International regulation of transnational corporations: The infant food debate.

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Citation for published version (APA):
Chapter 2

‘COMMERCIOGENIC MALNUTRITION’

The ‘Bottle Baby Disease’

It is harsh, but correct, to consider some of these children as suffering from ‘commerciogenic malnutrition’ – that is caused by thoughtless promotion of these milks and infant foods.

Derrick Jelliffe, Director of the Caribbean Food and Nutrition Institute in Jamaica, 1971

If she continues to feed the baby with a dirty bottle and dirty water, it can lead to the death of the child. We accept no responsibility for hygienic conditions in the country and for the lack of knowledge of writing and reading...

Hans Rudolf Müller, vice-president Nestlé, 1975

At the turn of the millennium, the World Health Organisation estimates that around 1.5 million infants die each year because they are artificially rather than breastfed. This chapter outlines the origins and development of the infant food industry, and illustrates how the industry’s marketing practices, combined with beliefs and practices of the Western-trained medical community, contributed to the gradual replacement of breastfeeding by commercial infant foods in industrialised and developing countries.

It provides an overview of the marketing methods used by the infant food industry in the 1960s and 1970s when health professionals and then citizen action groups began to raise the alarm about the negative consequences of this trend in infant food marketing for infant survival, health and growth, in particular in developing countries.

It describes how the regulation of the marketing practices of the infant food industry became an international public issue. Dialogues between health professionals, UN advisory groups and the industry failed to persuade the industry to change its marketing practices. A crucial turning point was when civil society actors brought the issue of harmful marketing practices onto the agenda of UN agencies.

Infant food manufacturers attempted to prevent the UN from taking up the issue by portraying external international regulation of industry practices as an interference in the free market. Nonetheless, WHO and UNICEF called a Joint Meeting on Infant Feeding in 1979 to which, unusually, they decided to invite not only the industry but also its most outspoken critics from citizen action groups. The meeting was a milestone: it called for an international code of marketing practices; it catalysed the formation of an international issues network on infant feeding; the network in turn catalysed the development of ‘international issues management’ – a corporate PR discipline which henceforth accompanied this and other regulatory debates.

1 Jelliffe 1971
2 Müller 1975
The birth of a market

In the middle of the nineteenth century, new techniques for processing milk were developed. Condensed tinned milk (1853), evaporated milk (1885), surpluses of whey in milk-producing countries, and new materials and production methods for feeding bottles and teats formed the basis of a new industry. (Palmer 1993:203)

German-born Henri Nestlé started his infant food business in 1867 by mixing toasted flour and condensed milk. As a chemist and merchant, he soon recognised the market opportunities for his ‘farine lactée’: “My discovery will have a tremendous future because there is no food that might be compared to my flour mixture”. (Buffle 1986)

By 1873, Nestlé’s company was reporting sales of half a million boxes of ‘Nestlé Milk Food’ in Europe, America, Australia, Argentina, the Dutch East Indies and Mexico. (Buffle 1986) Other baby food producers followed Nestlé’s lead. By 1880, several brands of canned milk were advertised in Malaysia with statements such as “Sweetened condensed milk is the food par excellence for delicate infants”. (CAP 1981)

It was not until some 60 years later that the first criticisms of the gradual replacement of breastmilk with artificial baby milk were recorded. Paediatrician Dr. Cicely Williams, subsequently the first Director of the World Health Organisation’s Maternal and Child Health Programme, raised the alarm in her 1939 address to the Singapore Rotary Club entitled ‘Milk and Murder’:

If you are a legal purist, you may wish me to change the title of this address to Milk and Manslaughter. But if your lives were as 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. (see Allain 1986)

Dr. Williams did not single out infant food manufacturers as being responsible for these infant deaths. The gradual replacement of breastfeeding by artificial feeding was due to several synergistic factors. The Western medical community, caught in the prejudices of their time, believed that well-to-do upper-class women were too frail to breastfeed. Doctors experimented with ‘infant formulas’ – recipes which attempted to imitate human milk – so that these women would not have to use the services of wetnurses. Mothers had to return to the doctor every few weeks to have the ‘formula’ adjusted to the individual digestion of their child. Thus when companies started marketing standard milk mixtures, mothers often found it more convenient and cheaper to purchase commercial formulas. (Palmer 1993:201-203)

Industry had decided to win over doctors as useful allies. Nestlé, for example, had been advertising directly to the public for decades with free samples and booklets. But when it launched Lactogen in 1924 in the US, it specified that the produce should be consumed “only on the prescription or recommendation of a physician.” No feeding instructions appeared on the package label. (Apple 1980) About the same time, infant food manufacturer Mead Johnson extolled the economic advantages of close co-operation between manufacturers and the medical profession:

When mothers in America feed their babies by lay advice, the control of your paediatric cases passes out of your hands, Doctor. Our interest in this important phase of medical economics springs not from any motives of altruism, philanthropy or paternalism, but rather from a spirit of enlightened self-interest and co-operation because [our] infant diet materials are advertised only to you, never to the public. (Apple 1980)

After the Second World War, international trade opportunities began to expand. Nestlé and other companies, such as the British firm, Cow and Gate, had already established their markets in countries under colonial rule. Later, when birth rates began to drop in industrialised countries, the newly-independent countries became more significant as potential markets. In the early 1970s, for instance, a Nestlé publication states of Thailand that “the high birth rates permit a rapid expansion in the domain of infant nutrition.” (Nestlé 1971)

By the 1960s and 1970s, breastfeeding was in rapid decline in many parts of the world. In the US, bottle feeding with commercial infant formula had become standard. The rate of breastfeeding newborns halved between 1946 and 1955; by 1967, only one-quarter of babies born in hospitals were breastfed when their mothers took them home. Doctors who had little knowledge of breastfeeding and who had been trained in clinical settings where mothers were routinely separated from their babies immediately after birth and given lactation suppressants went out to developing countries as experts to help set up health care services. (Palmer 1993:220)

Marketing methods

In the second half of the twentieth century, the infant food industry used a wide range of promotional methods to increase demand for commercially-produced infant foods. Five of these methods are highlighted below:

i) Stressing equivalence or superiority to breastfeeding
Labels suggested that infant formula was as good as, if not better than, breastfeeding. For example, a label on a 1978 tin of Abbott-Ross's Similac proclaimed that “there is no food equivalent that more closely resembles the milk of healthy well-fed mothers – SIMILAC with IRON – similar to mother’s milk”. Wyeth stated on its S-26 label: “Nourishes the baby like mother’s breast – S26 – a superior food for the infant.” (quoted in Chetley 1979:77)

ii) Exploiting women’s anxieties
Promotions played on women’s fears of not producing enough milk. Nestlé stated that its products should be used “When mother’s milk fails”. (Poster 1980) A radio jingle in the Belgian Congo crooned “The child is going to die because the mother’s breast has given out. Mama, O Mama, the child cries! If you want your child to get well, give it Klim milk”. (Printer's Ink 1958)

iii) Representing healthy, thriving babies
Images of chubby, healthy-looking babies in advertisements and on packaging suggested the promising outcome of feeding an infant with a particular brand. Such images were carefully

4 Commercial distribution of breastmilk substitutes was also helped by the widespread establishment of milk depots in health care centres where cows' milk was distributed free to child-bearing and -rearing women in the mistaken belief that it was the food par excellence to guard against malnutrition. Charities, including UNICEF, participated. For details, see Palmer 1993:193-194; 221-227.
chosen to appeal subconsciously to the promotional target: women with infants. Indeed, images in packaging, advertising or printed materials are often more important than the text in achieving a promotional goal.5

iv) Disguising sales persons
Free samples of breastmilk substitutes, literature and other gifts were distributed to mothers at a time when they were most vulnerable – just after they had given birth. Sales persons dressed as nurses (‘milk nurses’ or ‘mothercraft nurses’) would visit mothers of newborns in maternity wards or at home to promote bottle feeding and to distribute samples. This particular marketing strategy reinforced product acceptance through association with an authoritative figure, albeit a bogus medical one. A Nigerian survey showed that 87 per cent of mothers using breastmilk substitutes did so in the belief that a health worker had recommended them. (Baumslag 1995:150)

v) Gaining medical endorsement
Large amounts of free and ‘low cost’ supplies were sent to maternity wards creating a genuine medical seal of approval for early infant feeding with commercial foods. Gifts and sponsorships were given to health professionals. Infant food companies continued to find it effective to work through the medical profession. In 1970, American Drug magazine touted: “Baby formula ... a high-volume item that is practically pre-sold to new mothers via physician/hospital endorsement”. Wyeth’s 1975 Infant Formula Sales manual stated that “maternity services should be given primary allocation of free samples, geared to producing potential sales”. (Borgholtz 1982:186) Cow & Gate’s 1976 annual report highlighted its highest-ever exports, thanks to “wide contacts with the medical profession.” (Borgholtz 1982:177)

The success of these promotional techniques also depended on effective media strategies. In the 1970s, Nestlé prided itself on its imaginative reach into the poorest households:

The advent of television as a universal means of communication with the shack as well as the mansion permits the standardisation to an increasing extent of advertising and promotion. Nestlé uses the medium extensively wherever it can. Where it still can’t, the company relies on newspapers, colour magazines, billboards and other outdoor displays.

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.

In the less developed countries, effective distribution may call for unusual, imaginative techniques. (Willat 1970)

By means of all these promotional methods, powdered baby milk (which can be a useful feeding alternative for orphaned infants and in cases when a mother truly cannot breastfeed)

5 A former director of an international marketing firm in South-East Asia described the marketing strategy at the end of the 1970s: “It was the Western way of doing things and this had enormous appeal to these people [in developing countries] ... It’s such a huge market ... [I]f we could get these people to use these products, it’s a vast amount of money involved ... We were discussing the marketing strategy behind these products ... Mothers are very emotional about their children ... for visual imagery, large-scale posters, and so on, we wanted the youngest possible babies ... The information about the terrible dangers inherent... the multinationals did nothing about it, as far as I can see ... Nobody talked about boiling water, nobody told us about the advantages of breastfeeding.” This marketing professional turned whistleblower on Nestlé after he saw a film documentary in which a Filipina mother quoted the slogan of his marketing firm. Her baby had died not because she had not cared but because she had wanted to give her child the ‘next best thing.’ (Gravet 1989)
"was transformed into a consumer item to be pushed as suitable for every baby.” (Allain 1991:2)

While this trend towards artificial feeding benefited the manufacturers of infant formula, the promotion and indiscriminate use of breastmilk substitutes did little to benefit infants. Feeding with formula interferes with women’s milk production. In addition, a mother’s insecurity about her ability to breastfeed can reduce the flow of her milk. The use of bottles and teats, moreover, interferes with babies’ ability to suckle. When infant formulas began to be promoted widely, both mothers and health personnel were quick to call these effects ‘insufficient milk’ and to believe that they indicated a permanent ‘inability to breastfeed’. In the 1970s, it was not widely known among medical professionals that difficulties in breastfeeding could be reversed through encouragement, more frequent feeding and skilled help with positioning the baby at the breast.

It was widely known, however, that the use of artificial baby milk deprived babies not only of the best possible nutrition, but also of the immunological protection provided by antibodies in their mother’s milk. Moreover, at the end of the 1970s, no large infant food manufacturer could claim to be unaware that preparing baby milk in poor socio-economic and hygiene conditions might be detrimental to the health and lives of the ‘end-consumers’ of their product.

‘Dialogues’ with no effects

The relationship between artificial feeding and increased child death and disease rates had been brought to the attention of infant food manufacturers in the early twentieth century. A 1910 study carried out in Boston had shown that bottle-fed babies were six times more likely to die than breastfed ones. Another study on infant mortality, carried out in eight US cities between 1911-1916, had demonstrated the same six-fold increase in risk for babies from low-income families and a four-fold increased risk for babies in higher-income families.6 (quoted in Palmer 1993:207;210)

Yet it was nearly 50 years later before concerns raised by health professionals working in developing countries about the potential fatal consequences of the inappropriate marketing of breastmilk substitutes began to be heard. These doctors and nurses began to issue warnings about the ‘bottle baby disease’, as they called the vicious cycle of artificial feeding, diarrhoea and malnutrition they observed in areas with poor access to safe water. Moreover, because commercial baby foods were expensive, families often did not have the resources to purchase the amount of infant formula needed to feed an infant adequately. Instead, they over-diluted the powder.

In 1968, Dr. Derrick Jelliffe, director of the Caribbean Food and Nutrition Institute in Jamaica, indicted the infant food industry for causing “commerciogenic malnutrition.” (Jelliffe 1971:55) One year later, Dutch paediatrician Dr. Catherine Wennen described the marketing practices she had witnessed while working in Nigeria in the journal Tropical and Geographical Medicine. (Wennen-van der May 1969)

6 Even these early studies showed that higher mortality rates were caused not only by diarrhoea, a disease often associated with poor hygiene, but also by pneumonia, measles, whooping cough and other communicable diseases. These results suggested that bottle feeding put children’s health at risk not only if contaminated bottles and water were used but also by depriving children of the immunological protection of breastmilk, rendering them more susceptible to infectious diseases. (Palmer 1993:210)
Both these doctors initially believed that a dialogue between health professionals and industry representatives would solve the problem. Dr. Wennen, for instance, had been shocked by the slogan broadcast regularly over Nigerian radio, “Mother believe in Lactogen ... All things in mother’s milk are also present in Lactogen. Mother watch the health of your baby, and give him the best, give Lactogen.” (quoted in SAFEP 1975:8) When she approached the Nestlé manager in Lagos “to point out the sad consequences of their indiscriminate sales promotion”, she found that “he did not like to enter into dialogue.” (quoted SAFEP 1975:10)

Jelliffe and another eminent paediatrician, Dr. Bo Vahlquist, concluded that a higher level discussion with as many companies as possible was necessary to make any impact and persuaded the UN Protein Advisory Group (PAG) ad hoc Working Group on Feeding the Pre-School Child to organise such a meeting. Twelve paediatricians, twelve industry representatives, and representatives from several UN agencies including UNICEF and the Food and Agriculture Organisation (FAO) met in November 1970 in Bogotá, Colombia. The discussions took place behind closed doors to ensure full industry participation. A comprehensive report of this meeting was never published. Yet it is known that the industry disputed any relationship between the availability and promotion of infant formula and the decline in breastfeeding.

Several other meetings followed before the UN Protein Advisory Group decided to make a statement on the issue. Published in November 1973, the final PAG statement, however, was ambiguous. Although it referred to the advantages of breastfeeding, it paradoxically advocated a closer collaboration between governments and industry to widen the use of commercial infant foods still further: “In any country lacking breastmilk substitutes, it is urgent that infant formulas be developed and introduced.” The statement asked governments to provide fiscal and financial incentives to encourage industrial investment and to consider subsidising the distribution and promotion of such products. (PAG 1973:18) According to the author of the Politics of Baby Foods, Andrew Chetley, the statement gave an official stamp of approval for both the industry’s products and marketing practices with its dual-message: “Breast milk is best, infant formula is virtually the same”. (Chetley 1986:41) 7

Not much headway was made in another part of the UN system. The International Organisation of Consumer Unions (IOCU) submitted a draft Code of Practice for Advertising of Infant Foods to the FAO/WHO Codex Alimentarius Commission in early 1972. This UN food safety and quality standards body paid little attention to the issue which it felt was outside its area of competence. (Chetley 1986:42)

**Industry under public scrutiny**

If the expression of these concerns had been limited to these relatively secluded meetings, the infant food industry would probably have seen little need to change its marketing approaches. But other events intervened. The year 1974 is regarded by many analysts as a critical turning point in raising public awareness of the infant food issue and bringing it on to the agenda of policy-makers.

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7 The statement referred in just two places to the promotion of breastmilk substitutes: anything that “could discourage appropriate breastfeeding” should be avoided; and promotion to mothers in maternity wards was inappropriate. (quoted in Chetley 1986:42)
The build-up started in August 1973 when the UK-based magazine, *New Internationalist*, ran a cover story on *The Baby Food Tragedy*. Two child health specialists, Dr. R.G. Hendrickes and Dr. David Morley, accused the baby food industry of creating malnutrition through irresponsible marketing methods.

In 1974, the London-based War on Want organisation published *The Baby Killer*, a devastating report on infant food promotion and its consequences which was based on evidence collected primarily in Africa. (Muller 1974) The graphic pictures and plain language raised public awareness of the sometimes fatal effects of bottle feeding. Twenty thousand copies were sold, and the booklet was widely translated.

In Switzerland, Arbeitsgruppe Dritte Welt (Third World Action Group) wrote a new foreword to its translation and changed the title to “Nestlé tötet Babys” (“Nestlé kills babies”). (Arbeitsgruppe Dritte Welt 1974) Published in May 1974, the book received wide coverage in the Swiss press. Two months later, Nestlé sued the group on four counts of libel: the title; that the company’s practices were unethical; that the company was responsible for the death of and damage to thousands of babies; and that in developing countries baby food sales representatives dressed as nurses.

Arbeitsgruppe Dritte Welt refused subsequent offers from Nestlé to settle out of court, stating that “the trial about the consequences of processed baby foods in developing countries will be of public interest.” (quoted in Chetley 1986:44)

The infant food industry realised that controversy about its marketing practices was not going to go away and thus changed its tactics. Two days before the first of three hearings in the libel case, eight infant food companies – Cow & Gate, Dumex, Meiji, Morinaga, Nestlé, Snow Brand, Wakado and Wyeth – announced the formation of an International Council of Infant Food Industries (ICIFI). 8 One of the first acts of this business association was to draft a code of ethics which was released with much press fanfare two days after the end of the first court hearing. (ICIFI 1975, amended 1976)

Many people saw the ICIFI code as a positive step, an indication that the industry had voluntarily adopted controls on itself and that it had the ability to enforce them internationally. Closer examination of this voluntary code, however, revealed that it would have allowed most promotional practices to continue. Given the timing of the formation of the business association and the release of the code, several NGOs felt that the ICIFI code was “little more than a public relations exercise designed to stave off critics and deep public concern over their marketing methods.” What was needed in their view was “a legal obligation on the companies, enforced by government and monitored by UN agencies.” (War on Want 1975) 9

Just before the last of the three hearings in July 1976, Nestlé dropped three of the four libel charges, leaving just the complaint about the title of the Swiss booklet. The judge fined members of the group a symbolic 300 Swiss francs each because Nestlé “in terms of criminal law” could not be held responsible for the infant deaths. The judge nevertheless emphasised that the company’s advertising practices in developing countries “went considerably further” than those in industrialised countries:

8 US company Abbott/Ross decided not to join ICIFI because the business association’s code did not specifically rule out mass-media advertising of infant food, a practice which Abbott/Ross found “inappropriate in Third World Settings” (quoted in Chetley 1986:48).

9 For more details, see Chetley 1986:48-50.
The need ensues for the Nestlé company to fundamentally rethink its advertising practices in developing countries concerning 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 in future wants to be spared the accusation of immoral and unethical conduct, it will have to change advertising practices. (quoted in Chetley 1986:45)

The libel case generated not only broad public recognition but also much documentation on Nestlé’s promotional practices. It also prompted the formation of a network of citizens from eight countries committed to collecting and exchanging information on the issue. (Clement 1988:352)

Nestlé responded by citing prevailing standards of practice. A few days after the judge's verdict, the company’s managing director Arthur Furer told his staff that he had personally investigated the marketing practices of the company:

I was able to see that they were normal and usual advertising methods, used by manufacturers of such products all over the world ... [therefore] we must affirm that we have full confidence in the ethical basis of our action. (quoted in SAFEP 1976:B3)

**Shareholder resolutions, a consumer boycott and a US Senate hearing**

It was also in 1974 that the issue of artificial infant feeding crossed the Atlantic from Europe to the United States.

Media coverage had stimulated wider interest in the issue. Peter Krieg’s half-hour film, *Bottle Babies*, documenting the conditions and consequences of the use of infant formulas in Kenya, helped to build a campaign in the United States where infant food corporations had not yet come under scrutiny.

During 1974, the US National Council of Churches, concerned about a wide range of TNC practices, founded the Interfaith Centre on Corporate Responsibility (ICCR). Its aim was to monitor those TNCs in which churches had invested its money. If any particular industry practice was deemed to be against social interests, shareholder power could be used to bring about change.

At the end of 1974, ICCR helped to prepare shareholder resolutions seeking disclosure of information about the marketing strategies of US-based infant food companies. When one of these, Bristol Myers, made misleading statements to its shareholders – it claimed that it did not market its products in places where chronic poverty could lead to harmful effects – an order of Catholic nuns, the Sisters of the Precious Blood, filed a lawsuit. The case dragged on for almost two years, from spring 1976 until January 1978, when the company offered to settle out of court. It agreed to send a report to the shareholders, including all the evidence collected by the Sisters and the ICCR which countered Bristol Myers’ claims. It also agreed to halt all direct advertising and the use of mothercraft nurses. (Chetley 1988:50-52)

Yet many ordinary people felt that more had to be done than filing shareholder resolutions or getting involved in difficult legal cases. Many of them were moved by disquieting scenes in the *Bottle Babies* film, such as that of a severely-malnourished baby screaming as a drip was
placed through a vein in her head. (Palmer 1993:239) Thus on 4 July 1977, the Minneapolis-based Infant Formula Action Coalition (INFACT) launched a consumer boycott of Nestlé.

INFACT chose Nestlé for three reasons. Because the company had nearly half the world’s market share of infant food, any change in its marketing practices would have a major positive impact on the health and well-being of children, and other companies could be expected to follow suit. Moreover, of all the infant food companies, Nestlé most consistently denied having anything to do with the deaths of bottle fed babies, questioning instead the motives of those involved in the campaign to change corporate promotional practices. Finally, at the time, as Nestlé was Swiss-based, US citizens could not exert pressure via shareholder resolutions. (Chetley 1986:52)

Nestlé’s immediate reaction to the consumer boycott was to contact church leaders across the United States. One of the world’s largest public relations firms, Hill and Knowlton, mailed 300,000 copies of a 24-page glossy publication to clergy and religious organisations across the country, stating that Nestlé’s marketing practices were ethical and asking them not to participate in the boycott. Ironically, many church members heard about the boycott for the first time through this publication. Nestlé’s newly-founded Office of Corporate Responsibility also implied in a two-page leaflet that the World Council of Churches intended to overthrow capitalism. (Nestlé 1977) Yet by the end of 1978, the boycott had spread across the United States and beyond to Canada, New Zealand and Australia. Church groups, student groups, trade unions, women’s organisations, health workers, public figures and some prominent politicians had all become part of it. (Chetley 1986:53; Palmer 1993:247)

US citizens wrote to their congressional representatives and other politicians asking them to take a stand. US Senator Edward Kennedy, chair of the Senate Sub-Committee on Health and Scientific Research, held a public hearing in May 1978 on the promotion of infant formula in developing countries. In his testimony, Nestlé Brazil’s president Oswaldo Ballarin, stated:

> The US Nestlé Co has advised me that their research indicates that this [boycott] is actually an indirect attack on the free world’s economic system. A world-wide church organisation, with the stated purpose of undermining the free enterprise system, is in the forefront of this activity. (Ballarin 1978)

Senator Kennedy dismissed Nestlé’s interpretation by stating that “a boycott is a recognised tool in a free economic democratic system ... and it is not recognised as being a part of an international kind of conspiracy to bring the free world’s economic system down.” (quoted in Sethi 1994:77)

**WHO and UNICEF become involved**

The US Senate Hearing brought the issue of harmful marketing practices onto the international policy agenda. Concerned about the infant food manufacturers’ disavowal of responsibility for the consequences of their practices, Kennedy went on to organise a meeting with industry representatives to discuss the issue further. Afterwards, he concluded that

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10 In 1999, *The Independent* stated: “until ten years ago, non-Swiss were not even allowed to own the company’s registered shares”. (Koenig 1999) And in 1996, it was reported that Nestlé shareholders had to hold a market value of 140 million Swiss Francs worth of shares to bring any item on the official agenda of the company’s shareholder meeting. (INBC 1996)

11 For more information about boycotts as a democratic means to influence corporate practices, see chapter 8.
unilateral regulation of US-based companies “might not be appropriate.” Instead, he felt an international solution to an international problem was required. (quoted in Chetley 1986:57)

In July 1978, Kennedy wrote to the Director-General of the World Health Organisation, Halfdan Mahler, to inform him that the industry representatives had requested: “that the World Health Organisation convene a conference of industry representatives, industry critics, nutrition experts, and appropriate government officials and health professionals from developing nations to address the problem [of the promotion and marketing of infant formula] on a global basis.” He added, “the conference may consider, among other things, the adoption of a meaningful, uniform code of ethics acceptable to all infant formula manufacturers.” (Kennedy 1978)

WHO and UNICEF set October 1979 as the date for a meeting on the broad question of infant and young child feeding. The industry’s business association, the International Council of Infant Food Industries, immediately notified WHO of its willingness to participate in such a meeting, hoping that the UN agencies would moderate the dispute and “depoliticise the controversy”. (McComas et al. 1983:14) In the 15 months before the meeting, the industry emphasised that there was no need for public debate or a boycott because the issues would soon be resolved in the “proper forum for discussion of all questions related to these problems.” 12

Intense struggles between all the players took place before and during the 1979 meeting, a meeting in which the involvement of civil action groups was key and was considered “a major departure from the traditional relationship between the United Nations and non-governmental organisations. For the first time, the public itself was recognised through several constituency-based organisations from both industrialised and Third World countries.” (Lemaresquier 1980:120) 13

The composition of the participants was unprecedented: representatives of 23 governments, 14 officials of the UN and other specialised agencies; 19 delegates from NGOs, 26 representatives from industry; and 22 experts on nutrition, paediatrics, sociology, public health and marketing. (Sokol 1997:8)

When the infant food industry realised that it could not control the process of the WHO/UNICEF meeting and that the other participants might recommend that limits be put on its marketing practices, it protested about “an abandonment of free enterprise” and began to describe the development of an international code of conduct governing its actions as an infringement of states’ national sovereignty. ICIFI President Ian Barter explained:

We welcome codes of conduct. We want to see as many codes as possible. The idea of a generalised code is one we do not find helpful. (quoted in Chetley 1986:67-68) 14

12 Nestlé chief executive officer Arthur Furer, personal correspondence, 14 August 1979, quoted in Chetley 1986:57
13 For a detailed description of the dynamics of the meeting, see Chetley 1986:57;61-74
14 Chetley points to the contradiction between ICIFI’s most vocal objections to a universal UN-brokered code of marketing and its concomitant promotion of ICIFI’s own industry code as international and all-embracing. (Chetley 1986:68)
Yet the unanimous consensus of the WHO/UNICEF meeting was that:

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 they exist, or, in their absence, with the spirit of this meeting and the recommendations contained in this report or with any agreed international code. (WHO 1979:29)

WHO and UNICEF were requested to begin the process of preparing an international code of marketing of breastmilk substitutes.

**Citizen networks and corporate counteractions**

The 1979 WHO/UNICEF meeting was a watershed because it put the formulation of an international code on marketing practices firmly on the agenda of two major UN agencies. It was also a landmark in the broader history of international regulation.

Towards the end of the WHO/UNICEF meeting, representatives from six NGOs – Arbeitsgruppe Dritte Welt, ICCR, INF ACT, IOCU, Oxfam and War on Want – decided to form a dispersed multinational network to work on the issue of artificial feeding. Its first aim was to monitor corporate activity throughout the world relating to infant food and to share this information as widely as possible. This network, the International Baby Food Action Network (IBFAN), subsequently became a model for a number of issue-based international networks, such as Health Action International (HAI), formed in 1981 to follow consumer issues related to the pharmaceutical industry, and the Pesticide Action Network (PAN), which has been monitoring the chemical industry since 1982. (for more details see chapter 8).

The industry perceived the formation of the IBFAN network and its effectiveness in influencing the debate as a threat. As proposals for an international code on the marketing of breastmilk substitutes became more concrete, ICIFI’s newly-elected president, Nestlé’s vice-president, Ernest Saunders, wrote:

> 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 the 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. (Saunders 1980b) 15

As shown in Chapter 7, the Code became a key factor not only in the evolution of international citizen networks, but also in the development and spread of "international issues management" – one of the most strategic public relations disciplines designed to help industry “shape rather than to react to public discourse and decision making.” (Baskin et al. 1997:80-82)

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15 For a description of the context of the letter, see Chetley 1986:55-56.