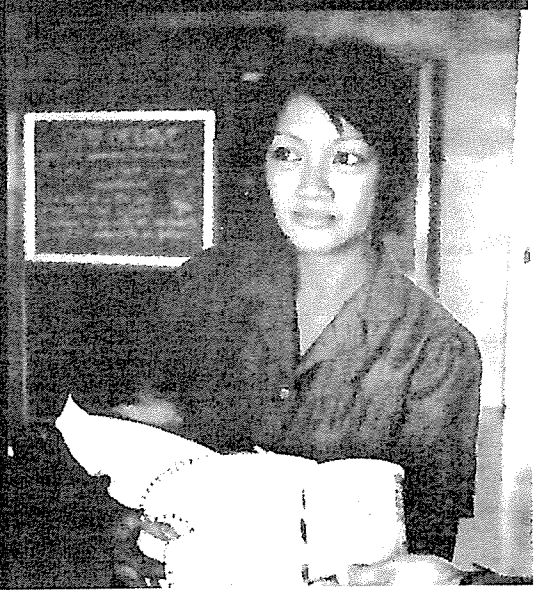














BREAKING THE RULES — 1982

A year end compilation of violations of the International Code of Marketing of Breast-milk Substitutes

Published by the
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Introduction

On 21 May 1981, the World Health Assembly (WHA) overwhelmingly approved an International Code of Marketing of Breast-milk Substitutes to control the aggressive promotion of artificial infant feeding products and utensils.

To date, the Code has remained a voluntary measure in most countries of the world. It was generally believed that the companies involved in promoting these products would voluntarily abide by the provisions of the Code. However, as this report shows, that belief is largely without foundation.

During 1982, a total of **14,985,160** violations of the major provisions of the International Code have been recorded by the International Baby Food Action Network (IBFAN). These violations occurred in **50** countries and involved **83** companies.

Rather than detail each of these violations, this report provides a summary of some of the worst violations that occurred in each month of the year. A listing of where violations took place, the types of violations and the companies involved is also included. Full information on any individual violation is available upon request.

The major provisions of the International Code used as a guideline for this report include:

- There should be no direct promotion or advertising of infant feeding products or utensils to the public;
- Health care facilities should not be used as a promotional channel for these products;
- Free samples or gifts should not be given to mothers;
- Company sales personnel should not contact mothers;
- There should be no promotion of the products to health workers;
- Information about infant feeding should be clear and consistent and include the hazards of bottle feeding;
- Health workers should not be given personal free samples or other gifts;
- Labels should be non-promotional and include clear warnings about the hazards of bottle feeding.

Information on the violations has come from health workers, non-governmental organisations and trained researchers in the countries mentioned. Even despite a more accurate means of recording the number of violations — which takes into account, where possible, actual numbers of samples or leaflets distributed, or the circulation figures of publications carrying advertising — this report can, at best, only give a small indication of the volume of promotion for these products. That such a report can be prepared some 18 months after the International Code was first approved, demonstrates the need to increase efforts to control this promotion and to improve infant feeding practices.

JANUARY

During January, 600,000 violations of the International Code were recorded, involving 22 companies in 16 countries. Below are details of a few of the most significant violations. A summarised list of the violations for this month appears on page 7.

NUTRICIA: Beginning in January, Nutricia's distributor in the Bahamas runs a television ad 3 times a week for 10 weeks for Almiron formula. The ad shows a mother bottle feeding her baby and states:

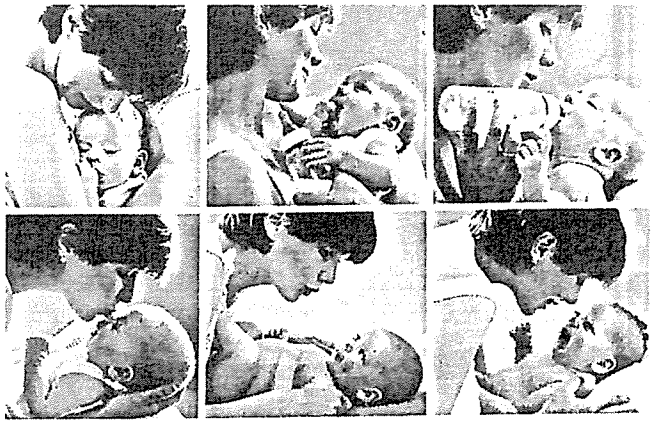
"Almiron supplies all the nutrition a growing child needs . . . Almiron is the closest thing to mother's milk."

Despite this ad being a clear violation of Article 5.1 of the International Code, the distributor said in December 1982 that the ad would probably be run again during 1983.

MILUPA: The January issue of *Eltern*, a magazine for parents published in West Germany, carries a full page ad by Milupa, urging mothers to use one of three formulas. *Eltern* has a circulation of 600,000 copies — not only in Germany. It is also widely sold in Austria, Switzerland and many other European countries, as well as being available on subscription in many developing countries.

NESTLE: Nestle provides morning and afternoon snacks for 50 doctors on a course run by the Society of Gynecologists and Obstetricians in Thailand. The next day, at the Society's scientific meeting, Nestle helps finance the dinner costing more than $600 for over 400 members. Nestle distributes pens, diary cards and sets up a display featuring its products. Acknowledgement of the contribution is printed in the programme. Comments an officer of the Society:

"They don't need to advertise. Nestle has been the big contributor over the past 10 years while I was an officer. Every year or so they sponsor a big affair.



Was gebe ich meinem Baby, wenn ich nicht stillen kann?

Auch wenn Sie nicht oder nicht voll stillen, brauchen Sie sich um das Gedeihen Ihres Kindes keine Sorgen zu machen. Milupa Milch-Fertignahrungen geben Ihnen Sicherheit:

- Pre-Aptamil, wenn Sie beim Stillen oder Abstillen mit dem Fläschchen zufüttern oder von Anfang an nur das Fläschchen geben. Pre-Aptamil ist nach dem Vorbild der Muttermilch hergestellt.
- Aptamil, wenn Sie vom ersten Tag an nur das Fläschchen geben. Aptamil sorgt für das gesunde Gedeihen Ihres Babys und ist gut bekömmlich.
- Milumil, die beliebte, bewährte Dauernahrung vom Anfang bis zum Ende des Flaschenalters. Auf Milumil können Sie auch von jeder anderen Flaschennahrung umstellen.

Milumil sättigt kaloriengerecht, ohne zu überfüttern und läßt Ihr Baby gut durchschlafen.

Millionen von Müttern schenken schon seit Jahren Milupa Milch-Fertignahrungen ihr Vertrauen. Das gibt auch Ihnen die Sicherheit, das Richtige für Ihr Kind zu tun.

Noch ein wichtiger Hinweis: Gestalten Sie jede Mahlzeit so, daß nicht nur die Nahrung, sondern ebenso der Kontakt zu Ihrem Kind im Mittelpunkt steht. Während Ihr Baby trinkt, haben Sie die schönste Gelegenheit, ihm zärtlich zuzureden, es anzulächeln und zu streicheln. Dann ist sein körperlicher und seelischer Hunger im wahrsten Sinne des Wortes „gestillt"

milupa

gesunde Ernährung von Anfang an



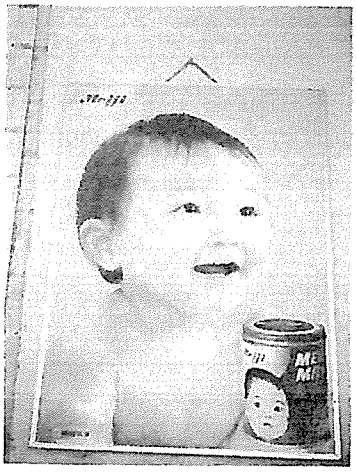
Erhältlich in Apotheken und Drogerien

ELTERN München Jan. 1982

Januar 1/1982 · DM 4.-

FEBRUARY

During February, 2,433,139 violations of the International Code were recorded, involving 21 companies in 16 countries. Below are details of a few of the most significant violations. A summarised list of the violations for this month appears on page 7.



NESTLE: Nestle manager in Singapore states that the company gives 15,000 kilos of formula a year (equal to 33,000 450g tins) to hospitals in Singapore, from which samples are given to mothers. In October, subsequent research revealed that samples were still being distributed to mothers in most Singapore hospitals. A doctor at a major government hospital explained that 95% of the 400 mothers who gave birth in September went home with a free sample of Lactogen. The doctor commented:

"When Nestle comes they just drop it off. They don't say anything about 'professional evaluation'. They know we are going to give it to mothers, so they send them automatically. It costs them quite a lot of money, I'm sure, but they're quite happy to give them away because mothers carry the tin to the market and buy more of the same. It creates additional sales for them. Nothing is 'free' in this world."

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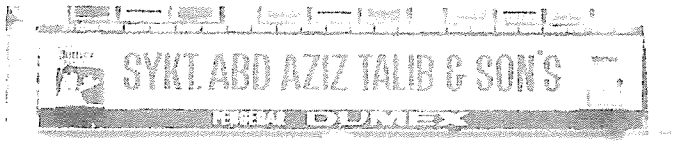


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MEAD JOHNSON, MEIJI, SNOW BRAND and WYETH: All 4 companies have posters which advertise infant formulas on display in several hospitals in Bangkok, Thailand.

During March, 672,295 violations of the International Code were recorded, involving 27 companies in 12 countries. Below are details of a few of the most significant violations. A summarised list of the violations for this month appears on page 8.





DUMEX: In Malaysia, Dumex uses a delivery van in Butterworth to advertise its formula products direct to the public, as well as three separate storefront hoardings in Georgetown and Balik Pulau. Despite these hoardings having been reported to Dumex several times over the past two years, no attempt has been made by the company to remove them. The hoardings in Georgetown were again noted by a researcher in October.

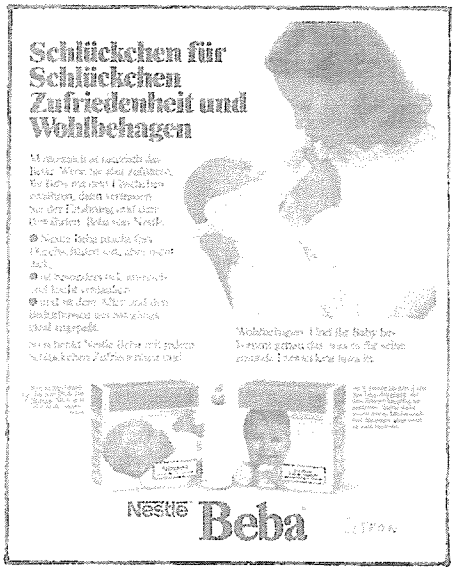
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"No, the doctors do it for us. That's how we promote the product."

APRIL

During April 1,800,041 violations of the International Code were recorded, involving 19 companies in 8 countries. Below are details of a few of the most significant violations. A summarised list of the violations for this month appears on page 8.

NESTLE, HUMANA and KOLLN all take ads in the April issue of *Eltern* magazine. Nestle advertises its Beba formulas as providing *"satisfaction and comfort"*. Humana's formula is described as being *"carefully tuned to the needs of your baby."* Kolln advertises its rolled oats weaning food, complete with a picture of a feeding bottle and a baby bottle feeding on the package label. Although *Eltern* is published in W. Germany, it is widely read in other European countries and is available on subscription in developing countries. The total circulation of the magazine is 600,000 copies.



WYETH: The company uses two full-colour, full-page ads in the parents magazine, *Premiers Sourires*, in France to publicise SMA first and second age formulas.



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NESTLE, HUMANA and KOLLN all take ads in the April issue of *Eltern* magazine. Nestle advertises its Beba formulas as providing *"satisfaction and comfort"*. Humana's formula is described as being *"carefully tuned to the needs of your baby."* Kolln advertises its rolled oats weaning food, complete with a picture of a feeding bottle and a baby bottle feeding on the package label. Although *Eltern* is published in W. Germany, it is widely read in other European countries and is available on subscription in developing countries. The total circulation of the magazine is 600,000 copies.

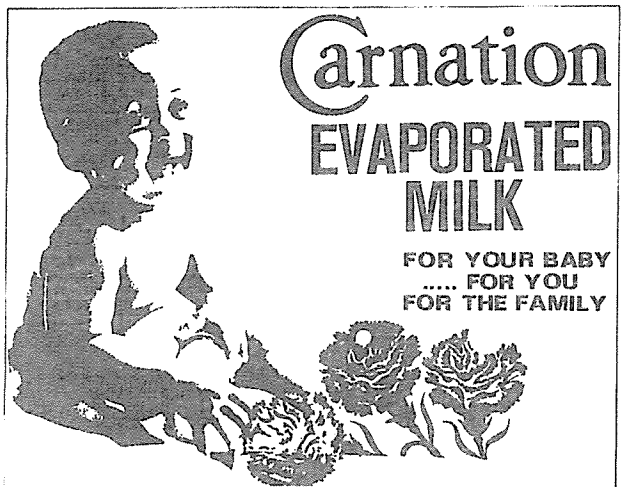


WYETH: The company uses two full-colour, full-page ads in the parents magazine, *Premiers sourires*, in France to publicise SMA first and second age formulas.



MAY

During May 406 violations of the International Code were recorded, involving 13 companies in 13 countries. Below are details of a few of the most significant violations. A summarised list of the violations for this month appears on page 7.



CARNATION: Half-page ad in the major St. Lucia newspaper proclaims that Carnation Evaporated Milk can be used:

"For your baby . . . for you, for the family."

The ad was repeated in October 1982, and labels on Carnation Evaporated Milk collected in St. Lucia in December 1982 reinforce the possibility of using the product for infant feeding. In March 1981, a spokesperson for Carnation in the UK said:

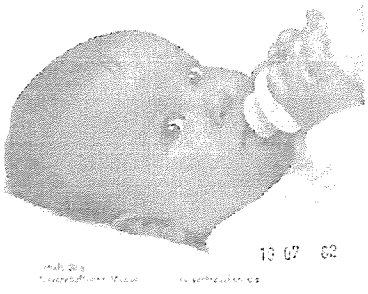
"We do not actively promote our products for infant consumption."

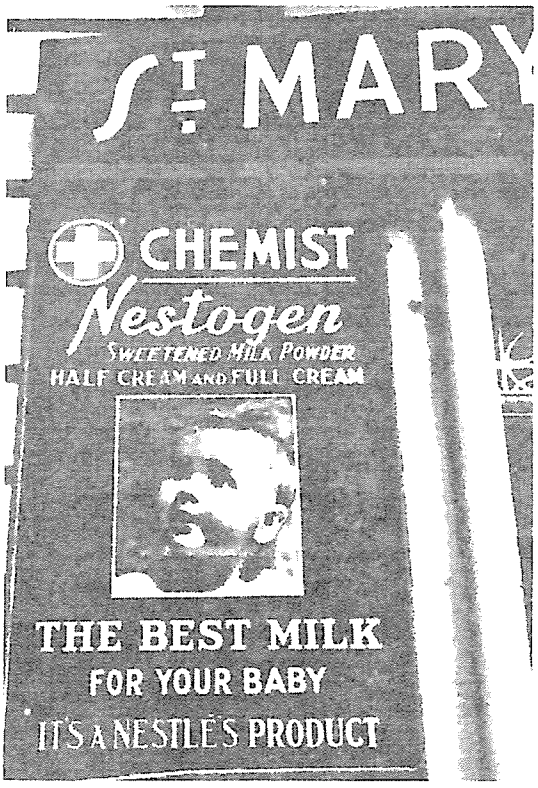
NESTLE: Nestle's distributor in the Bahamas admits to delivering 2-3 cases (24 tins in a case) of free formula samples to each of 4 clinics during the months of May through September. When interviewed in December, the distributor noted that Nestle had ordered this policy of distributing samples to clinics serving low-income families stopped sometime after the passage of the International Code in May 1981, **but then was told by Nestle to resume the distribution of the samples "about a year ago" — that is, in early 1982.**

JUNE

During June, 1,200,234 violations of the International Code were recorded, involving 23 companies in 18 countries. Below are details of a few of the most significant violations. A summarised list of the violations for this month appears on page 8.





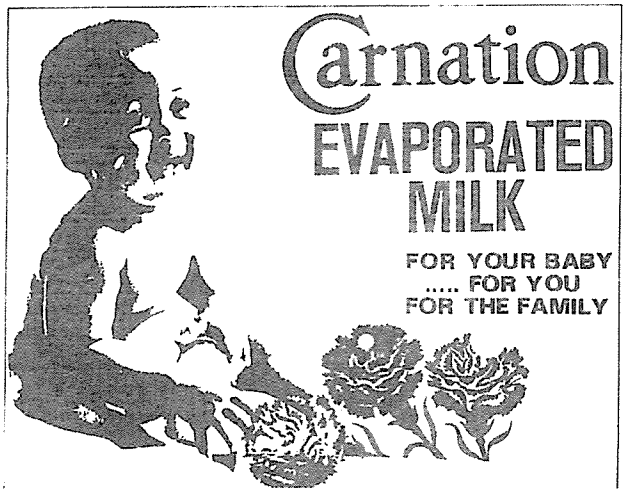


MEAD JOHNSON: In an effort to ensure adequate sales of Enfalac, a formula the company introduced onto the Singapore market in early 1982, Mead Johnson began a regular distribution of samples to hospitals during June and July. Over the two months, 96 sample tins were given to Gleneagles Hospital, with two other hospitals targetted during October and November.

NESTLE: Two large posters outside a pharmacy in Malta advertise Pelargon and Nestogen. The message on the Nestogen poster is clear:

"Nestogen — the best milk for your baby. It's a Nestle's product."

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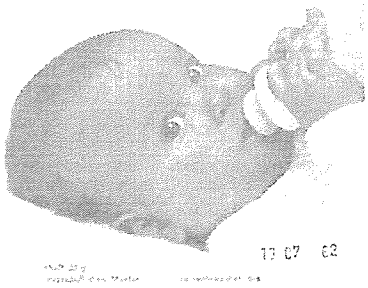
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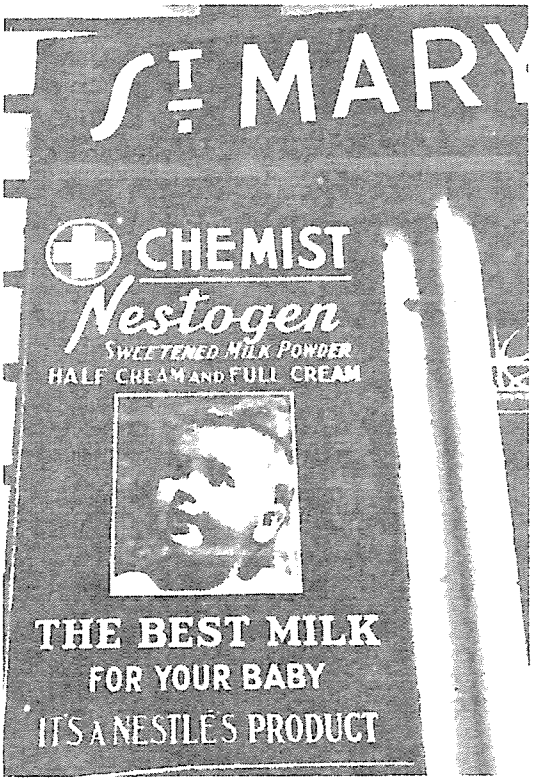
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"Nestogen — the best milk for your baby. It's a Nestle's product."

HUMANA: Hospitals in Austria report regular distribution of samples of Human formula to mothers.

JULY



During July, 2,875,096 violations of the International Code were recorded, involving 15 companies in 12 countries. Below are details of a few of the most significant violations. A summarised list of the violations for this month appears on page 8.

PLAYTEX: A full-page ad in the July issue of *Parents* magazine is based upon an endorsement by a prenatal instructor for the Playtex "Most Like Mother" feeding bottle. The prenatal instructor is quoted in the ad as saying:

> *"When it came to feeding my own baby, I used the Playtex Nurser. You see, I always use the Playtex 'Most Like Mother' Nurser in my prenatal classes because I really do believe that it's better for baby."*

Parents is published in the US, however the copy from which the ad was obtained was purchased in **St. Lucia** in the West Indies. The magazine is also for sale in Barbados and Canada and has a total circulation of 1,675,000 copies.

MILUPA: Milupa sends a form letter, plus 40 boxes of Aptamil first age formula to a mother in Paris, France who has just given birth to twins.

COW & GATE: During July and August, Cow & Gate supplies Toa Payoh hospital in Singapore with enough free samples of its formulas to ensure that all mothers giving birth were able to take home a tin of formula.

AUGUST

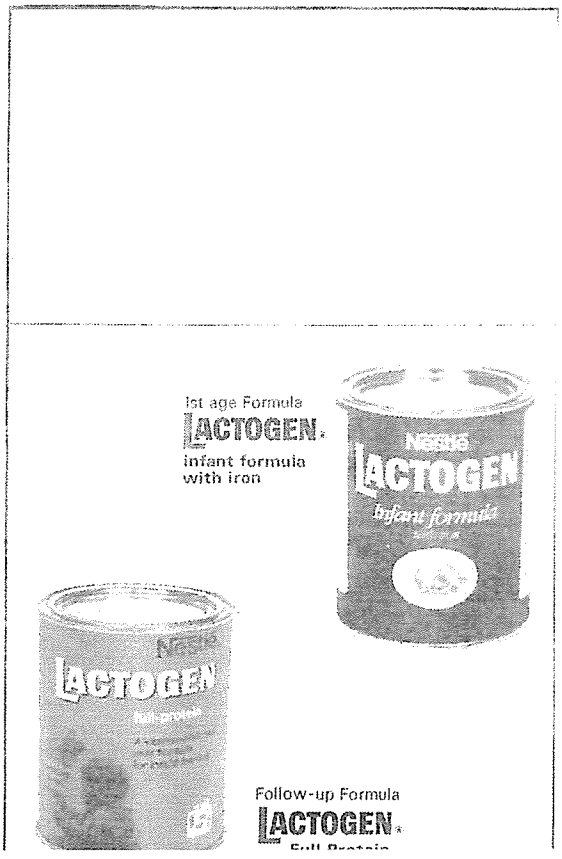
uring August, 2,400,663 violations of the International Code were recorded, involving 29 companies 13 countries. Below are details of a few of the ost significant violations. A summarised list of e violations for this month appears on page 8.

ESTLE: Nestle mails a large package of promotional naterials about Lactogen formula to doctors in India. ncluded in the materials is a prescription pad designed to e passed on to mothers. The pad advertises Lactogen and actogen Full Protein formula and provides instructions on ow to mix Lactogen. It fails to give information about the azards of bottle feeding. This violation was drawn to Nestle's attention by War on Want in early October, and vas dismissed by the company as being perfectly acceptble. When a second protest was made by War on Want, Nestle finally admitted:

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However, the damage is already done. Doctors throughout ndia have already begun using the prescription pad that ushes Nestle formulas.

MBOSAN, GALACTINA, HOLLE, LOMA LINDA FOODS, GROS, MILUPA, NESTLE and WANDER: A survey of





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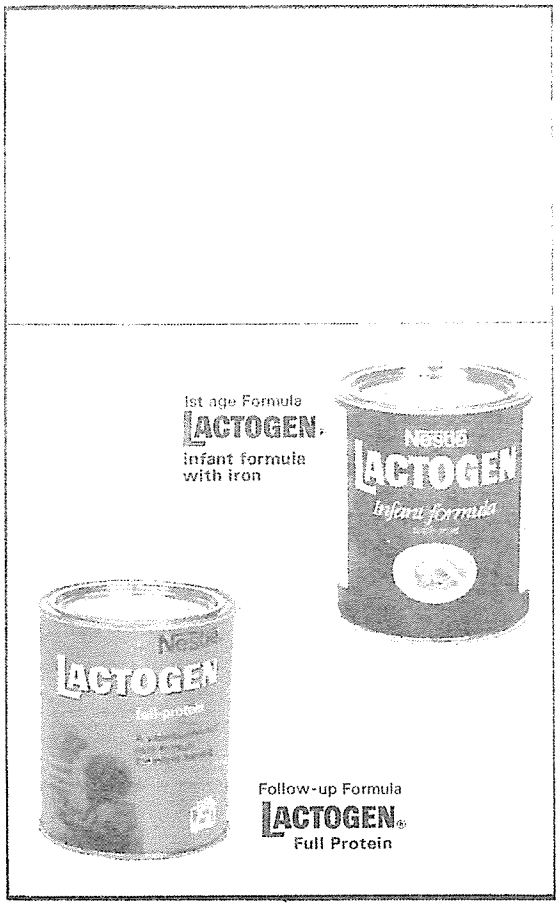
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BIMBOSAN, GALACTINA, HOLLE, LOMA LINDA FOODS, MIGROS, MILUPA, NESTLE and WANDER: A survey of 71 products on the market in Switzerland that come under the scope of the International Code found that 58 of the products were incorrectly labelled.

SEPTEMBER

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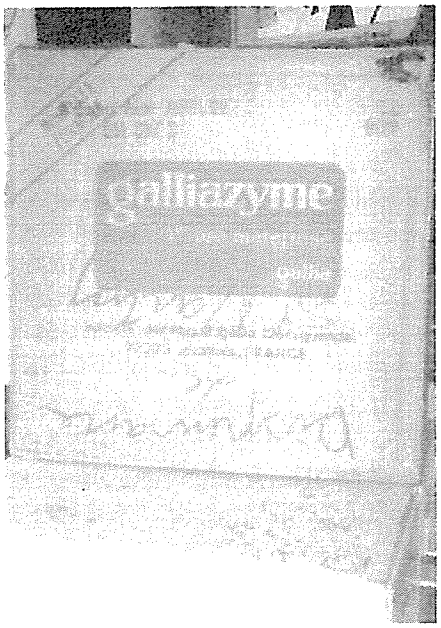
HUMANA: Two-page ad for Humana in *Eltern* magazine includes a tear off coupon to send to the company for free formula samples. The ad says the product is:

"The good start for life. Humana: as good as loving."

Eltern is published in W. Germany, although this copy was purchased in Switzerland. *Eltern* is widely available in several European countries and available on subscription in developing countries. It has a total circulation of 600,000 copies.

GALLIA and NESTLE: Both Gallia and Nestle regularly deliver cases of samples to a hospital and clinic in Marigot, St. Martin. They are all marked "echantillon medical" (medical sample), although the clinic passes them on to mothers.







OCTOBER

During October, 2236 violations of the International Code were recorded, involving 25 companies in 9 countries. Below are details of a few of the most significant violations. A summarised list of the violations for this month appears on page 9.

WYETH: Wyeth employs 7 mothercraft nurses in Singapore to visit mothers at home. According to the marketing manager of Wyeth's local distributor:

"They teach mothers how to prepare S-26 formula. It is their job to recommend S-26 and SMA. Why else would we have them?"

In order to make it easier for the mothercraft nurses to contact mothers, Wyeth leaves "visit request cards" at all hospitals to be filled in by hospital staff for every mother who receives a Wyeth sample.

VOLVIC: Although a mineral water, Volvic has begun advertising its product for use in mixing with infant formula. A full page ad in *Enfants* magazine in France extolls the virtue of



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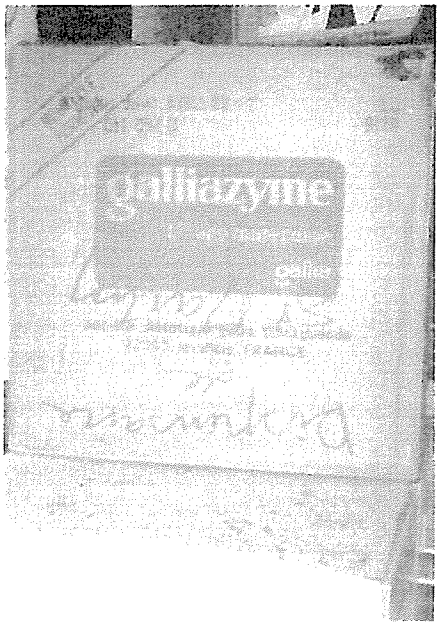
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During November, 33 violations of the International Code were recorded, involving 18 companies in 6 countries. Below are details of a few of the most significant violations. A summarised list of the violations for this month appears on page 9.





NUTRICIA: A mother in Belgium who intends to breast feed is given a baby care booklet when she visits an antenatal clinic for a check-up. The booklet includes advertising for Nutricia formulas and offers a telephone number and address for mothers to get further "advice".

EVIAN: Like Volvic, Evian too promotes its mineral water for use in infant feeding. An ad in a French catalogue, *Prenatal*, containing many products for babies, begins:

"During the first months of life, baby's food comes mainly from the feeding bottle."

DECEMBER

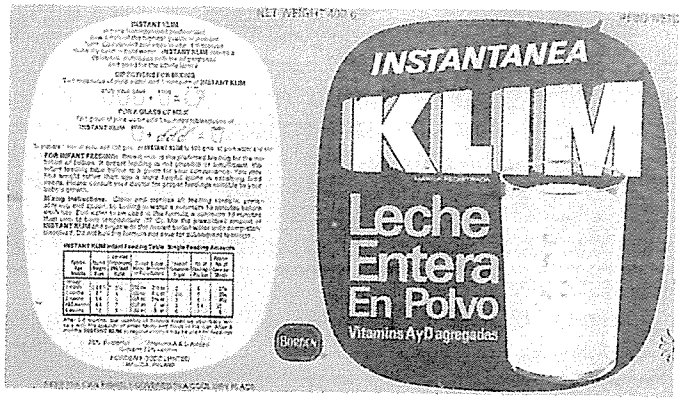
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The product manager agrees that the TV advertising of Nestum could be seen as coming into conflict with the Code. He wrote to the company's headquarters in Switzerland in September, asking them to change the Nestum labels. They are "looking into it". In the meantime, the TV advertising continues.

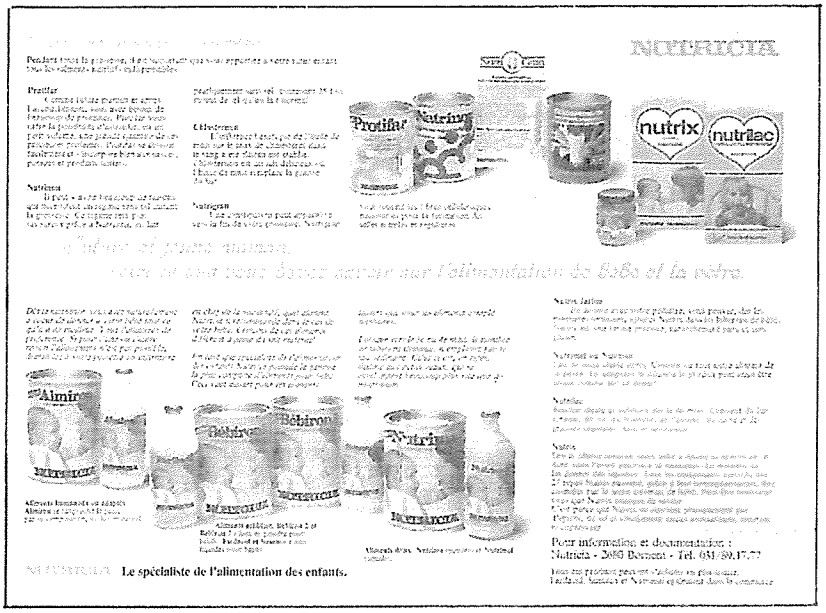
The same labels are on Nestum cereals in St. Vincent and Antigua.

BORDEN: Despite agreeing in 1977 not to promote its full cream milk product, KLIM, for infant feeding, the labels of the product in Trinidad, St. Lucia and Antigua contain infant feeding tables.

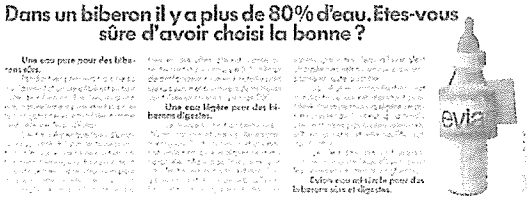


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KEY TO SYMBOLS USED IN THE VIOLATION LISTINGS

D — Direct promotion to the public
H — Promotion in health care facilities
S — Distribution of free samples or gifts to mothers
C — Company contact with mothers
P — Promotion to health workers; failure to provide required information in materials to health workers
G — Distribution of personal samples or gifts to health workers
L — Incorrect labels; pictures of infants and/or use of the words 'humanised' or 'maternalised' and/or lack of required information and/or without clear expiry dates

JANUARY 1982

ABBOTT/ROSS: Panama (S); Nigeria (C); Costa Rica (P); Nicaragua (G) 8

BORDEN: Panama (P) 1

CANON: UK (D) 1

COW & GATE: UK (H, S); Nigeria (S, C, L) 88

DIPLOMA: Hong Kong (C) 1

FOREMOST INTERNATIONAL: Nigeria (L) 1

FRIESLAND: Malaysia (D); Nigeria (L) 3

GALLIA: Ivory Coast (L) 1

GLAXO: UK (H, S) 52

JACQUEMARIE: Ivory Coast (L) 3

KOCH: Costa Rica (D, H, S, C, P, L); Nicaragua, Panama (L) 13

MAWS: UK (D) 1

MEAD JOHNSON: Thailand, Hong Kong (H); Costa Rica, Nicaragua (H, L); Panama (H, S, L); Philippines (S) 38

MILCO EXPORT: Costa Rica, Panama, Nicaragua (L) 3

MILTON: France (D) 1

MILUPA: W. Germany, Austria, Switzerland (D); Ivory Coast (S); UK (L) 600,003

MORINAGA: Costa Rica (H) 1

MOTHERCARE: UK (D) 1

NESTLE: Costa Rica (H, S, P, L); Nicaragua (H, S, G, L); Panama (S, P, L); Philippines (S); Nigeria (S, C); Ivory Coast (S, L); Thailand, France (G) 68

NUTRICIA: Bahamas (D); Costa Rica (H, P, L); Panama (P) 35

OEMILK: Yemen Arab Republic (D) 1

WYETH: UK (H, S); Philippines (S); Costa Rica, Panama, Nicaragua (L) 142

During January a total of 600,466 violations of the International Code were recorded, involving 22 companies in 16 countries.

Pictured right is a Similac poster in a Penang, Malaysia maternity home, March 1982.

FEBRUARY 1982

ABBOTT/ROSS: Thailand (H); Canada (H, P); Singapore (L) 10

ALLOMIN: Denmark (D) 1

BABYSAN: Mozambique (L) 1

BUITONI: Yemen Arab Republic (D) 1

CARNATION: Thailand (L) 1

COW & GATE: Singapore (H, S, C, L); UK (G); Bangladesh (L) 9

CURITY: Canada (H) 2

DUMEX: Singapore (H, C); Thailand (G, L) 10

EVENFLO: Canada (H) 1

EVIAN: W. Germany, Austria, Switzerland (D) 600,000

GALLIA: France (S, P, L) 7

GLAXO: India (D); Bangladesh (L) 2

LIJEMPF: Bangladesh (L) 1

MEAD JOHNSON: Thailand (H, G, L); Canada (L) 4

MEIJI: Thailand (H, G, L) 6

MILTON: W. Germany, Austria, Switzerland (D) 600,000

NESTLE: W. Germany, Austria, Switzerland (D); Singapore (H, S, C, P, L); Thailand (S, G, L); Philippines (S) 1,233,046

PLAYTEX: Canada (H) 1

SNOW BRAND: Thailand (H, S, G, L); Malaysia (S) 19

VOLVIC: Switzerland (L) 1

WYETH: Singapore (H, S, C, G); Thailand (H, G, L); Bangladesh (L) 16

During February 2,433,139 violations of the International Code were recorded, involving 21 companies in 16 countries.



MARCH 1982

ABBOTT/ROSS: US (H,S,P,L); Thailand (H, L); Philippines, Malaysia (H) 23

ANDHRA PRADESH DAIRY DEVELOPMENT CO-OPERATION LTD: India (D) 1

AUSTRALIAN DAIRY CORPORATION: Thailand (L) 1

BABYFLO: Philippines (H) 1

CANON: UK (H) 4

COW & GATE: Bahamas (S); UK (L) 2

DODIE: Netherlands (D); Switzerland (H) 2

DUMEX: Malaysia (D, H, S, C, L) 10

EVENFLO: Netherlands (D); US, Thailand (H) 4

EVIAN: France (P) 1

FOREMOST INTERNATIONAL: India (D) 1

FRIESLAND: Malaysia (D, H, S, C, L) 11

GALACTINA: Switzerland (S) 1

GERBER (NUK): US (P) 1

GLAXO: India (L) 1

KOLLN: W. Germany (D) 1

LABORATOIRES SOPHARGA: France (P) 2

MATERNA: France (P) 1

MEAD JOHNSON: Philippines (H, S, G, L); Malaysia (H, G); US (H, S, L); Thailand (S) 51

MEIJI: Thailand (H, S) 4

MILUPA: Switzerland, W. Germany (D, H, S, L); Austria (D, H); UK (H); France (P) 600,021

MORINAGA: Malaysia (H, C) 3

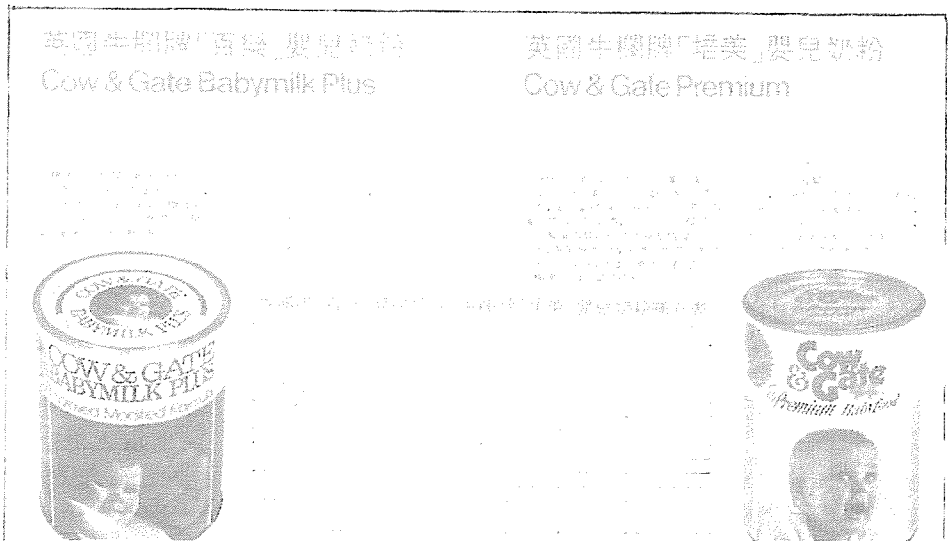
NESTLE: Malaysia (D, H, S, C, P, L); Philippines (H, S, C, P, G, L); Thailand (H, S); France (H, P) 72,076

PLAYTEX: US (H) 1

REMOND: France (P) 1

SNOW BRAND: Malaysia (H, S, C); Thailand (H, S) 10

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OEMILK: Yemen Arab Republic (D) 1

WYETH: UK (H, S); Philippines (S); Costa Rica, Panama, Nicaragua (L) 142

During January a total of 600,466 violations of the International Code were recorded, involving 22 companies in 16 countries.

Pictured right is a Similac poster in a Penang, Malaysia maternity home, March 1982.

FEBRUARY 1982

ABBOTT/ROSS: Thailand (H); Canada (H, P); Singapore (L) 10

ALLOMIN: Denmark (D) 1

BABYSAN: Mozambique (L) 1

BUITONI: Yemen Arab Republic (D) 1

CARNATION: Thailand (L) 1

COW & GATE: Singapore (H, S, C, L); UK (G); Bangladesh (L) 9

CURITY: Canada (H) 2

DUMEX: Singapore (H, C); Thailand (G, L) 10

EVENFLO: Canada (H) 1

EVIAN: W. Germany, Austria, Switzerland (D) 600,000

GALLIA: France (S, P, L) 7

GLAXO: India (D); Bangladesh (L) 2

LIJEMPF: Bangladesh (L) 1

MEAD JOHNSON: Thailand (H, G, L); Canada (L) 4

MEIJI: Thailand (H, G, L) 6

MILTON: W. Germany, Austria, Switzerland (D) 600,000

NESTLE: W. Germany, Austria, Switzerland (D); Singapore (H, S, C, P, L); Thailand (S, G, L); Philippines (S) 1,233,046

PLAYTEX: Canada (H) 1

SNOW BRAND: Thailand (H, S, G, L); Malaysia (S) 19

VOLVIC: Switzerland (L) 1

WYETH: Singapore (H, S, C, G); Thailand (H, G, L); Bangladesh (L) 16

During February 2,433,139 violations of the International Code were recorded, involving 21 companies in 16 countries.



MARCH 1982

ABBOTT/ROSS: US (H,S,P,L); Thailand (H, L); Philippines, Malaysia (H) 23

ANDHRA PRADESH DAIRY DEVELOPMENT CO-OPERATION LTD: India (D) 1

AUSTRALIAN DAIRY CORPORATION: Thailand (L) 1

BABYFLO: Philippines (H) 1

CANON: UK (H) 4

COW & GATE: Bahamas (S); UK (L) 2

DODIE: Netherlands (D); Switzerland (H) 2

DUMEX: Malaysia (D, H, S, C, L) 10

EVENFLO: Netherlands (D); US, Thailand (H) 4

EVIAN: France (P) 1

FOREMOST INTERNATIONAL: India (D) 1

FRIESLAND: Malaysia (D, H, S, C, L) 11

GALACTINA: Switzerland (S) 1

GERBER (NUK): US (P) 1

GLAXO: India (L) 1

KOLLN: W. Germany (D) 1

LABORATOIRES SOPHARGA: France (P) 2

MATERNA: France (P) 1

MEAD JOHNSON: Philippines (H, S, G, L); Malaysia (H, G); US (H, S, L); Thailand (S) 51

MEIJI: Thailand (H, S) 4

MILUPA: Switzerland, W. Germany (D, H, S, L); Austria (D, H); UK (H); France (P) 680,021

MORINAGA: Malaysia (H, S) 3

NESTLE: Malaysia (D, H, S, C, P, L); Philippines (H, S, C, P, G, L); Thailand (H, S); France (H, P) 72,076

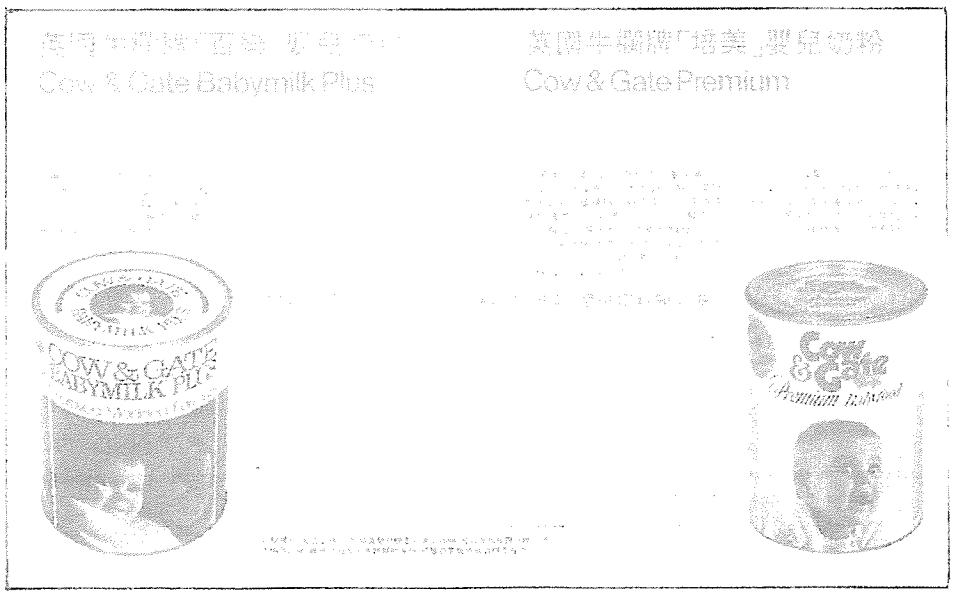
PLAYTEX: US (H) 1

REMOND: France (P) 1

SNOW BRAND: Malaysia (H, S, C); Thailand (H, S) 10

WYETH: Philippines (H, S, P, L); Malaysia (H, S, C, G); Thailand (H, S); France (H, P); UK (H) 60

During March 672,295 violations of the International Code were recorded, involving 27 companies in 12 countries.



Brochure for Cow & Gate formulas in a doctor's waiting room in Singapore, Feb. 1982.

APRIL 1982

DODIE: Belgium (D) 1

EVENFLO: Belgium (D) 1

EVIAN: France (D,P) 2

GALLIA: France (H, P, L) 5

HUMANA: W. Germany, Austria, Switzerland (D) **600,000**

JACQUEMARIE: France (H, C, L); Belgium (L) 6

KOLLN: W. Germany, Austria, Switzerland (D) **600,000**

LABORATOIRE EGIC: France (P) 1

LABORATOIRE ELGI: France (P) 1

LABORATOIRES SOPHARGA: France (P) 2

LIJEMPF: Cameroon (H) 1

MATERNA: France (P) 2

MELLIN: Italy (D) 2

MILTON: France (D) 1

MILUPA: France (S, P) 7

MONT ROUCOUS: France (D) 1

NESTLE: W. Germany, Austria, Switzerland (D); France (P) **600,001**

REMOND: France (D, S) 3

WYETH: France (D, H); Philippines (G) 4

During April 1,800,041 violations of the International Code were recorded, involving 19 companies in 8 countries.

MAY 1982

CANON: UK (H) 1

CARNATION: St. Lucia (D) 1

COW & GATE: UK (P) 1

DUMEX: Malaysia (S, L) 3

FRIESLAND: Malaysia (S,L) 4

GUJERAT COOPERATIVE: India (D) 1

HUMANA: Austria (S) 1

MEAD JOHNSON: Philippines (P) 1

MILUPA: UK (H, S, P); France (S, P); Austria (S) 34

NESTLE: Malaysia (S, C, P, L); Bahamas (S); Philippines (P); Singapore (G); Oman (D) 345

SNOW BRAND: Malaysia (S,C) 3

WYETH: Malaysia (S, L); UK (H, P); Philippines (P); US (P) 8

During May 406 violations of the International Code were recorded, involving 13 companies in 13 countries.



JUNE 1982

ABBOTT/ROSS: US (P) 2

DODIE: Belgium (D) 1

DUMEX: Malaysia (H) 1

ESSKA: Sweden (D) 1

FRIESLAND: Malaysia (H, S) 4

GALLIA: France (P) 2

GLAXO: UK (S) 48

HIPP: Austria (H, S) 4

HUMANA: Austria (D, S); W. Germany, Switzerland (D); Italy (P) **600,003**

LABORATOIRE EGIC: France (P) 1

LABORATOIRE ELGI: France (P) 1

LABORATOIRES SOPHARGA: France (P) 2

MATERNA: France (P) 1

MEAD JOHNSON: Singapore (S); US (P) 97

MELLIN: Italy (D) 1

MILUPA: Austria (H, G); UK (S, P); France (P) 20

NESTLE: Malaysia (H, S); Indonesia (S); Austria (D, S); Switzerland (D, H); W. Germany, Malta (D); France (P); Nigeria, Denmark (L) **600,018**

NUTRICIA: Netherlands (D) 2

OEMILK: Yemen Arab Republic (L) 2

PLUMROSE: Denmark (L) 1

REMOND: France (P) 2

SEMPER: Denmark (L) 2

WYETH: Malaysia (H); UK (S, P); France (P); Nigeria (L) 18

During June 1,200,234 violations of the International Code were recorded, involving 23 companies in 18 countries.

Pictured left, is a gift box from Milupa given to mothers in hospitals in West Germany during August 1982.

JULY 1982

BIMBOSAN: Switzerland (S) 1

CANON: UK (H) 1

COW & GATE: Singapore (S); UK (H, P) 3

EVIAN: W. Germany, Austria, Switzerland (D); UK (H) **600,001**

FRIESLAND: Greece (L) 8

GALACTINA: Switzerland (D) 1

GLAXO: UK (H) 1

HIPP: Austria (H) 1

KIRBY: UK (H) 1

MAWS: UK (H) 1

MILTON: UK (H) 1

MILUPA: Switzerland (D, H, S); W. Germany (D); Austria (H, G); France (S); UK (P) 58

NESTLE: Thailand (H); Switzerland (D, S, L); Singapore (P); W. Germany, Austria (D) **600,005**

PLAYTEX: Barbados, St. Lucia, US, Canada (D) **1,675,000**

WYETH: UK (H, P) 13

During July 2,875,096 violations of the International Code were recorded, involving 15 companies in 12 countries.

AUGUST 1982

BIMBOSAN: Switzerland (S, L) 6

CANON: UK (H) 3

CHICCO: Italy, W. Germany, Austria, Switzerland (D) **600,001**

COW & GATE: Singapore (S); UK (H, S, L) 29

DODIE: Belgium (D) 1

DUMEX: Singapore (S) 196

EVIAN: UK, France (H) 7

FALI: Switzerland (D, S) 4

GALACTINA: Switzerland (D, L) 9

GLAXO: UK (H, P, L) 18

GRIPTIGHT: UK (H) 7

HIPP: Austria (D, H, S); W. Germany, (D, H); Switzerland (D) **600,007**

HOLLE: Switzerland (L) 2

HUMANA: Austria (H, S) 7

JACQUEMARIE: France (H) 1

KIRBY: UK (H) 3

KOLLN: W. Germany (H) 1

LAMPRECHT: Switzerland (D) 1

LOMA LINDA FOODS: Switzerland (L) 1

MAMINA: Switzerland (D) 1

MAWS: UK (H) 8

MIGROS: Switzerland (L) 6

MILTON: UK (H) 8

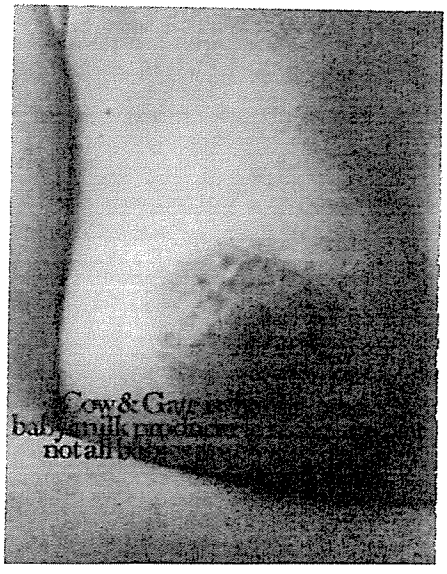
MILUPA: Austria (D, H, S, G); W. Germany (D, H, S); Switzerland (D, S, G, L); UK (H, S, L) **600,117**

MOTHERCARE: UK (H) 4

NESTLE: India (H, L); Liberia (H); W. Germany (D, S); Austria (D, H, S); Switzerland (D, H, S, L); France (H, S); South Africa (P) **600,042**

REMOND: France (H) 1

WANDER: Switzerland (D, H, L) 14



A mother's milk is the most perfect food for her baby.

Nature makes sure that its composition will suit her particular baby at every stage of its development.

However, the ranges of milks offered by most of the commercial manufacturers, though perfectly adequate for most babies most of the time, don't cater for the exceptions.

Now Cow & Gate have produced a range to meet the needs of all babies – even those with special dietary requirements – at all the different stages of their development.

PREMALAC AND NEWMAL have been developed to meet the needs of low birthweight and premature babies, and deliver high energy feeds with lower volume intake.

PREMIUM READY TO FEED has a composition closer to that of transitional breast milk, and has been specially designed for hospital use with full term infants.

PREMIUM BABY FOOD is the natural home progression from our Premium Ready To Feed.

It has been formulated so that the major nutrient levels approach, as closely as possible, the average compositional values of mature breast milk. It's fair to say that no other baby milk is closer to breast milk than Premium.

PLUS is an ideal milk for hungrier babies who are not fully satisfied when fed on more highly modified formulae. It is available in both powder and ready to feed forms.

Cow & Gate also produce a range of specialised formulae for specific dietary requirements.

For example, FORMULA S SOYA FOOD. A soya based feeding formula providing all the nutrients and an adequate calorie intake for babies with an allergy to milk protein or lactose.

Or for those of vegetarian families whose mothers choose not to breastfeed.

There's no real substitute for mother's milk, but for those babies whose mothers choose not to breastfeed, there's no better alternative than Cow & Gate.

If you would like any further information about the range of Cow & Gate milks, please write to:

Cow & Gate Ltd.,
Trowbridge, Wiltshire
BA14 8YX. The Baby Feeding Specialists.

Cow & Gate



EVIAN: France (D,P) 2
GALLIA: France (H, P, L) 5
HUMANA: W. Germany, Austria, Switzerland (D) **600,000**
JACQUEMARIE: France (H, C, L); Belgium (L) 6
KOLLN: W. Germany, Austria, Switzerland (D) **600,000**
LABORATOIRE EGIC: France (P) 1
LABORATOIRE ELGI: France (P) 1
LABORATOIRES SOPHARGA: France (P) 2
LIJEMPF: Cameroon (H) 1
MATERNA: France (P) 2
MELLIN: Italy (D) 2
MILTON: France (D) 1
MILUPA: France (S, P) 7
MONT ROUCOUS: France (D) 1
NESTLE: W. Germany, Austria, Switzerland (D); France (P) **600,001**
REMOND: France (D, S) 3
WYETH: France (D, H); Philippines (G) 4

During April 1,800,041 violations of the International Code were recorded, involving 19 companies in 8 countries.

MAY 1982

CANON: UK (H) 1
CARNATION: St. Lucia (D) 1
COW & GATE: UK (P) 1
DUMEX: Malaysia (S, L) 3
FRIESLAND: Malaysia (S,L) 4
GUJERAT COOPERATIVE: India (D) 1
HUMANA: Austria (S) 1
MEAD JOHNSON: Philippines (P) 1
MILUPA: UK (H, S, P); France (S, P); Austria (S) 34
NESTLE: Malaysia (S, C, P, L); Bahamas (S); Philippines (P); Singapore (G); Oman (D) 345
SNOW BRAND: Malaysia (S,C) 3
WYETH: Malaysia (S, L); UK (H, P); Philippines (P); US (P) 8

During May 406 violations of the International Code were recorded, involving 13 companies in 13 countries.



JUNE 1982

ABBOTT/ROSS: US (P) 2
DODIE: Belgium (D) 1
DUMEX: Malaysia (H) 1
ESSKA: Sweden (D) 1
FRIESLAND: Malaysia (H, S) 4
GALLIA: France (P) 2
GLAXO: UK (S) 48
HIPP: Austria (H, S) 4
HUMANA: Austria (D, S); W. Germany, Switzerland (D); Italy (P) **600,003**
LABORATOIRE EGIC: France (P) 1
LABORATOIRE ELGI: France (P) 1
LABORATOIRES SOPHARGA: France (P) 2
MATERNA: France (P) 1
MEAD JOHNSON: Singapore (S); US (P) 97
MELLIN: Italy (D) 1
MILUPA: Austria (H, G); UK (S, P); France (P) 20
NESTLE: Malaysia (H, S); Indonesia (S); Austria (D, S); Switzerland (D, H); W. Germany, Malta (D); France (P); Nigeria, Denmark (L) **600,018**
NUTRICIA: Netherlands (D) 2
OEMILK: Yemen Arab Republic (L) 2
PLUMROSE: Denmark (L) 1
REMOND: France (P) 2
SEMPER: Denmark (L) 2
WYETH: Malaysia (H); UK (S, P); France (P); Nigeria (L) 18

During June 1,200,234 violations of the International Code were recorded, involving 23 companies in 18 countries.

JULY 1982

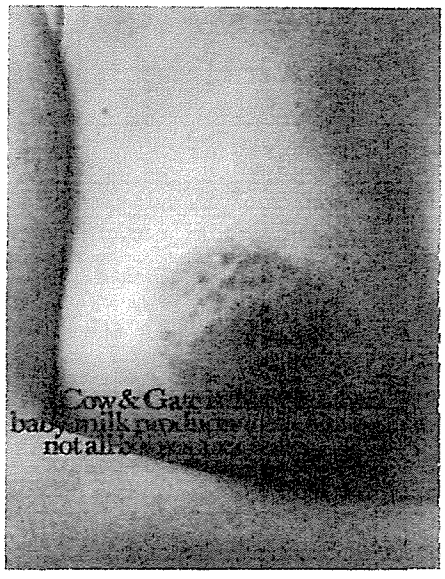
BIMBOSAN: Switzerland (S) 1
CANON: UK (H) 1
COW & GATE: Singapore (S); UK (H, P) 3
EVIAN: W. Germany, Austria, Switzerland (D); UK (H) **600,001**
FRIESLAND: Greece (L) 8
GALACTINA: Switzerland (D) 1
GLAXO: UK (H) 1
HIPP: Austria (H) 1
KIRBY: UK (H) 1
MAWS: UK (H) 1
MILTON: UK (H) 1
MILUPA: Switzerland (D, H, S); W. Germany (D); Austria (H, G); France (S); UK (P) 58
NESTLE: Thailand (H); Switzerland (D, S, L); Singapore (P); W. Germany, Austria (D) **600,005**
PLAYTEX: Barbados, St. Lucia, US, Canada (D) **1,675,000**
WYETH: UK (H, P) 13

During July 2,875,096 violations of the International Code were recorded, involving 15 companies in 12 countries.

AUGUST 1982

BIMBOSAN: Switzerland (S, L) 6
CANON: UK (H) 3
CHICCO: Italy, W. Germany, Austria, Switzerland (D) **600,001**
COW & GATE: Singapore (S); UK (H, S, L) 29
DODIE: Belgium (D) 1
DUMEX: Singapore (S) 196
EVIAN: UK, France (H) 7
FALI: Switzerland (D, S) 4
GALACTINA: Switzerland (D, L) 9
GLAXO: UK (H, P, L) 18
GRIPTIGHT: UK (H) 7
HIPP: Austria (D, H, S); W. Germany, (D, H); Switzerland (D) **600,007**
HOLLE: Switzerland (L) 2
HUMANA: Austria (H, S) 7
JACQUEMARIE: France (H) 1
KIRBY: UK (H) 3
KOLLN: W. Germany (H) 1
LAMPRECHT: Switzerland (D) 1
LOMA LINDA FOODS: Switzerland (L) 1
MAMINA: Switzerland (D) 1
MAWS: UK (H) 8
MIGROS: Switzerland (L) 6
MILTON: UK (H) 8
MILUPA: Austria (D, H, S, G); W. Germany (D, H, S); Switzerland (D, S, G, L); UK (H, S, L) **600,117**
MOTHERCARE: UK (H) 4
NESTLE: India (H, L); Liberia (H); W. Germany (D, S); Austria (D, H, S); Switzerland (D, H, S, L); France (H, S); South Africa (P) **600,042**
REMOND: France (H) 1
WANDER: Switzerland (D, H, L) 14
WYETH: Indonesia, France (S); South Africa (P); UK (H, S, P, G, L); Philippines (L) **158**

During August 2,400,663 violations of the International Code were recorded, involving 29 companies in 13 countries.



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However, the ranges of milks offered by most of the commercial manufacturers, though perfectly adequate for most babies most of the time, don't cater for the exceptions.

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Or for those of vegetarian families who or mothers choose not to breastfeed.

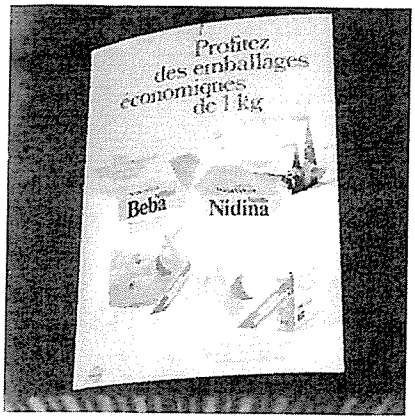
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Cow & Gate



Ad for Cow & Gate formulas in Midwives Chronicle & Nursing Notes, in the UK, May 1982.



Pictured left, is a poster advertising two Nestle formulas from a pharmacy in Geneva during August 1982.

SEPTEMBER 1982

BUBCHEN: W. Germany, Austria, Switzerland (D) **600,000**
CANON: UK (S) **1**
CHICCO: Italy (D) **2**
COW & GATE: UK (H, S, P) **39**
DIETERBA: Italy (L) **3**
DODIE: France (P, G) **3**
DUMEX: Spain (L) **3**
ESSKA: Sweden (D) **1**
EVIAN: Belgium, W. Germany, Austria, Switzerland (D); France (D, P) **600,004**
GALACTINA: Spain (L) **1**
GALLIA: St. Martin (D, S, L); France (D) **29**
GLAXO: UK (H) **1**
GRIPTIGHT: UK (H) **1**
HIPP: W. Germany (H) **1**
HUMANA: W. Germany, Austria, Switzerland (D, S) **1,200,000**
JACQUEMARIE: France (P) **1**
LABORATOIRE EGIC: France (P) **1**
LABORATOIRE ELGI: France (P) **1**
LABORATOIRES SOPHARGA: France (P) **2**
MATERNA: France (P); Guadeloupe (L) **2**
MAWS: UK (H) **16**
MEAD JOHNSON: Philippines (S) **1**
MELLIN: Italy (D) **1**
MIGROS: Switzerland (D, L) **2**
MILTON: Switzerland, Belgium, France, Spain (D); UK (H) **5**
MILUPA: Switzerland, Spain (D, L); France (P, G); UK (H); Belgium (L) **34**
MODO: Sweden (D) **1**
MOTHERCARE: UK (H) **15**
NESTLE: Uganda, W. Germany, Austria, Switzerland (D); Philippines (H, S); St. Martin (H, S, L); Belgium (D, L); Thailand (S); Brazil (P); Guadeloupe, Spain, Italy, Sweden (L) **600,120**
NUTRICIA: Spain, Belgium (L) **5**
OEMILK: Yemen Arab Republic (D) **1**
ORDESSA: Spain (L) **2**
REMOND: France (P) **3**
SCHOTT: W. Germany (D) **1**
SEMPER: Sweden (L) **2**
TANZANIA BABY FOOD MANUFACTURING CO: Tanzania (L) **1**
ULTA: Spain (H, L) **4**
VOLVIC: Belgium (D); France (P, G) **6**
WANDER: Switzerland (S, L); Spain (L) **13**
WYETH: Philippines (H, S); France (P, G); UK (H) **48**

OCTOBER 1982

ABBOTT/ROSS: Indonesia (L) **1**
BORDEN: Indonesia (L) **1**
CARNATION: St. Lucia (D) **1**
CHICCO: Indonesia (D, H) **2**
COW & GATE: Singapore (H, S, C) **5**
DIETERBA: Italy (P) **6**
DUMEX: Singapore (H, S, C); Malaysia (D) **16**
FRIESLAND: Indonesia (H) **2**
GALLIA: France (D) **2**
HUMANA: Italy (P) **2**
LAIT MONT BLANC: France (P) **1**
LIJEMPF: Bangladesh, Indonesia (L) **2**
MEAD JOHNSON: Singapore (S, P); Indonesia (L) **27**
MEIJI: Indonesia (L) **1**
MELLIN: Italy (P) **3**
MILTON: France (D) **2**
MILUPA: France, Italy (P) **20**
MIROTA: Indonesia (H) **2**
MORINAGA: Indonesia (H, S, L) **56**
NESTLE: Bolivia (D); Indonesia (H, S, G, L); Singapore (H, P, G); Bahamas (S); Italy (P); Bangladesh, Malaysia (L) **144**
NUTRICIA: Indonesia (H, S, L) **14**
PLASMOLAC: Italy (P) **2**
SARI HUSADA: Indonesia (D, H, S, L) **263**
VOLVIC: France (D) **1**
WYETH: Singapore, Indonesia (H, S, L) **1660**

During October 2236 violations of the International Code were recorded, involving 25 companies in 9 countries.

NOVEMBER 1982

ABBOTT/ROSS: Barbados, Grenada (L); Belgium (P) **3**
ABSORBA: France (D) **1**
BETTERFOOD: Belgium (P) **2**
BORDEN: Kenya (L) **1**
CHICCO: France (D) **1**
COW & GATE: Barbados, Grenada (L) **2**
DANO: Grenada (L) **1**
EVENFLO: Belgium (H) **1**
EVIAN: France (D) **1**
GLAXO: Kenya (L) **1**
LYONS: Zambia (L) **1**
MEAD JOHNSON: Barbados (L) **1**
MILUPA: Belgium (P) **2**
NESTLE: Barbados, Grenada, Kenya (L) **6**
NUTRICIA: Belgium (H, P) **2**
REMOND: France (D) **2**
VOLVIC: France (D); Belgium (P) **2**
WYETH: Kenya (H, L) **3**

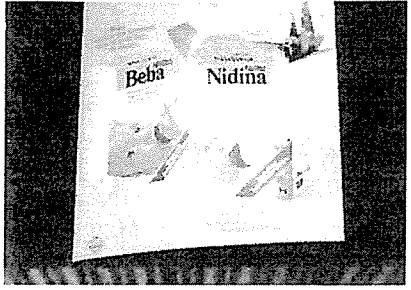
During November 33 violations of the International Code were recorded, involving 18 companies in 6 countries.

DECEMBER 1982

ABBOTT/ROSS: Bahamas, Barbados, Trinidad, Grenada, St. Lucia, Antigua (L) **19**
ANCHOR: Trinidad (L) **2**
BORDEN: Trinidad (D, L); St. Lucia, Antigua (L) **10**
CARNATION: Trinidad, St. Lucia, Antigua (L) **7**
COW & GATE: Trinidad (H, L); Singapore (S); Bahamas, Barbados, Grenada, St. Vincent, St. Lucia, Antigua (L) **28**
DANO: Grenada (L) **1**
GLAXO: Trinidad, St. Vincent, Antigua (L) **12**
LOMA LINDA FOODS: Antigua (L) **2**
LONG LIFE: Trinidad (L) **1**
MEAD JOHNSON: Trinidad (H); Bahamas, Barbados, St. Lucia (L) **5**
MILCO EXPORT: Trinidad (L) **2**
NESTLE: Norway (D, C); Trinidad (D, H, L); Bahamas (S, L); Barbados, Grenada, St. Vincent, St. Lucia, Antigua (L) **64**
NURTICIA: Bahamas (H, S, L) **4**
WYETH: Bahamas, Trinidad, St. Vincent, St. Lucia, Antigua (L) **17**

During December 174 violations of the International Code were recorded, involving 14 companies in 9 countries.





SEPTEMBER 1982

BUBCHEN: W. Germany, Austria, Switzerland (D) **600,000**
CANON: UK (S) **1**
CHICCO: Italy (D) **2**
COW & GATE: UK (H, S, P) **39**
DIETERBA: Italy (L) **3**
DODIE: France (P, G) **3**
DUMEX: Spain (L) **3**
ESSKA: Sweden (D) **1**
EVIAN: Belgium, W. Germany, Austria, Switzerland (D); France (D, P) **600,004**
GALACTINA: Spain (L) **1**
GALLIA: St. Martin (D, S, L); France (D) **29**
GLAXO: UK (H) **1**
GRIPTIGHT: UK (H) **1**
HIPP: W. Germany (H) **1**
HUMANA: W. Germany, Austria, Switzerland (D, S) **1,200,000**
JACQUEMARIE: France (P) **1**
LABORATOIRE EGIC: France (P) **1**
LABORATOIRE ELGI: France (P) **1**
LABORATOIRES SOPHARGA: France (P) **2**
MATERNA: France (P); Guadeloupe (L) **2**
MAWS: UK (H) **16**
MEAD JOHNSON: Philippines (S) **1**
MELLIN: Italy (D) **1**
MIGROS: Switzerland (D, L) **2**
MILTON: Switzerland, Belgium, France, Spain (D); UK (H) **5**
MILUPA: Switzerland, Spain (D, L); France (P, G); UK (H); Belgium (L) **34**
MODO: Sweden (D) **1**
MOTHERCARE: UK (H) **15**
NESTLE: Uganda, W. Germany, Austria, Switzerland (D); Philippines (H, S); St. Martin (H, S, L); Belgium (D, L); Thailand (S); Brazil (P); Guadeloupe, Spain, Italy, Sweden (L) **600,120**
NUTRICIA: Spain, Belgium (L) **5**
OEMILK: Yemen Arab Republic (D) **1**
ORDESSA: Spain (L) **2**
REMOND: France (P) **3**
SCHOTT: W. Germany (D) **1**
SEMPER: Sweden (L) **2**
TANZANIA BABY FOOD MANUFACTURING CO: Tanzania (L) **1**
ULTA: Spain (H, L) **4**
VOLVIC: Belgium (D); France (P, G) **6**
WANDER: Switzerland (S, L); Spain (L) **13**
WYETH: Philippines (H, S); France (P, G); UK (H) **48**

During September 3,000,377 violations of the International Code were recorded, involving 40 companies in 17 countries.

OCTOBER 1982

ABBOTT/ROSS: Indonesia (L) **1**
BORDEN: Indonesia (L) **1**
CARNATION: St. Lucia (D) **1**
CHICCO: Indonesia (D, H) **2**
COW & GATE: Singapore (H, S, C) **5**
DIETERBA: Italy (P) **6**
DUMEX: Singapore (H, S, C); Malaysia (D) **16**
FRIESLAND: Indonesia (H) **2**
GALLIA: France (D) **2**
HUMANA: Italy (P) **2**
LAIT MONT BLANC: France (P) **1**
LIJEMPF: Bangladesh, Indonesia (L) **2**
MEAD JOHNSON: Singapore (S, P); Indonesia (L) **27**
MEIJI: Indonesia (L) **1**
MELLIN: Italy (P) **3**
MILTON: France (D) **2**
MILUPA: France, Italy (P) **20**
MIROTA: Indonesia (H) **2**
MORINAGA: Indonesia (H, S, L) **56**
NESTLE: Bolivia (D); Indonesia (H, S, G, L); Singapore (H, P, G); Bahamas (S); Italy (P); Bangladesh, Malaysia (L) **144**
NUTRICIA: Indonesia (H, S, L) **14**
PLASMOLAC: Italy (P) **2**
SARI HUSADA: Indonesia (D, H, S, L) **263**
VOLVIC: France (D) **1**
WYETH: Singapore, Indonesia (H, S, L) **1660**

During October 2236 violations of the International Code were recorded, involving 25 companies in 9 countries.

NOVEMBER 1982

ABBOTT/ROSS: Barbados, Grenada (L); Belgium (P) **3**
ABSORBA: France (D) **1**
BETTERFOOD: Belgium (P) **2**
EVENFLO: Belgium (H) **1**
EVIAN: France (D) **1**
GLAXO: Kenya (L) **1**
LYONS: Zambia (L) **1**
MEAD JOHNSON: Barbados (L) **1**
MILUPA: Belgium (P) **2**
NESTLE: Barbados, Grenada, Kenya (L) **6**
NUTRICIA: Belgium (H, P) **2**
REMOND: France (D) **2**
VOLVIC: France (D); Belgium (P) **2**
WYETH: Kenya (H, L) **3**

During November 33 violations of the International Code were recorded, involving 18 companies in 6 countries.

DECEMBER 1982

ABBOTT/ROSS: Bahamas, Barbados, Trinidad, Grenada, St. Lucia, Antigua (L) **19**
ANCHOR: Trinidad (L) **2**
BORDEN: Trinidad (D, L); St. Lucia, Antigua (L) **10**
CARNATION: Trinidad, St. Lucia, Antigua (L) **7**
COW & GATE: Trinidad (H, L); Singapore (S); Bahamas, Barbados, Grenada, St. Vincent, St. Lucia, Antigua (L) **28**
DANO: Grenada (L) **1**
GLAXO: Trinidad, St. Vincent, Antigua (L) **12**
LOMA LINDA FOODS: Antigua (L) **2**
LONG LIFE: Trinidad (L) **1**
MEAD JOHNSON: Trinidad (H); Bahamas, Barbados, St. Lucia (L) **5**
MILCO EXPORT: Trinidad (L) **2**
NESTLE: Norway (D, C); Trinidad (D, H, L); Bahamas (S, L); Barbados, Grenada, St. Vincent, St. Lucia, Antigua (L) **64**
NURTICIA: Bahamas (H, S, L) **4**
WYETH: Bahamas, Trinidad, St. Vincent, St. Lucia, Antigua (L) **17**

During December 174 violations of the International Code were recorded, involving 14 companies in 9 countries.



An Omilk delivery van in the Yemen Arab Republic, September 1982.

What is IBFAN?

The International Baby Food Action Network (IBFAN) is a worldwide network of groups and individuals actively involved in the infant feeding issue. It was formed in October 1979 following a World Health Organisation (WHO)/UNICEF meetion on infant and young child feeding. Non-governmental organisations participating in the meeting recognised that international co-operation amongst citizen groups was essential if the meeting's recommendations to promote breast feeding and the status of women, and to control the marketing of artificial infant milks and feeding utensils were to become realities.

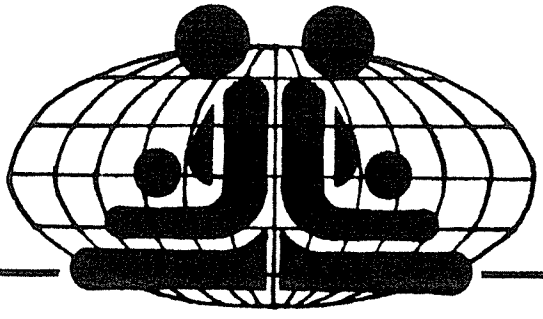
Between 1979 and 1983, groups participating in IBFAN have investigated the marketing practices of the infant food and bottle manufacturers; played an active part in drafting an International Code of marketing; and initiated campaigns to promote breast feeding in their countries. Participation in IBFAN has grown from just six groups in 1979 to over 100 by 1983; the majority are in developing countries.

The successful adoption of the International Code of Marketing of Breast-milk Substitutes by the World Health Assembly in May 1981 marked a new phase of activity for IBFAN. Groups began strong efforts within their countries to press for legislation based on the code to control the aggressive marketing practices of the infant food and bottle manufacturers.

The following organisations are participants in IBFAN: Aktionsgruppe Babynahrung (FRG), Baby Milk Action Coalition (BMAC, UK), Berne Third World Action Group (Switzerland), Breast-feeding Information Group (BIG, Kenya), Campagne Alimentation Nourrissons (CAN, France), Geneva Infant Feeding Association (GIFA, Switzerland), Infant Formula Action Coalition (INFACT, USA; INFACT, Australia; INFACT, Canada); Interfaith Centre on Corporate Responsibility (ICCR, USA), International Organisation of Consumers Unions (IOCU, Malaysia), Irish Infant Formula Action Group (INFORM, Rep. of Ireland), Japanese Infant Formula Action Coalition (JIMFACT, Japan), Landelijk Overleg Babyvoeding (LOB, Netherlands), Malaysian Infant Formula Action Network (MIFAN, Malaysia), National Alliance for the Nutrition of Infants (NANI, India), National Coalition for the Promotion of Breastfeeding, Philippines), Nordic Action Group for International Breast-feeding Questions (NAFIA, Denmark, Norway and Sweden), Oxfam (UK), The Informative Breast-feeding Service (TIBS, Trinidad), War on Want (UK), as well as other groups and organisations in Bangladesh, Barbados, Belgium, Brazil, Costa Rica, Dominican Republic, Fiji, Grenada, Guatemala, Hong Kong, Indonesia, Jamaica, Korea, Mexico, Montserrat, New Zealand, Panama, Papua New Guinea, St. Kitts, St. Lucia, St. Vincent, Singapore, Spain, Tanzania, Thailand, Turkey, Yemen Arab Republic, Zambia and Zimbabwe. Contacts are also maintained with individuals from many more countries around the world.

For further information, please contact one of the three IBFAN clearinghouses:

Geneva Office: CP 157, 1211 Geneva 19, Switzerland. Telephone: (022) 98 91 64.
Minneapolis Office: 1701 University Ave. SE, Minneapolis MN 55414, USA. Tel: (612) 331 2333.
Penang Office: PO Box 1045, Penang, Malaysia. Tel: (04) 885072.



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RESEAU INTERNATIONAL DES GROUPES D'ACTION POUR L'ALIMENTATION INFANTILE
RED INTERNACIONAL DE GRUPOS PRO ALIMENTACION INFANTIL

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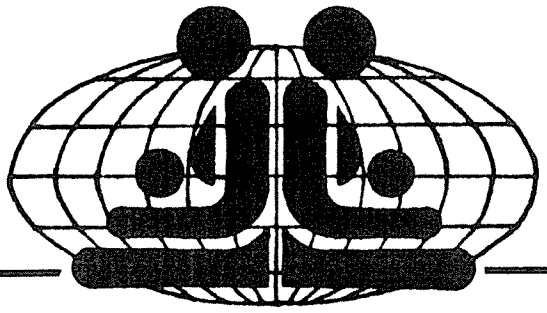
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