



SWISS ACTION GROUPS FOR  
INTERNATIONAL DEVELOPMENT

Third World Action Group Berne  
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## FIRST HEARING OF WITNESSES IN THE NESTLE CASE

PROFESSOR D.B. JELLIFFE  
on 26 FEBRUARY 1976

Information for the Press No. 3

Contents: - Brief introduction of Prof. Jelliffe (Annex I)  
- Qualifications and career (Annex II)  
- Written Statement for the Berne Court by  
Prof. Jelliffe (Annex III)

Berne, February 1976

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On February 26, Professor Derrick B. Jelliffe, M.D., F.R.C.P., F.R.S.H., F.A.P.H.A., D.C.H., D.T.M. & H. of Los Angeles (USA) will be the first witness to be heard in the Nestlé case, on the application of the Arbeitsgruppe Dritte Welt.

As Prof. Jelliffe has a very tight schedule and happens to be in Europe at the end of February, his testimony has been given priority. The second hearing at which other witnesses will be heard, and at which further evidence will be given, will take place a few weeks later.

Prof. Jelliffe can be considered the best qualified and the most prominent authority on the subject. The annexes give information on his extensive experience.

The hearing will take place on 26 February 1976 at 2.15 p.m., Room 39, Amtshaus, Hodlerstrasse 7, BERNE.

Afterwards there will be a press conference with the participation of Prof. Jelliffe in the Volkshaus, Room 8, Zeughausgasse 9.

We invite all interested journalists to attend the hearing as well as the press conference. Languages used will be English and German.

As soon as the dates of the second hearing are known, we shall distribute extensive press documentation with excerpts from our second dossier of evidence (submitted on 3 February) and comments concerning Nestlé's conduct and evidence.

BRIEF INTRODUCTION OF PROF. JELLIFFE

Derrick Brian Jelliffe, born in 1921 in Chatham (U.K.), can be considered the most qualified authority on all questions of breast feeding and artificial feeding of babies. Only a few weeks ago he completed the manuscript of a comprehensive book entitled Human Milk in the Modern World, which takes account, among other things, of all the literature on this subject. Prof. Jelliffe has warned against the advertising methods of milk companies for many years. He has been able to follow these methods and their consequences, for instance while he was Director of the Caribbean Food and Nutrition Institute in Jamaica (an institution of the Panamerican Health Organization, FAO and the University of the West Indies) 1966 - 1972, during which time there was virulent competition in Jamaica between Nestlé and an American company. It was on his advice that the Protein Advisory Group of the U.N. began to look into the question of baby milk advertising. Prof. Jelliffe took part in several seminars with among others, representatives of Nestlé.

Credentials

Name: Derrick B. Jelliffe

Qualifications:

M.B. B.S., University of London, 1943.

M.R.C.P., University of London, 1944

D.C.H. (Diploma in Child Health), University of London, 1945

M.D., University of London, 1945

D.T.M. & H. (Diploma in Tropical Medicine & Hygiene), School of Tropical Medicine, University of London, 1947

American Boards in Pediatrics, 1958

F.R.C.P., University of London, 1961

Professional Experience:

1943-46 House physician and Registrar posts at Middlesex Hospital, London

1946-49 Medical Inspector, Sudan Medical Service, stationed Juba, Equatoria Province; Wau, Bahr-el-Ghazal Province, and Wad Medani, Blue Nile Province

1949-52 Lecturer (and Senior Lecturer) in Medicine, University College, Ibadan, Nigeria

1952-54. Senior Lecturer in Paediatrics, University College of the West Indies, Mona, Jamaica

1954-56 WHO Visiting Professor of Paediatrics, All-India Institute of Hygiene and Public Health, Calcutta, India

1956-59 Visiting Professor of Tropical Medicine, Tulane Medical School, New Orleans, Louisiana (In-residence)

- 1959-66 Professor of Paediatrics and Child Health, Makerere Medical School, Kampala, Uganda
- 1966-72 Director, Caribbean Food and Nutrition Institute, and Honorary Professor of Community Nutrition, University of the West Indies, Mona, Jamaica
- 1971-present Chairman, Division of Population, Family and International Health and Professor of Public Health, School of Public Health, and Professor of Pediatrics, School of Medicine, University of California, Los Angeles California

Relevant Pediatric Nutritional Experience:

- Member, World Health Organization Advisory Panel on Nutrition, 1962-present
- Chairman, Uganda Food and Nutrition Committee, 1965-66
- Member, Advisory Committee on Growth and Development, Institute of Nutrition of Central America and Panama, Guatemala, 1968
- International Union of Nutrition Sciences (IUNS), Member of Committee on "Assessment of Protein-Calorie Malnutrition of Early Childhood", 1969-73
- Member, UN Protein Advisory Group (PAG), Committee on Young Child Feeding, 1969-73
- Special Adviser in Nutrition to the Minister of Health, Jamaica, 1972-present
- Member, International Children's Centre (Paris), Working Party on "Breast Feeding", 1972
- Chairman, IUNS Commission III - "Human Development: with Special Relation to the Pre-School Child", 1973-present
- Chairman, Plenary Symposium, "Human Milk and Breast Feeding" Recent Advances and Practical Programs", International Pediatric Congress, Buenos Aires, Argentina, October, 1974
- Editor (and Founder), Journal of Tropical Pediatrics (London), 1955-present
- Corresponding Editor, American Journal of Clinical Nutrition, 1970-present
- Editor, Tropical Pediatric Section, Journal of Pediatrics (Philadelphia) 1962-present

Editorial Board, "Ecology of Food and Nutrition", 1967-present

Books:

Infant Nutrition in the Subtropics and Tropics (1955) WHO Monograph No. 29  
(English and French versions), Second Edition, 1968

Nicholl's Tropical Nutrition and Dietetics (Fourth Edition 1961) Balliere,  
Tindall and Cox, London. Edited with H. Sinclair

The Assessment of the Nutritional Status of the Community (1966) WHO  
Monograph No. 53 (English, French, Spanish, Russian versions)

Child Nutrition in Developing Countries: A Practical Handbook (1968),  
published by USAID, Washington, D.C., French and Spanish versions, 1970

Mother and Child Health: Delivering the Services (1972), Oxford University  
Press, London, With C.D. Williams

Nutrition Programs for Pre-School Children, edited with E.F.P. Jelliffe,  
Institute of Public Health, Zagreb, Yugoslavia, 1973

Child Health in the Tropics: A Practical Handbook for Medical and Paramedical  
Personnel (1962). Edward Arnold, London  
Second Edition 1964, Third Edition 1968, Fourth Edition 1974  
Spanish Edition published by PAHO/WHO in 1966, Second Edition 1974

Disease of Children in the Subtropics and Tropics (1958) Edward Arnold, London,  
Second Edition 1970, Third Edition 1974. (Edited with J.P. Stanfield)

Fat Babies: Prevalence, Perils and Prevention, with E.F.P. Jelliffe (1974)  
In press

Human Milk in the Modern World, with E.F.P. Jelliffe (1974). In press

Priorities in International Health and Health Program Management, with A. K.  
Neumann and I. Lourie. In press

Breast Feeding and Weaning: An Annotated Bibliography, with A. E. Ifekwunigwe  
and E. F. P. Jelliffe, published by USAID, 1974



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STATEMENT

Since World War II, there has been a decline in breast feeding in peri-urban slum and shanty town areas in resource-poor, technically developing countries mostly located in the sub-tropics and tropics. This is well attested by statistics from many areas and has been responsible for a changing pattern of young child nutrition in and around towns and cities. Marasmus and diarrheal disease has come to predominate in the first year of life, as mothers who attempt to bottle-feed their babies are only able to afford inadequate amounts of formula and very low levels of environmental home hygiene so that contaminated feeds are unavoidable.

Causes for this change in pattern of infant feeding are multiple, complex and "occidentogenic" (derived from Western cultural influences). They include principally the effects of health services and health staff (who have not been trained to appreciate the dangers of bottle feeding in such circumstances), various factors in the changed life-style adopted by new townsmen (including the usually small percentage of mothers who have to go to work outside the home) and the unethical promotion of the sale of formulas by commercial concerns.

The adjective "unethical" is used in this context as such advertisements include the use of techniques of persuasion and motivation based on prestige, upward social mobility, etc. in communities where (a) there is no possibility of such formulas being purchaseable in adequate quantities or used in a cleanly fashion, and/or (b) in communities where breast feeding is still the norm.

All major infant food firms, especially the large international concerns, have continually carried out such advertising and promotional campaigns in competition with each other in less developed countries since World War II.

Without any doubt whatsoever, they have been one of the major factors responsible for the present decline in breast feeding in areas where bottle feeding is neither economically nor hygienically feasible.



SCHOOL OF PUBLIC HEALTH  
LOS ANGELES, CALIFORNIA 90024

November 27, 1974

page 2.

They have therefore also been responsible in considerable measure for the present rise in the prevalence of marasmus and diarrheal disease in such regions with its high mortality, costly and prolonged treatment, and considerable risk of permanent brain damage.

The methods employed in such promotional campaigns have included the widest use of mass media, such as the newspapers, radio, and in some circumstances television. The hold of such advertisers on the mass media of developing countries is ~~often~~ because they are often the main (or only) source of revenue.

In addition, the milk companies have flooded the health services with advertising and promotional material, directly and indirectly. Direct advertising may be via posters, pamphlets and free samples "to assist in the running of the clinic". These are particularly difficult to resist as to health personnel inexperienced in such matters these seem only to be offers of much needed help in circumstances where there is a shortage of teaching material and of supplementary foods.

All too often the walls of health centers and hospitals can be covered with posters donated by infant food companies. The paradox of the hard-pressed public health nurse teaching one thing and poster more forcefully declaiming another is very frequently not appreciated by health staff.

In addition, milk companies, as with the pharmaceutical industry, have become adept at what is to them low-cost molding of professional opinion by "manipulation by assistance" and by "endorsement by association".

These approaches have been well covered by Dr. Cosme Cagas in a recent editorial in the Philippine Journal of Pediatrics and this is attached as a reference.

SCHOOL OF PUBLIC HEALTH  
LOS ANGELES, CALIFORNIA 90024

November 27, 1974

page 3.

One of the most insidious forms of advertising and promotion is that carried out by so-called "milk nurses". These are trained nurses who are attracted understandably by better conditions of service from government work to commerce. They are employed by milk companies in theory to assist governmental health services with infant care and hygiene, including home visiting. In fact, one of their major functions is to promote directly and indirectly the products of the particular company, in competition with other groups of milk nurses employed by other companies. They usually are able to gain entry to hospitals, even if this is forbidden by regulations, and to give free samples to mothers and to nursing staff. In addition, they obtain the names and addresses of mothers who have given birth and visit them at home with advice, information and free samples. They are, in fact, a network of promoters of the particular product.

As Dr. B. D. Patel noted in his 1974 Presidential Address at the National Conference of the Indian Academy of Pediatrics in Kanpur "it appears to me that the emphasis of the baby food industry has been on the wrong priorities". Similarly, Dr. R. Sutedjo of the University of Indonesia, Djakarta noted at the First Asian Congress of Pediatrics in 1974 that "one thing is for sure -- the intensive propaganda of milk factories associated with incentives to medical as well as paramedical personnel and the mothers themselves make the situation worse".

The point of view often expressed by such milk firms is that, in fact, they fill a felt need. According to this perspective, mothers in urban regions will inevitably fail to breast feed and their products will, therefore, be available to fill the vacuum. In fact, the percentage of mothers in such developing countries who are going out to work away from home and who may, therefore, require some form of artificial bottle feeds varies considerably, but is often rather small. In any case, the argument of milk companies in this regard is without substance, as the need under these circumstances would be for a low-cost, minimally advertised form of breast milk surrogate and not for the extremely costly and highly advertised formulas promoted by infant food companies.

SCHOOL OF PUBLIC HEALTH  
LOS ANGELES, CALIFORNIA 90024

November 27, 1974

page 4.

A recent 1973 study carried out in Ibadan, Nigeria by Stanley Orwell and Joana Murray of the Social Policy Research Limited, London is instructive. In this, they record the cost of major brands and note that if mothers feed their children exclusively on such powder milks in recommended quantities, they would spend up to one-quarter of their total food budget on these products alone. These authors recommend on the basis of their study the "banning milk company representatives from hospitals, so the mothers are only taught what is in their own interest".

In addition, in discussion with senior officials from infant food companies it is often contended that in fact their company was not involved in such unethical, high-pressure promotional tactics or, alternatively, that such practices as the use of commercial milk nurses was on the decline. Such does not seem to be the case. In particular, in Kingston, Jamaica, very considerable attention has been given to this subject in recent year and milk companies are well aware of the concern that informed pediatric and nutritional professionals have in this regard. A recent study undertaken by the Tropical Metabolism Research Unit at the University of the West Indies in early 1973 showed that nearly one-fifth of mothers giving birth at the University Hospital of the West Indies were visited shortly after the delivery by commercial milk nurses, who were not officially permitted to enter the ward, and were given samples of their milks.



SCHOOL OF PUBLIC HEALTH  
LOS ANGELES, CALIFORNIA 90024

November 27, 1974

page 5.

Summary

In recent decades, there has been a decline in breast feeding and a rise in marasmus and diarrheal disease which has considerably added to problems of infant health and mortality. Various factors are responsible for this change, but there can be no doubt that the high pressure promotion, advertising and distribution of milk formulas by commercial companies in developing countries has been one of the major factors in changing the pattern of infant feeding and in the consequent increased emphasis in mortality and morbidity in the early months and first year of life.

A handwritten signature in black ink, appearing to read "Derrick B. Jelliffe".

Derrick B. Jelliffe, M.D., F.R.C.P., F.A.A.P.,  
F.R.S.H., F.A.P.H.A., D.C.H., D.T.M. & H.