



SWISS ACTION GROUPS FOR
INTERNATIONAL DEVELOPMENT

Third World Action Group Berne
Third World Action Group Zoug

NESTLE CASE: THE THIRD HEARING BEGINS ON JUNE 22, 1976

Information for the Press No. 4

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The Third Hearing

As briefly announced before, the Third Hearing in the Nestlé case will take place on:

Tuesday to Friday, June 22 - 25, 1976
Geschworenengerichtssaal, Ground Floor,
Amtshaus, Hodlerstr. 7, CH-3011 BERNE

Provisional Timetable:

Tuesday, June 22	08.30	Hearing of witnesses
	14.15	Hearing of witnesses (continued)
Wednesday, June 23	08.30	Hearing of witnesses (continued)
	from 14.15	Pleadings by both parties and announcement of the verdict.

Thus the verdict will be known by Friday, June 25 at the latest. We invite all interested journalists to attend the Hearing. Enough seats will again be available.

Interrogation of Witnesses

The court decided that only two of the witnesses proposed by each of the parties would be heard.

- For the Third World Action Group:

- Prof. D.B. Jelliffe, who gave evidence to the court on February 26 of this year (see page 18 and Information for the Press No. 3)

- Dr. G.J. Ebrahim (for a brief introduction see next page)

- For Nestlé:

- Prof. F.E.A. Lesi, University of Lagos, Lagos, Nigeria

- Sister Silvia Probst, Head of the Nutrition Centre, Ibanda Hospital, Mbarara, Uganda

Brief Introduction of Dr. Ebrahim

G.J. Ebrahim (born 1932) is a Tanzanian paediatrician. He went to school in Tanzania, studied medicine in India and did post-graduate studies in England.

From 1960 to 1970 he was Consultant in Child Health to the Tanzanian Ministry of Health, mainly concerned with development of child health services of the country and the training of health personnel, and from 1964 to 1970 Director of Paediatric Studies at the School of Medicine in Dar-es Salaam.

Since 1970 Dr. Ebrahim has been Senior Lecturer and Tutor to the UNICEF/WHO course for Senior Teachers of Child Health at the Institute of Child Health of the University of London.

In 1972, Dr. Ebrahim worked as consultant to WHO at the University of Malaysia in Kuala Lumpur to help develop a teaching programme in social and community paediatrics.

Among his numerous publications the following manuals, in particular, should be mentioned: Practical Mother and Child Health in Developing Countries, The Newborn in Tropical Africa, Child Care in the Tropics and Handbook for Tropical Paediatrics.

In February 1976, the Third World Action Group and Nestlé each submitted a new dossier of evidence to the court.

NESTLÉ'S EVIDENCE: **Escape into Racist Slogans**

Nestlé's dossier includes invitations by U.N. Commissions of Experts to attend seminars, where they discussed advertizing for breast milk substitutes and possibilities to restrict it with paediatricians and representatives of other milk companies, and a collection of resounding speeches by Nestlé representatives at these meetings.

The crowning piece, finally, is a letter by the Bernese physician and failed politician, Dr. Sutermeister, known as the author of inflammatory racist propaganda.

It appears that, for Nestlé, this letter, addressed to a television station in Germany with a copy to Nestlé, constitutes evidence that it is "not the multinational corporations but the 'liberated' illiterate nigger governments" that are responsible for the misery caused by bottle feeding (as per Dr. Sutermeister's letter which Nestlé submitted as evidence).

The letter is reproduced on the next page and translated on page 6.

Translation:

FROM: Dr. Hans Martin Sutermeister, General Practitioner,
4055 Basel, Grienstrasse 41

TO: The Editors of "MONITOR", ARD, Frankfurt

November 17, 1975

Concerning: "Berichte zur Zeit" (Reports on Topical Events) of
Monday, November 17, 1975, 8.15 p.m.

Dear Sirs,

Your programme today on Nestlé was really the limit of planned malicious distortion of facts in the service of schizoid "progressives". As a doctor almost 70 years old I know exactly that it is only thanks to Nestlé that the enormous rate of mortality among infants in the last centuries could be checked in our country. You also know exactly that, thanks to Nestlé, after the wars of 1914 - 18 and 1939 - 45 millions of hungry children in the whole world could be saved through the Red Cross, Caritas etc. If today those "liberated" illiterate nigger governments fool with Nestlé milk without first even providing clean drinking water, this is not the fault of the "multinational corporations", as this strange parson from Switzerland put it and for which he will be severely punished in the Berne case (in spite of his forward flight)! Instead, you showed children with kwashiorkor bellies caused by protein deficiencies and cured only by protein-enriched Nestlé milk.

You yourselves deserve to be sued for libel for this programme!

Yours not truly at all,

Dr. H. Martin Sutermeister
(former Municipal and Communal Councillor in Berne)

Copies to: Nestlé A.G., Berne Superior Court, Swiss Medical
Society

ACTION GROUP'S NEW EVIDENCE

For the third time in this case, the Third World Action Group has submitted an extensive dossier of evidence to the court.

Part I includes the positions adopted by the most important organizations on the problem of advertizing for breast milk substitutes:

- World Health Organization, Resolution of May 1974
- Food and Agriculture Organization, from the Annual Report 1974
- UNICEF, from the publication UNICEF News 1975
- International Pediatric Association, recommendations of August 1975.

Part II includes:

- Examples of Nestlé's advertizing in Africa and Latin America
- Letters by doctors and nurses
- Case histories of infants

Excerpts from these documents will be found in Appendix II.

Cronicle of Events

Previous History

- About 1970: A few voices warn against the triumphant advance of the bottle and against the advertizing campaigns by milk firms in the Third World, primarily in professional journals and at medical congresses.
In a widely discussed article addressed to the experts "Commerciogenic Malnutrition?" the well-known expert on infant nutrition, Derrick B. Jelliffe, denounced the promotional activities of the baby milk companies and invited them to a "dialogue" with the aim of voluntarily restricting their activities.
- from 1970: This "dialogue" drags on for years under the auspices of a U.N. Commission of Experts (UNPAG) and leads mainly to grandiloquent declarations of intent on the part of the milk companies. At the same time - with Nestlé in the lead - they considerably increase their promotional activities.
Simultaneously, criticism within professional circles increases; it is reflected by a flood of publications whose tone grows sharper and sharper.
- August 1973: For the first time, a wider public is informed of the problem by the publication of an interview with Prof. Hendrickse and Dr. Morley, doctors of tropical medicine, in the British development magazine New Internationalist.
- February 1974: Publication of the report The Baby Killer by War on Want in Great Britain.
- May 1974: The Third World Action Group translates the War on Want report and publishes it in Switzerland with the title "Nestlé tötet Babies" (Nestlé Kills Babies). The aim of exposing Nestlé to the pressure of public opinion fails at first, since the brochure meets with only little response.
- May 1974: In a resolution, the World Health Organization calls for state restrictions on misleading advertizing for baby milk.

The Nestlé Case

June 1974: In Berne, Nestlé brings penal charges against the Third World Action Group for defamation.

November 1974: The Third World Action Group publicizes the charges as well as the issue. Subsequently, great stir in the mass media, in particular in daily papers. Lengthy television programmes in some countries.

January 1975: The Third World Action Group submits an extensive dossier of evidence to the court on Nestlé's advertizing in the Third World (excerpts appeared in Information for the Press No. 1).

June 1975: The Third World Action Group submits a supplementary dossier to the court.

27/28

November 1975: First Hearing of the Nestlé case in Berne, which arouses great interest among the public in Switzerland and abroad. Interrogation of the parties. The proceedings are adjourned.

November 1975: The most important milk companies form a Council which, finally, plans to implement the self-restrictions demanded by UNPAG and to issue a "Code of Ethics" for advertizing.

After five years of delaying tactics, with suspicious haste, two days before the case opens, publication of this Code is announced. It is published two days after the Hearing ends, despite the fact that even the membership of the Council has not yet been settled.

The text of the "Code" is so vague and so meaningless that it is disputed even inside the baby foods industry: The American company Abbott, which had most strongly insisted on an advertizing code, refuses to join the Council.

The Swiss press, however, in ignorance of the facts, extols the "Code" as progress and as a victory for the Third World Action Group.

7 February 1976: The Third World Action Group again submits an extensive dossier to the court on the subject of Nestlé's advertizing in developing countries (excerpts see later, p. 21). It applies for six witnesses to be heard.

26 February
1976

Second Hearing in the Nestlé case.

At the request of the Third World Action Group, the British nutritionist, Prof. Derrick B. Jelliffe, gives evidence for three hours (excerpts from his statements, see later, p. 18).

Presumably
from
22 June 1976

Third Hearing in the Nestlé case

with interrogation of witnesses, pleadings and verdict.

Code of Ethics

At the end of November 1975, eight multinational corporations in the infant foods sector published a "Code of Ethics and Professional Standards for Advertizing, Product Information and Advisory Services for Breast Milk Substitutes". In 13 points, the following companies set down how they proposed to self-regulate their advertizing: Nestlé, Dumex, Unigate Foods, Wyeth Ind., Meji Milk Products, Morinaga Milk Ind., Snow Brand Milk Products, Wakodo. The big American firm Abbott did not participate because, as the firm itself indicated, the Code did not go far enough and, compared with the company's self-imposed restrictions on advertizing in developing countries, it was retrogressive.

The text of the Code of Ethics has been given wide publicity in the press. We give here our assessment of it:

1. The date of publication of the Code of Ethics was deliberately connected with the proceedings in Berne. Although the participating companies, with Nestlé presiding, had been negotiating for two years, the Code was announced two days before the First Hearing in the Nestlé court case in Berne and published two days after it ended.
2. The Code of Ethics agreed on by the milk companies includes no restriction on advertizing. There is no ban on aggressive advertizing practices, such as radio advertizing, or on the use of company nurses. (Nestlé, which itself engages in aggressive advertizing, stresses that the Code would not entail any changes as far as it was concerned.)
3. The Code constitutes above all a streamlining and self-regulation of advertizing among the companies (e.g. admission that breast feeding was advantageous, identification of company nurses, etc.).
4. The weakest point in the Code is the absence of any neutral supervisory body concerned with advertizing practices and of any possibility of sanctions for infringement. Thus it is entirely up to the individual companies how they interpret the rules of behaviour. (It should be recalled that, when other codes of ethics for multinational corporations are discussed, e.g. in OECD, UNCTAD, etc., the main area of negotiation is the question of a supervisory body.)
5. As one company explicitly argues in an internal paper, the Code of Ethics is to prevent legal restrictions in the baby foods industry, such as already exist in some countries. (Sweden: Advertizing to the public and free samples prohibited; Papua-New Guinea: All advertizing prohibited; Guinea-Bissau: Sales on prescription only; etc.). The Code of Ethics must be seen as an exercise in public relations.

" Miscellaneous "

Nestlé's Statements

Nestlé told the court and the press that in selling their powdered milk they had always explicitly stated that breast milk is the best. Nestlé was therefore not in the least amused, when the Third World Action Group submitted to the court a tape recording of a radio advertisement from Sierra Leone (West Africa), 1974 (the recording was of an advertising spot with music, in English and various local languages). The text hardly substantiates Nestlé's claim:

Bring up your baby with love and Lactogen!
Important news for mothers! Now Lactogen
is even better, because it contains more
proteins, plus vitamins and iron; all essen-
tial for making your baby strong and healthy.
Lactogen Full Protein has now an even creamier
taste, and is guaranteed from Nestlé.
Lactogen and love!

The "explanation" Nestlé gave English journalists was that Sierra Leone radio station had not carried out their instructions and had transmitted the advertisement incorrectly!

Whereupon the Third World Action Group brought forth examples of Nestlé advertising from 1970-1975 from Jamaica, Peru, Senegal, Kenya, St. Vincent (West Indies) and Switzerland - all without the slightest reference to the superiority of breast milk. They are now waiting for similar "explanations" as the previous one given to journalists.

Interview with Nestlé Milk-nurse

There has been much discussion in the Nestlé case about the fact that Nestlé employs milk nurses in developing countries. According to information supplied by Nestlé, these people are "qualified staff with supplementary training".

The following interview with a milk nurse in Barbados, made in 1969 during an investigation by the Caribbean Food and Nutrition Institute, gives little indication as to the "special training" of this sales assistant:

"The following is an interview I had with one of the commercial nurses after she had distributed supplements at one of the health centres.

What type of supplements do you distribute?

Lactogen.

Are these given as free samples?

Yes.

What happens after these samples are exhausted, do you give mothers more?

I do not know what happens, but I only give each mother once.

How often do you distribute samples at this centre?

About three times a month.

How much is given to a mother?

One half pound tin.

How long is this expected to last?

I do not know.

Do you give instructions as to the preparation and storage of these foods?

No. The health centre nurse does that, but most mothers can read.

Do you have a particular group of mothers to give samples?

No. I just pick out any mother and give her, afterwards I take her name and address.

Do you do any follow-ups to see if the supplement is properly prepared?

No.

Do you do any follow-ups to see that this particular brand is purchased?

I cannot answer that - I'll have to get permission from my boss to answer that.

Why then do you take names and addresses?

I am not answering any more questions. "

(from: Supplementary food in relation to nutrition, Odley L. Carter, DCN No. 9, Kingston, Jamaica 1969)

Misleading Information given to Journalists

When journalists visited the Nestlé headquarters in Vevey asking for literature on their products, they were given - as "proof" of a serious and responsible sales practice - a coloured poster with a picture of a woman breast feeding, with the caption "Breast feed baby, but when you supplement your breast feeding, use a really good brand of powder milk: Lactogen". Both the American Magazine Time, and the local Bern newspaper Der Bund published this poster as an example of responsible advertising on Nestlé's part.

The journalist who printed this poster happened to have done extensive research in four African countries, and had to admit that during his whole time in Africa he had never come across this poster. Neither has the Third World Action Group in all its research (consisting of an intensive exchange with about 2 dozen medical centres, doctors, hospital staff) ever come across the poster which Nestlé is now giving out to journalists in Vevey. On the other hand, posters, radio advertisements and printed literature have been submitted to the court, in which Nestlé makes no mention or encouragement of breast feeding.

Nescafé makes your Baby more intelligent

The following quotation comes from the article "Evolution de l'alimentation dans les pays en voie de développement" (Evolution of Food in the developing countries) by Henri Dupin and Thierry Brun (Cah. Nut. Diét. VIII, 4, mars 1975, p.289):

"In 1970 in the Ivory Coast, while doing some research with some students about the feeding of young children, we were surprised to see mothers giving Nescafé to their children of only 19 or 20 months old. The students came to our rescue: the following sentence is repeated three times a day by the national radio station: "Nescafé makes men stronger, women happier and children more intelligent". ("Le Nescafé rend les hommes plus forts, les femmes plus joyeuses et les enfants plus intelligents"). It has to be admitted that this kind of advertising is striking, and the adjectives well chosen... But in all good faith many mothers followed this "advice" with the good of their children at heart, and fed them Nescafé from a very early age."

The Government of Guinea Bissau takes strong action:
obligatory prescription for infant formulas and feeding bottles

The following is a quotation from the journal "Nõ Pintcha",
15 April 1976:

"We have been asked to publish the following circular letter
from the Ministry of Health and Social Services:

In view of increasing infant mortality from diarrhea
due to the use and misuse of feeding bottles which
through ignorance have not been properly prepared, the
Ministry for Health and Social Services orders that:

- 1) powdered milk must only be sold in pharmacies and
on doctors prescription; the prescription and name
of the doctor must be legible;
- 2) the same procedure applies to GLASS feeding bottles,
sales of plastic feeding bottles being prohibited
because of the problem of sterilisation.

The whole population without exception is urged to see
that this order is carried out, since it is intended for
the protection of our young children."

Nestlé Tests Its Arguments

Early on, Nestlé began looking for arguments to justify its promotional activities. It proceeded exactly as one would expect from a profit-oriented enterprise: above all, it must get its arguments across to the public, and these arguments must sell well. Whether or not they are valid is a subsidiary consideration. The arguments that were likely to get across and those that were not were thoroughly examined in an extensive survey of public opinion during the winter of 1975/76: a number of arguments were submitted to a representative sample of housewives in the German- and French-speaking parts of Switzerland, and they were asked to rate them from 1 to 6. Below are a few of the arguments tested:

- The female staff used by Nestlé in developing countries takes great pains to explain to young mothers the correct preparation of powdered milk for babies.
- Although Nestlé produces powdered milk for babies, it recommends to mothers in developing countries that they breast feed their babies.
- Without Nestlé and other companies, the rate of infant mortality in developing countries would be higher.

By means of this survey, Nestlé also explored the one single aspect that seems to interest it in the court case: the possibility of a decline in sales as a result of "a tacit boycott". Question no. 13 of the survey was: "How about you? Did you stop buying Nestlé products because of these accusations? And question 13a): "If yes, which products?"

Some Comments on the Nestlé Case

In my view you deserve to win the case, and whatever the outcome in the court you will have won, and Nestles will have lost, on moral and humanitarian grounds.

Michael C. Latham
Professor of Nutrition
University of Nairobi (Kenya)

On the basis of my experience, I must thoroughly support the accusations made by the Third World Action Group against the Nestlé corporation.

Dr. Bernd Bierbaum
doctor in the Transkei
(South Africa)

Congratulations on your continued war against the Nestlé company. I do hope that you win against "Lactogen".

Maurice King
Professor of Community Medicine
formerly Lusaka (Zambia)
now Surabaya (Indonesia)

"Nestlé tötet Babies": We are sufficiently acquainted with such slogans as "Johnson murderer" to understand the meaning. In less aggressive (to which certainly Nestlé cannot object!) but apparently less efficient terms this implies: "the Nestlé Corporation, by guilty negligence, is responsible for the death of many infants". There is no shadow of a doubt for me, that this is the truth.

H.A.P.C. Oomen
Professor of Tropical Nutrition
formerly Director
Royal Tropical Institute
Amsterdam

I am in great sympathy with your attempt to control commercial pressures in bottle feeding. I agree that Nestlés have been much to blame.

Cicely D. Williams
Professor of maternal and child health
(It was Prof. Williams who, in 1928, described for the first time the malnutritional disease that she called "kwashiorkor" and who recognized its causes.)

I consider it very valuable and congratulate your Action Group for having taken the initiative of drawing the attention of a wider public in German-speaking countries to the abuses and dangers connected with the distribution of powdered milk in the countries of the Third World. Given the lively interest of the public in the court case, I hope that light will be thrown on the role of industrial nations in the problems of underdevelopment.

Dr. R. Huenges
Head of the Paediatric Department
Kilimanjaro Christian Medical Centre
Moshi (Tanzania).

Appendix I

Professor Jelliffe's Statements to the Bern Court

On 26th February 1976 at the request of the Third World Action Group, Professor Jelliffe of Los Angeles was examined as a witness. It was an extraordinary session of the court since Professor Jelliffe happened to be staying briefly in Geneva in connection with his work.

Professor Jelliffe has lived for 25 years in developing countries, and was professor in Nigeria, India, Uganda and Jamaica. Today he is head of department and professor at the University of California. The author of numerous scientific works and text books, he is the best known specialist in tropical paediatrics and nutrition.

The following are extracts from the court hearing of 26.2.76. Since tape recording in the court is forbidden, what follows are not verbatim quotations, but texts which faithfully reproduce the substance of the court hearing and other notes.

On the problems of artificial infant feeding Professor Jelliffe said:

"During my 30 years of working in the field (...) I have observed a decrease in breast feeding, and I am extremely concerned by this decrease. The decline in breast feeding has had serious consequences such as illnesses like marasmus and diarrhea."

"Artificial feeding cannot be considered a satisfactory substitute for breast feeding for two reasons: firstly because people are often too poor to pay for it, and secondly because very often the houses in which people live simply do not provide the necessary hygienic conditions."

The Reasons for the Decline in Breast Feeding are clear for Professor Jelliffe:

"I am convinced that the decline in breast feeding in developing countries can be attributed primarily to the advertising practices of infant food companies. There are, of course, other causes of the decline in breast feeding, but the commercial food companies must take a large part of the responsibility. Other elements have, indeed, played a part - urbanisation, westernisation, increasing numbers of women going out to work."

Jelliffes assessment of the Nestlé milk nurses

"During my time as director of the Caribbean Food and Nutrition Institute from 1966 - 72, I observed that Nestlé employed milk nurses. They were fully qualified nurses and had been further trained for their job. Their function was not only to advise and assist but also to sell. I do not mean to say by this that

and assist her step to assist. I do not mean to say by this that
planned for their job. Their function was not only to advise
unless they were fully certified unless and had been further
their own flow rate - as I observed that waste employed with
"DURING MY TIME AS DIRECTOR OF THE CARIBBEAN FOOD AND NUTRITION
DEPARTMENT OF THE UNITED STATES"

unemployment of women going out to work."
Indeed, Brazil, a half - automation, mechanization, increasing
unemployment rate, half of the labor force. Other elements have
the desire to please feeding, but the commercial food companies
of various food companies. There are, of course, other causes of
unemployment can be attributed ultimately to the development practices
I am convinced that the desire to please feeding in developing

PROFESSOR JETTIE:

THE REASONS FOR THE DESIRE TO PLEASE FEEDING ARE GREAT FOR

THE USUALLY UNSTABLE CONDITIONS."

VERY OFTEN THE REASONS IN WHICH PEOPLE LIVE SIMPLY DO NOT INVOLVE
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"ALTERNATIVE FEEDING SHOULD BE CONSIDERED A SERIOUSLY CON-
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"DURING MY 30 YEARS OF WORKING IN THE AREA () I HAVE OBSERVED

STATE:

ON THE PROBLEMS OF ALTERNATIVE INFANT FEEDING PROFESSOR JETTIE

because the appearance of the court records and other notes.
are not always appropriate, but texts which identify le-
gally to be recorded to the court to inform, and to inform
the following are extracts from the court records of 1973-74:

and nutrition.

books, he is the best known specialist in tropical paediatrics
countries. The author of numerous scientific works and texts
he is head of department and professor at the University of
and was professor in Mexico, India, Africa and Jamaica. Today
Professor Jettie was hired for 30 years in developing countries

in connection with his work.

Professor Jettie happened to be staying briefly in Geneva
witness. It was an extraordinarily session of the court since
clearly Professor Jettie, of Los Angeles was examined as a
on 28th February 1974 at the request of the Third World Action

Professor Jettie's statements to the court

Appendix I

the nurses went from door to door, but that they influenced mothers so much with their advice, that mothers changed from breast to bottle feeding."

"On the question of free samples and informational material, I also found that they managed to obtain the private addresses of mothers inhospital, and followed them up afterwards."

"In my opinion the influence of these milk nurses should not be underestimated."

Jelliffe's comments on Nestlé's cheap or free samples

"I am aware that artificial infant feeding products are available in the health clinic in Jamaica at considerably reduced costs. However, I compare this sales practice with the advertising in supermarkets where certain products are offered cheaply in order to stimulate sales generally."

Jelliffe shows how commercial firms dominate the mass media

"While I was professor of paediatrics in Uganda, I tried to start an educational campaign on radio and television, which would naturally have been somewhat different from the advertising carried out by commercial firms (...). It was clear to me from the reactions of the mass media, that the income from commercial advertising provides one of the main sources of revenue for radio and television. I found it very difficult to get my message over."

Jelliffe shows how experts are influenced by Nestlé

"I often use the expression "manipulation by assistance." When I was professor of paediatrics in East Africa Nestlé offered me an annual prize for the best students: diagnostic equipment, books and a sum of money for research. I used to think this was a form of aid. Today I see it as a form of manipulation. It is clear that I let myself be influenced and was uncritical towards Nestlé. Moreover the image of Nestlé was considerably promoted by the fact that newspapers often linked their name to the University in connection with these prizes."

On the question of whether the decline in infant mortality in the Caribbean is linked to bottle feeding, Jelliffe replied:

"I attribute this, at least in part, to the improvement of health services and medical care. There is still a huge difference in the mortality rates from breast-fed babies and bottle-fed babies (...). If the ratio between the two forms of feeding could be improved in favour of breast feeding, then we would reach the kind of infant mortality rate such as exists in the Scandinavian countries today."

On Nestlé's assertion that they also promote breast feeding Jelliffe remarked:

"I am aware that Nestlé also makes reference to breast feeding in its advertising. This is totally meaningless for people who are illiterate. Moreover, success in breast feeding depends very much on the mother's self-confidence. The statement in the advertisements "when breast milk fails or is not enough..." undermines this self-confidence, the mother gets anxious and milk production is upset."

Nestlé's claim that women in the Third World cannot breast feed is refuted by Jelliffe as follows:

"I do not agree that mothers can no longer breast feed after a few weeks, and so must turn to powdered milk substitutes. It is a fact that in general a mother can adequately nourish her child on breast milk alone for the first six months with certain exceptions in particular regions, where this period is reduced to 3 - 4 months. But the solution for insufficient milk production is not to give artificial milk to the child, but rather to feed the mother. So that she can continue to breast feed on her own resources without having to become dependent on the bottle."

As an alternative to expensive infant foods, Jelliffe proposes the following:

"In my opinion, emphasis has to be placed on lower prices

- for food for pregnant and nursing mothers
- for unadvertised non-commercial food for babies whose mothers cannot breast feed
- and finally for weaning foods for babies from 6 - 12 months old and in the second year of life."

Appendix II

EXCERPTS FROM THE COURT DOCUMENTS

Below are short excerpts from the many hundred pages of evidence submitted to the court by the Third World Action Group (for further excerpts, see Information for the Press No. 1).

Drastic Lesson for Nestlé Representatives

Excerpts from a taped interview with Dr. Elizabeth Hillman, Senior Lecturer in Paediatrics at the University Hospital in Nairobi, Kenya (From "Glückliche Flaschenkinder?", a programme by Peter Krieg, November 4, 1975; Sender Freies Berlin/Radio Bremen/Westdeutscher Rundfunk).

" A short while ago, perhaps two months, the Nestles representatives came to visit us at the Hospital to ask if we had any opinions about the War on Want publication which had been translated in Switzerland and titled "Nestles Kills Babies". They really wanted us to say that Nestles did not kill babies, and we discussed this at length with them and were not able to say of course that Nestles 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 at the present time who was very near to being dead, because the mother was bottle feeding with the Nestles product, 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 leaning against the wall for a while and I helped 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 Nestles milk in her bag, before she left the ward. I apologized then to the two men, because as non-medical people it was a pretty shocking experience to see a baby die and an unsuccessful resuscitation. And I had really meant to illustrate a very ill child, probably due to bottle-feeding. In a sense though 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."

We wish to include here only two of the numerous resolutions and positions of international organizations on the subject of breast feeding, artificial feeding and advertizing: the 1974 Resolution of the World Health Organization (WHO) and the 1975 Recommendation of the International Paediatrics Association.

Resolution of the World Health Organization (WHO)

The Twenty-seventh World Health Assembly,

Reaffirming that breast-feeding has proved to be the most appropriate and successful nutritional solution for the harmonious development of the child;

Noting the general decline in breast-feeding, related to socio-cultural and environmental factors, including the mistaken idea caused by misleading sales promotion that breast-feeding is inferior to feeding with manufactured breast-milk substitutes;

Observing that this decline is one of the factors contributing to infant mortality and malnutrition, in particular in the developing world; and

Realizing that mothers who feed their babies with manufactured foods are often unable to afford an adequate supply of such foods and that even if they can afford such foods the tendency to malnutrition is frequently aggravated because of lack of understanding of the amount and correct and hygienic preparation of the food which should be given to the child,

1. RECOMMENDS strongly the encouragement of breast-feeding as the ideal feeding in order to promote harmonious physical and mental development of children;
2. CALLS THE ATTENTION of countries to the necessity of taking adequate social measures for mothers working away from their homes during the lactation period, such as arranging special work timetables so that they can breast-feed their children;
3. URGES Member countries to review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation where necessary;
4. URGES the Director-General to intensify activities relevant to the promotion of breast-feeding, to bring those matters to the notice of the medical profession and health administrators and to emphasize the need for health personnel, mothers and the general public to be educated accordingly; and
5. REQUESTS the Director-General to promote and further support activities related to the preparation and use of weaning foods based on local products.

27th World Health Assembly, 23 May 1974, Geneva

Recommendations for Action Programs to Encourage Breast Feeding

Recommendation of the International Paediatric Association,
Montreux, August 1975

Human milk is uniquely adapted to the nutritional needs of infants and is superior to any substitute devised by nutritional scientists. Breast feeding contributes directly to immunological adaptation to extrauterine life and is free of hazards associated with artificial feeding, characterized in disadvantaged societies principally by malnutrition and gastroenteritis, and in affluent societies by obesity, allergic disorders and metabolic derangements including tetany and hyper-osmolar dehydration.

Notwithstanding its biological superiority over any other form of infant feeding, breast feeding has declined in all the technologically advanced societies of the world during this century and is now also declining in developing countries with alarmingly deleterious effects on child health and adverse effects on domestic and national economies. The factors which have contributed to this decline are numerous and complex.

The need for intensifying activities relevant to the promotion of breast feeding has been expressed in a number of documents from recent years. Because we are convinced that breast milk is the best food for infants and that breast feeding constitutes the most effective safeguard against malnutrition and infection in infancy, particularly in disadvantaged communities, we strongly recommend that the IPA utilize all its resources to promote breast feeding internationally, and to this end we suggest that action be taken along the following lines:

A. Educational Activities

1. Directed at the Medical Profession

(...)

2. Education of the General Public

Through every medium available, press, radio, television, word of mouth, etc. the public must be made aware of the advantages of breast feeding, and emphasis must be given to enlightenment of men as well as women. In this context, the importance of organizations like La Leche League should be mentioned. The creation of such organizations on a national basis should be supported. All medical personnel and all medical institutions should remove from their places of work any material, in whatever form, that may encourage bottle feeding and substitute material that promotes breast feeding. (...)

B. Curtailing Promotion of Artificial Feeding

1. Sales promotion activities of organizations marketing baby milks and feeding bottles, that run counter to the general intent expressed in this document, must be curtailed by every means available to the profession, including, where necessary and feasible, legislation to control unethical practice.

2. Dissemination of propaganda about artificial feeding and distribution of samples of artificial baby foods in maternity units should be banned immediately.

(...)

E. Agreed Policy of Weaning

We recommend that the introduction of cereals and other solid foods to the diet of fully breast fed infants before 4 months of age should be strongly discouraged and that in situations where environmental sanitation poses especially hazardous conditions that introduction of additive foods be delayed until the fifth or sixth month.

There is a great need to provide information related to weaning foods and a special need for attention to be directed to home prepared weaning foods based on locally available ingredients.

(...)

The following is from a

Statement by the economist Steven Langdon (Carleton University, Ottawa)

In 1973, Langdon had made a study on the marketing practices of multinational corporations in Kenya. The excerpt is to give an impression of the true dimensions of Nestlé's advertizing machinery.

"(...)

Three manufacturing subsidiaries promote infant food preparations in Kenya: a Nestlé subsidiary, a Glaxo subsidiary and a Cow and Gate subsidiary. The first two of these are larger than the third and were both included in the overall survey interviews.

- Marketing in Kenya:

In order to establish a profile of marketing techniques used in Kenya, interviews were conducted with the managing directors of the two largest advertising agencies in Kenya, Ogilvy and Mather (Eastern Africa) Ltd., and Grant Advertising (owned by, respectively, U.S. and Canadian parent companies). Both men stressed that the national Swahili radio network is far and away the main medium for reaching the mass African market, while national English-language newspapers (published in Nairobi and Mombasa) were more important for reaching the African elite and expatriate markets.

The largest daily newspaper in Kenya reports a circulation of some 80 000 copies, while the best available estimate is that there are 1,3 million radios in Kenya. It is likely, too, that more persons listen to each radio than read each paper. So it is clear that

radio advertising clearly can reach a mass audience, using the lingua franca of East Africa, while newspaper advertising can only hope to reach a better-educated, elite audience.

The survey undertaken of advertising in these two media in 1973 confirmed this differing orientation. Some 91.2% of Swahili radio advertising was for beverages, over-the-counter-pharmaceuticals, soap and detergent, and food products: basic manufactured goods aimed at a mass market; only 38.9% of press advertising was for such products, with another 34.2% promoting such higher-income products as cameras, tape-recorders, petrol, vehicles, machinery and paint.

- Marketing of Infant Food Preparations:

Infant milk products (Ostermilk, Lactogen and Nan) are promoted in two main ways in Kenya: through clinics to which many African mothers go, and through radio advertising. The result is that the products are sold to a wide market. As one subsidiary executive reported,

we sell to a very broad market especially the infants food. That gets wider and wider and wider - due to the clinics where mothers go to - that's where they are introduced to these products. And a lot more people know about the product than one usually thinks. We are carrying out market research, though it's very time and money consuming, and the products are well-distributed and well-known. (Interview transcript, Nairobi, 1973).

Infant food subsidiaries are heavy advertisers by Kenyan standards. Consumer goods subsidiaries in the country spent on average 3.5 % of their sales revenues on advertising; infant food subsidiaries averaged 6 %, and this infant food advertising concentrated on radio. As a subsidiary executive noted,

we advertise quite a lot, on one kind of media advertising mainly: that is radio. We don't believe in press advertising, since there are not so many reading daily papers. But radio, from what our investigations have shown, is the best, and we rely quite heavily on radio advertising. (Interview transcript, Nairobi, 1973).

In more specific terms, advertising for Nestlé's Lactogen accounted for 11.26 % of total Swahili radio advertising time logged during the 1973 study period. Only two other companies (Brooke Bond and Colgate-Palmolive) did more advertising, while other large-scale advertisers accounting for less time included Coca-Cola, Unilever, Sterling Drugs, Glaxo, Cadbury-Schweppes and Union Carbide - all large mass-market consumer goods producers. In short, Lactogen advertising accounted for 86.9 % of all infant foods Swahili radio advertising. At the same time, there was no advertising for Lactogen in the more elite-oriented press medium examined during the same period; infant food advertising from all companies accounted for only 0.3 % of press advertising overall.

Lactogen advertising, then, was clearly oriented to the mass African market; it dominated infant food advertising as a whole to that market; and it formed a very substantial proportion of overall Swahili radio advertising in Kenya.

(...)"

Before the court Nestlé claims that advertizing for its products was always accompanied by the indication that mother's milk was best for the baby. As the following four examples show, the reality looks different.

Advertisement in the "Daily Gleaner" (Jamaica, 1971)

"You can feed baby either Lactogen Standard or Lactogen Full Protein from birth. However, Lactogen Full Protein is suggested for babies below average weight at birth and particularly for babies who need more protein as the higher protein content leads to healthy growth. Consult your doctor, clinic or midwife who will advise you. Nestlé-Specialists in Infant Feeding."

Radio Spot, Radio Sierra Leone 1974

"Bring up your baby with love and Lactogen. Important news for mothers! Now Lactogen is even better, because it contains more proteins, plus vitamins and iron, all essential for making your baby strong and healthy. Lactogen Full Protein now has an even creamier taste and is guaranteed by Nestlé. Lactogen and love".

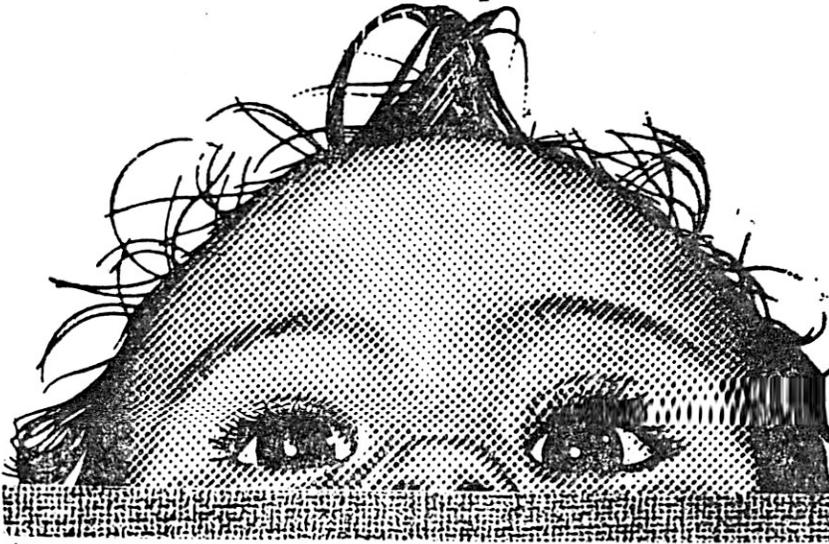
This radio spot was broadcast 135 times a month in the different languages of Sierra Leone. After the publicity given to the Nestlé court case, it was withdrawn.

Below, an

Advertisement from the East African magazine Afya

for medical and paramedical personnel:

No need to worry about me...



I am building up on Lactogen !

Modified and enriched powdered Milk, containing nine added Vitamins and Iron, prepared especially for infant feeding.
... one of the very fine products made by



the company that takes good care of millions of babies on five continents. Founded by Henry Nestlé in 1866 at Vevey (Switzerland), Nestlé employs today 86,000 people in over 220 factories and 650 administrative centres, sales branches and depots.

**NESTLÉ — symbol of security
and service the world over!**

Advertisement in the Senegalese Daily "Le Soleil"

"NESTLE Club

(photograph of a baby)

Cheikh Ameth Tidiane, aged nine months, is one of the pretty babies admitted this week to the NESTLE CLUB. Congratulations to his parents, Mr. and Mrs. Ba, living in Cité S.O.M., Villa No.24, Hann-Dakar.

Do you have a baby you're proud of, too? Send a 9x12 photograph to NESTLE, P.O. Box 503, Dakar, and include his or her name, date of birth and address.

Many parents send posed photographs with their application for admission to the NESTLE CLUB. We ask all friends of the Club to send us natural pictures

NESTLE will give beautiful presents to the prettiest babies, and this paper will publish the best photo of the week.

ALWAYS CHOOSE NESTLE's Nido (baby milk), Cérélac (cereal gruel) for your children; there's really nothing better!"

Relating to this, we received the following from a couple of Swiss social workers in Dakar:

"It will not be news to you that Nestlé advertizing of this kind appeared almost daily in Le Soleil. I consider the strongest message of the advertizement (also the strongest typographically) is contained in the last sentence:

'Pour vos enfants, choisissez toujours
Nestlé NIDO CERELAC, c'est vraiment
ce qu'il y a de mieux!' ('Always ... better!')

Numerous families in the shanty towns, with whom we were in contact, considered it one of the most desirable things to have a picture of one of their children published in Le Soleil. As they didn't have the money for a photograph, mothers and fathers "besieged" my office asking me to take a picture of their child for this purpose. "

An Alternative

The following interview by Mike Muller with the paediatrician Dr. Roger Coles of Segbwema, Sierra Leone, in 1975, shows that there is an alternative to imported powdered milk: Help for self-help programmes using native products. Yet it also shows how such a project can be jeopardized by the advertizing of imported models, such as the "modern" woman bottle feeding her baby, and the consequences of such advertizing: hospitals crowded with children suffering from the "Lactogen syndrome".

Mike Muller: Could you tell me what the aims of the Nutrition Rehabilitation Unit are?

Dr. Roger Coles: Most of the malnourished children admitted to this hospital are admitted because of ignorance about elementary nutrition, and so the aims of our Nutrition Rehabilitation Unit are to feed malnourished children on locally available foods, so that mothers can see that what these children need are not medicines, but good food - a well balanced diet. So the aims are twofold: to feed malnourished children, but to teach mothers about the needs of their growing children and to prevent malnutrition occurring again in future children. No imported foods of any sort are used in the Unit. We concentrate entirely on locally available protein-rich food.

M.: How does the Unit operate then?

C : The Unit resembles a house more than a hospital ward. There is none of the paraphernalia associated with a hospital ward: no thermometers, no ward rounds, no hypodermic syringes. The Unit is run by one trained Sierra Leonian nurse who has a special interest in malnutrition; and medical oversight is given by the doctor in charge of Childrens Ward in the hospital, but he remains very much in the background. The nurse teaches the mothers to prepare well-balanced meals for their children, which usually consists of rice - which is the staple diet of the Mende people - with protein-rich foods added: foods such as dried fish, groundnuts, beans, cassava leaf and beniseed. Many of these are grown in the Unit garden. The nurse is mainly a supervisor and a teacher, and the mothers do all the preparation necessary for feeding the children, and they also feed the children themselves. And in the afternoons they work in the Unit garden.

M : Do children who admitted to the Unit recover as fast as they would do if you kept them in the Ward?

C : On the whole no. But one must remember that children in the Ward, malnourished children in the Ward, are fed on Relief Agency milk: four-hourly, day and night, whereas children in our Unit are fed only on locally available foods three or four times a day. However, children, who stay in our Childrens Ward are running the risk of contract in further illness, because the Ward is a heavily infected environment. And, of course, mothers associate the well-being of their children with the medicines and the milk rather than with food. And this contrasts to the children in the Unit, who are in a safer environment from an infective point of view.

And the resulting well-being of the children are attributed by the mothers to the diet given and not to any external factors like milk or medicines. In a very busy childrens ward there is very little time for teaching about elementary nutrition. And so mothers leaving Childrens Ward with children who are much better are often no wiser than when they came in. And this compares with mothers who have been in the Unit who are more likely to have received - in fact they do receive - intensive nutrition teaching. And therefore their children are less likely to be readmitted with malnutrition again. So - comparing the Ward to the Unit - one has to say that recovery in the Unit is slower but is more likely to be successful in the long-term.

M : Is the Unit a more expensive way of treating malnutrition then?

C : No, to the contrary. The up-keep of a hospital bed is an enormous cost, whereas the total running cost of our Unit works out at about 50 p per child per week. Now that includes the nurses salary plus the cost of feeding the children. And that is about 1/10 of what it cost to keep a child in a hospital bed.

M : Are nutritional problems the cause of a large proportion of your admissions?

C : Yes. Malnourished children are more prone to acute infections than well-nourished children. So a large percentage of children admitted to our Childrens Ward with such diseases such as pneumonia and gastroenteritis are malnourished as well. Any of these illnesses prove to be fatal, not because of the severity of the infection, but because debilitated and malnourished children have very little resistance and succumb even to minor infections. And so malnutrition is a major problem here.

M : Is the problem simply a shortage of feed then?

C : Not really, for Sierra Leone is a very fertile country. There is a hungry season during the rains, when food is in short supply, and is expensive. But malnutrition is a problem we see all the year round. The main cause here is ignorance about elementary nutrition, coupled with bad feeding habits. The ingredients for a well-balanced diet are available but mothers because of ignorance do not make use of them. In our wards, in our baby welfare clinics and in the Nutrition Unit the mothers are taught to make use of these cheap, locally available foods such as groundnuts, beans, cassava leaf and beniseed, all of which are grown locally, and the use of manufactured baby food are discouraged. Despite this many mothers are adopting Western practices, such as bottle-feeding, which in an environment where the necessary hygienic conditions do not exist often have disastrous consequences.

- M : This is a predominantly rural area. Is bottle-feeding really a problem here?
- C : Compared to the big towns and cities less of a problem here, but still a growing one. The number of babies admitted, suffering from the syndrome of gastroenteritis, marasmus and thrush as a result of bottle-feeding, is high, and has led to the term "Lactogen-syndrome", being used by our nurses, because the most popular brand of milk in this area has that name.
- M : How do you persuade the mothers to feed their babies in a more appropriate fashion?
- C : This is not easy for us, as the educated like to imitate Western practices and the poorer section tend to emulate the elite. Intensive advertising, especially on the radio, for expensive baby milks have a very powerful effect on the community which is very difficult for us to counter. All we can do is to point out the benefits of breast-feeding, coupled with the use of cheap, locally available protein-rich foods, and to demonstrate in our Nutrition Unit that the use of such a diet is adequate for growth and produces strong and healthy children.