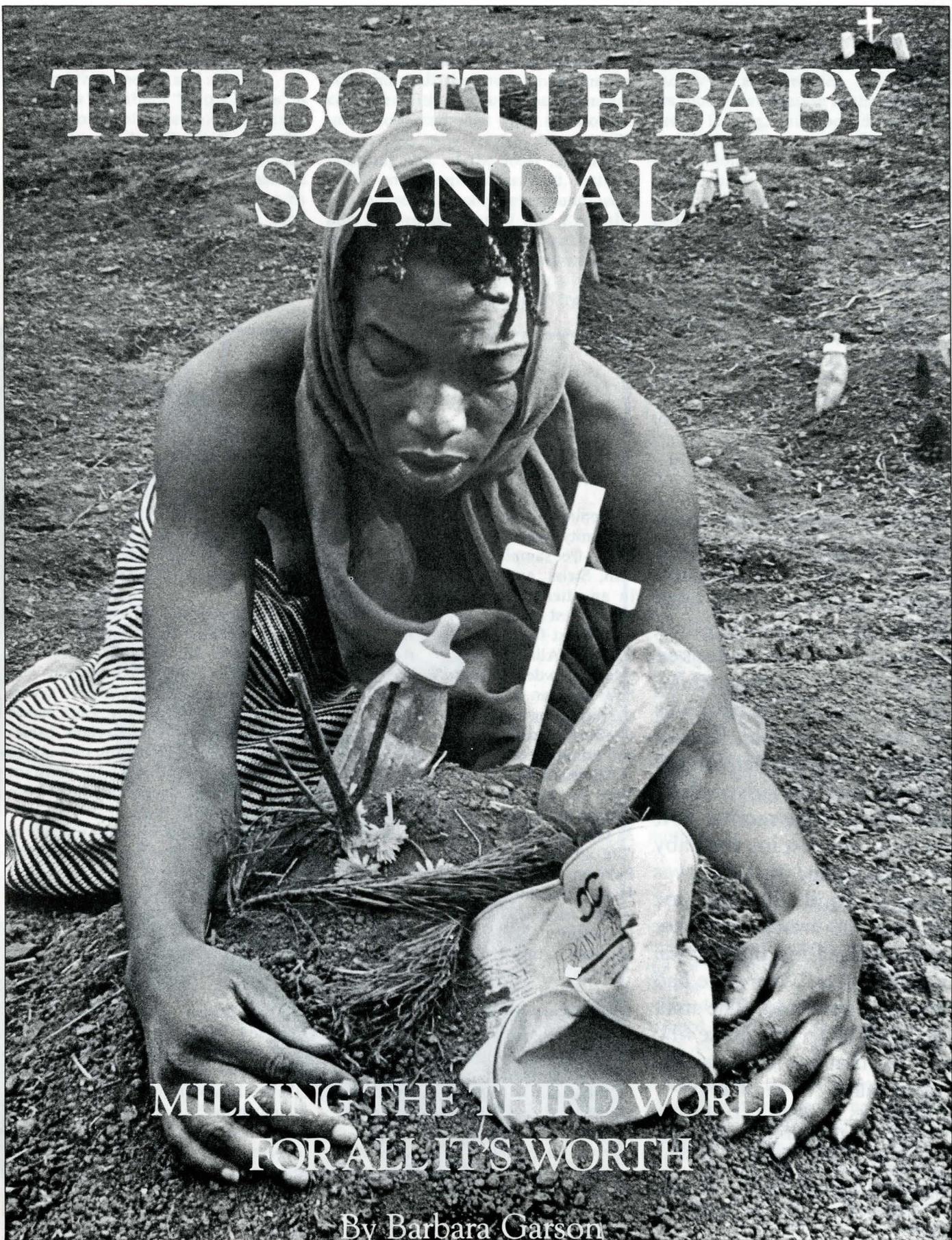


THE BOTTLE BABY SCANDAL



MILKING THE THIRD WORLD
FOR ALL IT'S WORTH

By Barbara Garson

THE BOTTLE BABY

SO CALLED

"In 1970, I visited a small town called Aliagua, in a very rural area of Luzon. . . . During my visit, an old friend of my family, who knew that I was a doctor, approached me and asked me to visit his newborn child, who was very ill. The baby was less than ten days old. He was burning with fever, dehydrated and suffering from severe diarrhea. I asked the mother how she had been feeding the baby and she replied that she was using Enfamil. She told me that this had been given to her on discharge from the hospital in Cabanatuan where she had delivered the child. The milk was given to her by a nurse who told her that her milk was 'inappropriate' for the baby."

SO WRITES Dr. Jesus T. De La Paz, who practices obstetrics and gynecology in the Philippines. According to Dr. La Paz, 80 per cent of the sick infants in the pediatric ward at his country's San Pedro Hospital are bottle fed. Why?

Throughout the Third World, from Haiti to Venezuela to Nigeria to the

Philippines, new mothers are leaving maternity wards with tins of powdered milk—free samples—supplied by American, Swiss and Japanese companies. In an attempt to do what's modern, what's best for their babies, they abandon breast feeding. And then, like the family in Aliagua, they try to reconstitute a powdered formula where they have no clean water, no suitable pot for sterilizing, insufficient fuel to boil their one bottle and nipple several times a day, and no refrigerator for the milk.

Above all, they do not have money to keep on buying enough formula. A laborer in Uganda would have to spend 33 per cent of the average daily wage to feed an infant on powdered milk. In Pakistan the figure is 40 per cent. In Haiti a secretary, a relatively well-paid worker, spends 25 per cent of her salary for substitute infant food. And so what happens is that poor mothers start to "stretch" the formula. In 1969 the National Food and Nutrition Survey of Barbados asked mothers of bottle-fed infants two to three months old how long a can of milk lasted. The can contains a four-day supply. But 82 per cent of the mothers said they made it last anywhere from five days to three weeks.

Some mothers who have run out of formula have been found mixing cornstarch with water to give the baby something that looked like milk. Others use cocoa, tea, or simply sugar water to stop the crying, at least temporarily. The British charity organization War on Want found a Nigerian mother feed-

Photography by Ira Sandler

ing her baby water alone. She had seen the bottle and nipple pictured on a billboard and thought the manufactured items themselves provided the nourishment.

Unsterilized and diluted bottle formula exacerbates the two most common causes of infant sickness and death around the world: malnutrition and diarrhea. Actually, the two are "synergistic," as the doctors say: each makes the other worse. Underweight babies are prone to the infections that create diarrhea. And the baby with constant diarrhea receives less nutrition from what food it does get.

Since the late '60s, health officials in poor countries have been seeing these symptoms combined in a syndrome sometimes called Bottle Illness. In some hospitals in Africa these severely dehydrated babies are kept aside in beds labeled "Lactogen Syndrome" (Lactogen is the Nestlé Company's powdered formula). Dr. D. B. Jelliffe, a distinguished British pediatric nutritionist who now heads the UCLA School of Public Health's Division of Population, Family and International Health, has labeled the syndrome "commerciogenic malnutrition."

Whatever you call it, the syndrome involves no new diseases. The diarrhea results from the Third World's prevalent bacterial and amoebic infections, which can be contracted from drinking unboiled water. The malnutrition takes the form of marasmus (shown by the sunken eyes, prominent ribs, thin little

arms and legs we've seen in the Bangladesh posters) and kwashiorkor (puffy face and feet, anemia and apathy).

What is new about "Bottle Illness" is the early onset of these poverty diseases in children. Ordinarily mother's milk, even of an underfed woman, will provide adequate nourishment for at least the early months. For a year to 18 months more it can sometimes provide a good protein supplement. Of course it is good for the mothers to eat well, but, unless the mother is virtually starving, the baby gets nourished.

Furthermore, mother's milk provides immunities against various diseases—something all the more important in countries with few public-health measures. No matter what water the mother drinks, the baby receives breast milk relatively free of the local infections. When poor people breast feed, malnutrition doesn't usually appear until well into the second year of life. Recently the Inter-American Investigation of Mortality in Childhood, conducted by the Pan American Health Organization, a branch of the World Health Organiza-

tion, checked into the causes of some 35,000 deaths in 15 areas of the world, mostly in Latin America. The researchers found that because of the decline of breast feeding, childhood deaths from malnutrition now peak in the third and fourth months of life.

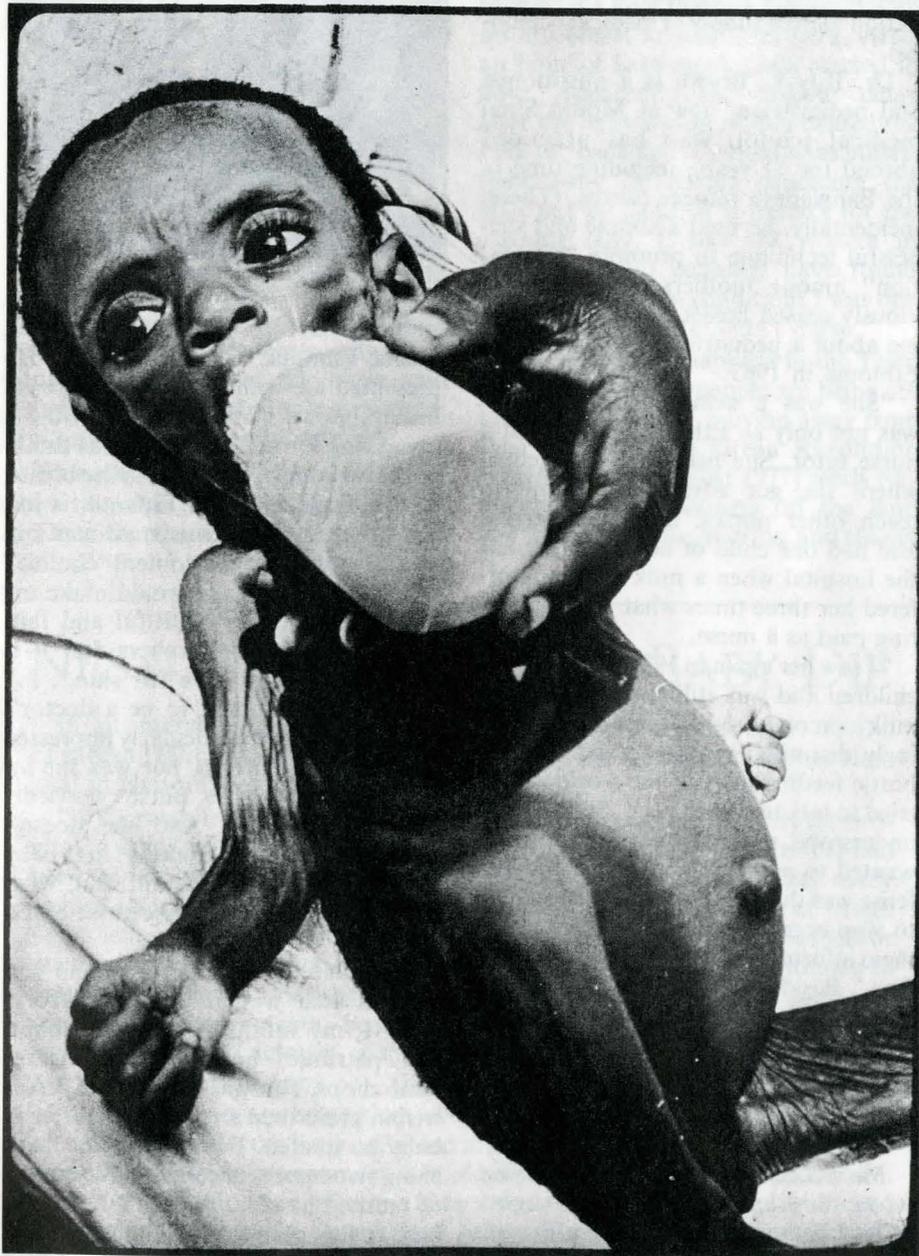
Of course death is only the extreme result. Milk companies would find little profit in distributing those free samples if every infant was going to die in two or three months. But one of the horrible aspects of this new form of malnutrition is that protein deficiency in the early months seems more likely to lead to permanent brain damage. We won't know the full effects of malnutrition that begins at birth until 15 or 20 years from now, for it had been relatively rare in the world until widespread bottle feeding came along.

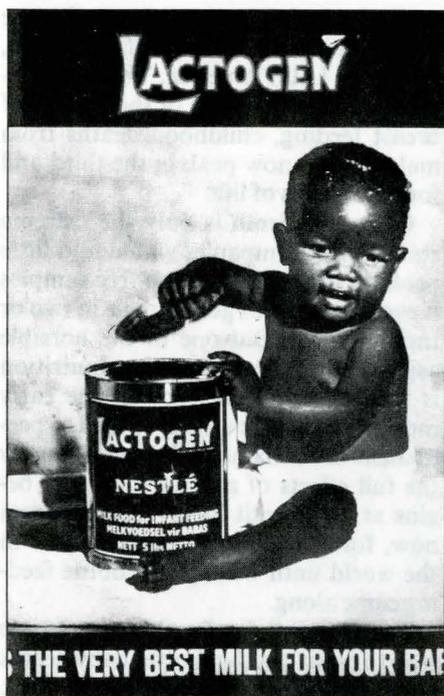
For ghoulish family planners, let me stop to point out that bottle-baby deaths are not an effective population control. Rather, they tend to *increase* population. Study after study has shown that, regardless of the availability of birth control, people do not start having smaller families until they feel secure that their children will live to adulthood. When children die, people go on having big families in the hope that at least one or two children will survive. Furthermore, the decline of breast feeding may increase population, because there is some truth to the old wives' tale that you don't get pregnant while you're nursing. It's not foolproof birth control, but lactating mothers do have children spaced farther apart than bottle-feeding mothers.

"FOODS YOU CAN TRUST"

The bottle baby problem really began in the late 1960s. By then it had become clear the U.S. birthrate was heading for an all-time low. Figures from Europe told the same story. Baby-oriented businesses throughout the developed world knew that they had to think of a strategy to cope with the baby bust.

Some companies diversified, but the big push went into finding new markets in the Third World. Ross Laboratories, for example, is the subsidiary of Abbott Labs, which manufactures Similac and Isomil. In 1969 the overseas portion of Ross' pediatric sales was 14.3 per cent; by 1973 it had risen to 22.2 per cent, amounting to \$31.3 million. Following the same strategy, Bristol-Myers (En-





famil and Olac), American Home Products' Wyeth division (SMA, S-26, Nursoy) and, biggest of all, the Swiss corporation Nestlé (Lactogen) expanded like mad. Throughout Asia, Africa and Latin America, the airwaves and the billboards began filling with slogans like "Right from the Start—the Foods You Can Trust."

Soon nutritionists began to object. After a series of meetings organized through the U.N., the companies agreed to modify their approach. Now their signs said things like: "The Next Best Thing to Mother's Milk." Their pamphlets spoke vaguely about the times when breast feeding is "inappropriate" or "unsuccessful." More important, in the last few years the milk companies have almost entirely dropped billboards and radio spots. They concentrate now on the most effective and direct approach to the new mother. The majority of the companies give out free samples, pamphlets, posters and contributions of equipment directly to hospitals; they give services to and sponsor conferences for the doctors and nurses. Thus, the woman from Aliagua was given Enfamil by the nurse when she left the hospital. In some countries (Guatemala, for instance) "milk banks" connected with the hospitals sell a supply of formula to new mothers at cut rates, so it takes them a couple of weeks before they have to buy it on the open market and realize how expensive it really is.

But Nestlé, Bristol-Myers and some of the others don't stop with the hospitals.

Some milk companies now hire their own special "milk nurses." Dressed in nurse-like uniforms, they travel around in countries such as Jamaica or Malaysia visiting new mothers, providing gifts and advice, weighing the babies—and leaving infant formula samples. These "mothercraft personnel" or "milk nurses," incidentally, may or may not be medically trained. Indeed, the use of fully trained nurses as saleswomen is probably the more harmful practice, since it depletes a developing nation's small supply of medical personnel.

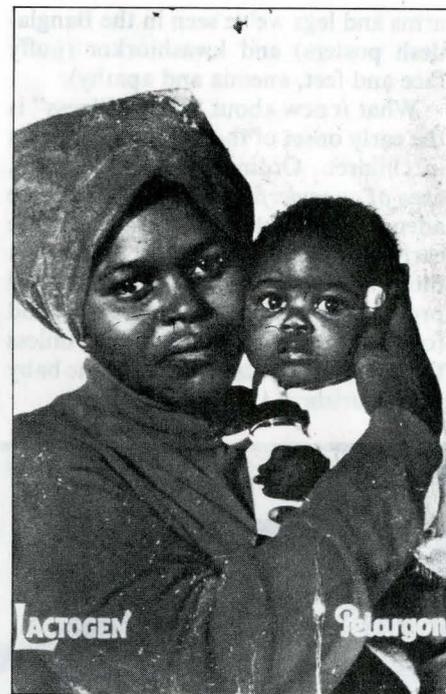
Dr. Roy E. Brown is a nutritionist and pediatrician, now at Mount Sinai medical school, who has practiced abroad for 11 years, including time in the Bangladesh refugee camps. (There, incidentally, he used a simple and successful technique to promote "relactation" among mothers who had previously ceased breast feeding.) He told me about a pediatric nurse he knew in Ethiopia in 1963:

"She was a beautiful woman who was not only an Ethiopian nurse but a nurse tutor. She had been to Sweden, where she got advanced training to teach other nurses. She was married and had one child of her own. She left the hospital when a milk company offered her three times what she was getting paid as a nurse.

"I saw her again in 1974. She had two children and was still employed by the milk company. I had become increasingly disturbed by what I had seen of bottle feeding around the world, and I tried to talk to her about it. She said she understood my point of view, but she wanted to make a good living. Her defense was that she did not advise people to stop breast feeding; she simply gave them information if they 'couldn't breast feed.' Besides, people were giving up breast feeding anyway, so at least she would supply them with a wholesome product and instructions."

MAKE YOUR BABY WHITE

Mary Lee, a housewife in Malaysia, wrote this letter: "On 23rd August, 1976, I had an interview with a Bristol-Myers mothercraft nurse by the name of Mrs. Ho, who came to my house at my request. Mrs. Ho was wearing a white nurse's uniform and informed me she is a State Registered Nurse who



Milk company advertisements.

trained here in University Hospital, Kuala Lumpur. On arrival Mrs. Ho presented me with a free sample tin of Enfamil powder infant formula without my asking for it. I told her I was thinking of weaning my baby from the breast, to which she said that Enfamil 'is just like breast milk.' She even pointed out on the sample tin the content 'choline,' which she assured me would make my baby's complexion beautiful and fair. In this community mothers feel it is very important to have fair skin. . . ."

Mary Lee happens to be a doctor's wife. She was not particularly impressed by the white uniform, nor was she intimidated when the nurse worriedly weighed her baby. And she doesn't seem interested in making her baby more white with Enfamil. But what about a poor and unsophisticated woman?

Or what about a not-so-poor and -unsophisticated woman? During World War II, my mother, otherwise honest and patriotic, bought black market lamb chops. This was because her pediatrician prescribed an exact diet for each baby he treated. Four ounces of lamb chop, two ounces of cereal, three ounces of mashed banana. And this I was fed (and re-fed) despite the fact that I threw up three times a day for three years.

Before I was ready for the scraped lamb chops and mashed banana, I was bottle fed with a formula that entailed much measuring, sterilizing and break-

ing of bottles. Worst of all, the doctor set me on a four-hour feeding schedule. My parents later told me how I cried stubbornly, sometimes for two and a half hours straight, while they sat in agony waiting for the scientifically determined moment when they could give me the bottle that would bring immediate silent satisfaction.

How could they do it? Why didn't they just pick me up and feed me the way their mothers had done? Well, my father's mother was dead and, besides, she had lost children while feeding the old way. And my mother's mother was an immigrant who spread newspaper on the floor after she washed it and kept live fish in the bathtub to make gefilte fish at Passover. I was going to get the best scientific chance in life.

And here's an even more sophisticated woman. When I was to deliver, I chose a hospital that allowed Lamaze and featured rooming-in. They brought me the baby after isolating her for 24 hours, and I nursed contentedly for a couple of days. Then the nurse said "The baby is not gaining any weight. Not an ounce after any feeding."

"But she's sucking," I insisted, "and she's not crying. Let me keep trying."

Then the doctor came in: "Not a

single ounce."

I agreed reluctantly to let them start her on formula while I gave it a few more tries. But I knew the bottle would curtail the baby's sucking, and there wouldn't be too much hope after that.

While I was giving it that one more try, a woman who was cleaning the floor, with no white uniform, said to me: "That baby's not gettin' a thing."

"What do you mean?"

"Look," she said, pinching me roughly. "It's all clogged up." She showed me how to put a hot washcloth on my breast and squeeze hard. After an hour of hard work, milk started to flow. Apparently the 24-hour delay after the baby was born had caused the milk to "back up." I should have nursed right away or started squeezing the milk out by hand. If it weren't for the cleaning lady, I, like the woman in Aliagua, would certainly have found that under modern conditions I was one of the many who "couldn't nurse."

The same thing happens in the Third World. There, too, people are being cut off from their past, moving away from their families. The Green Revolution (*Mother Jones*, August 1977) sends former subsistence farmers off the land and into the *favelas*, barrios, and shanty

towns in the city. There, with modern medical help, many will find breast feeding "unsuccessful" or "inappropriate." Some can't nurse because they work or hope to work. Most, however, will choose more freely not to nurse. What would they do if the baby cried on the bus? Some don't want to be bothered. But most want to do what's best for their babies. They want to give their children the start that will help them out of the *favela* and into the modern world. Like buying an encyclopedia.

In the scantiest slum store they will find the powdered milk prominently displayed. (A chart in the February 1977 issue of the Brazilian trade journal *Modern Supermarket* shows that baby formulas have a profit margin of 72 per cent. This is three or four times higher than the profit margin for most other items.) On the labels of these products are pictures of plump, smiling children. And so, healthy mothers are feeding their babies watered-down imported milk in contaminated bottles in the hope we all share—to do the best by one's children.

THE NUNS GO TO COURT

The bottle baby problem has not gone unnoticed. Activists have been fighting Nestlé in Europe for some time, and in the U.S. the Interfaith Center on Corporate Responsibility (ICCR)—connected with The National Council of Churches—has been publicizing the issue widely, especially to church groups. Therefore, when the Sisters of the Precious Blood, a Catholic teaching order based in Ohio, realized several years ago that they owned stock in Bristol-Myers, they quickly made the connection.

The Sisters tried first to speak to corporate executives about the problem. They found Bristol-Myers more difficult to deal with than the other milk companies, who were, if nothing else, at least willing to talk politely. Eventually, unable to get satisfaction, the sisters submitted a stockholders' resolution asking for information about Bristol-Myers' sales policy abroad. In a proxy statement urging defeat of that resolution, the company said, among other things: "Infant formula products are neither intended, nor promoted, for private purchase where chronic poverty or ignorance could lead to product misuse or harmful effects."

Now it can in some cases be a viola-

NESTLÉ MEN WATCH A BABY DIE

In an interview broadcast on West German radio stations in 1975, Dr. Elizabeth Hillman, a pediatrician on the staff of the Kenyatta National Hospital in Nairobi, described the following incident:

"A short while ago . . . the Nestlé representatives came to visit us at the hospital to ask if we had any opinion about the War on Want publication that had been translated in Switzerland and retitled, 'Nestlé Kills Babies.' They really wanted us to say that Nestlé did not kill babies. We discussed this at length with them, and were not able to say, of course, that Nestlé either does kill or does not kill, statistically speaking. But, to illustrate the point, I mentioned to these two gentlemen that there was a child over in our emergency ward . . . who was very near death, because the mother was bottle feeding with the Nestlé's product [Lactogen, a milk preparation], and I asked whether they would like to see the baby.

"I took the two representatives over into our emergency ward, and, as we walked in the door, the baby collapsed and died. I had to leave these two non-medical gentlemen for a moment . . . and help with the resuscitation procedure. It was unsuccessful. And, after the baby was pronounced dead, we all watched the mother turn away from the dead baby and put the can of Nestlé's milk in her bag before she left the ward. . . . It was a vivid demonstration of what bottle feeding can do—because this mother was perfectly capable of breast feeding. The two men walked out of that room, very pale, shaken and quiet, and there was no need to say anything more . . ."

tion of Securities and Exchange Commission (SEC) regulations to make misstatements in proxy material. After further frustrating dealings with Bristol-Myers, the Sisters of the Precious Blood eventually filed a lawsuit against the company on these grounds. The strategy of the suit was to expose the lie. The Sisters attempted to show, first, that the company *did* promote its Enfamil formula to chronically poor people and, second, that the people who bought it were too poor or ignorant to use it safely.

As all TV viewers know, court testimony must always be based on firsthand knowledge. You can't submit statistical reports or get up and say "as everybody knows . . ." So, the Sisters and ICCR painstakingly collected testimony from 15 countries. There are affidavits that read something like: "I, Dr. So-and-So, living in the town of Such-and-Such, Venezuela, or Indonesia, or Guatemala, went to the following grocery stores in poor neighborhoods where I personally saw cans of Enfamil on sale." One exhibit was an Enfamil ad on the back page of the Barbados phone book, as personally observed by the witness, of course.

There are personal interviews, like these taken by Dr. Arthur L. Warner in Guatemala, where one in four slum mothers he talked to was bottle feeding:

"Family B. A young mother of two living in a shanty hillside settlement of Guatemala City decided to wean her baby at ten days, because a friend told her the milk was no good and too weak. She purchased Enfamil on the suggestion of a doctor in the public health 'well-baby' clinic. Her husband earns \$3 a day (of which she spends about 75¢ for the infant's milk). They live without safe water and beside an open sewer. Their shack has many openings for flies. They have no refrigeration. She is illiterate. She must haul water . . . from a community spigot.

"Family C. A mother of three, living in a shanty development in Guatemala City, decided to wean her baby at two months because the child wasn't gaining fast enough and was sickly. A clinic nurse had suggested her milk had gone bad. [Local] water, generally considered contaminated since the earthquake . . . Fuel costs are high. . . . Boiling water costs the family up to \$5 a month."

A doctor in Jamaica reviews the cases

of 37 patients referred to the Tropical Metabolism Research Unit for severe malnutrition. "Twenty-five received infant formula. Five died."

And so the Sisters of the Precious Blood compiled thousands of pages. In one way their brief is an impressive document, and in another it is almost pathetic—this patient piecing together of minute firsthand accounts to show the worldwide workings of imperialism. To show what everyone knows.

In May of this year the case was dismissed, though the Sisters are appealing. The decision, by Federal Judge Milton

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Pollack, though a little difficult to read, appears to say:

The shareholders' resolution was only a request and wouldn't be binding on the board of directors even if it had passed. Therefore, it just doesn't matter. The court doesn't have to consider whether the proxy material contained a misstatement or whether the affidavits submitted by the Sisters are true, because no irreparable harm was done to any shareholder.

There is no law preventing corporations from doing irreparable harm to Third World babies.

BOTTLE ON THE GRAVE

Leah Margulies, small, lively and radical, heads the project on bottle feeding for the Interfaith Center on Corporate Responsibility. "I was hired with the general assignment to develop the relationship between multinational cor-

porations and world hunger—agribusiness, cash cropping, you know. But it is very difficult to make it graphic that the world is starving, not because of drought, or floods, but because of economic dependency."

"So you decided to use the baby bottle case as an example?" I suggested.

"I didn't really decide. It grew up around us," Margulies said. "I did extensive research on multinationals in the early '70s. I was anxious to show the effects of the *normal* operations of capitalism, not the big scandals or fuck-ups. So I read *Fortune*, *Harvard Business Review*, *Forbes*, annual reports, speeches by corporate executives.

"And I developed my thoughts about economic dependency. The corporations operate in the Third World in a way that creates overall economic dependency as horrifying, impoverishing and unnatural as the dependency of a healthy mother on expensive powdered milk. The import of unnecessary powdered milk—forget Coca-Cola—now takes about one *billion* dollars a year from the Third World.

"But I tell you the truth, even after documenting the entire lawsuit—the facts, the figures, the affidavits—sometimes I still don't believe myself. I don't believe the world could be starving, that babies could be sick and dying just for a little profit.

"Like you remember the story about the graves in Zambia?"

I remembered it well. The film *Bottle Babies*, used widely by the church groups, ends with a shot of a child's grave near Lusaka, Zambia. The small grave is decorated with a crushed milk can and a little baby bottle. The narrator says, "Mothers put empty Nestlé's Lactogen cans and feeding bottles on their dead babies' graves, for they believe to the end that powdered milk and feeding bottles were the most valuable possessions their babies once had."

"Well, last week," Margulies continued, "I happened to see the film *Last Grave at Dimbaza*. The film is about apartheid, not about bottle feeding. No mention was made of that. But it shows the poverty and the horrible infant mortality. The film ends with a shot of those infant graves. My heart jumped. There—you could make it out if you knew what it was—there was that little can of powdered milk.

"But still, when you immerse yourself back in our U.S. reality once again, you don't believe it. For instance, the president of American Home Products is a kindly, charming man. I go in there with a room full of church people. We are all middle class. And this lovely gentleman says, 'Do you believe we would deliberately harm babies?'"

I questioned Margulies about the stockholders' approach. Did it make sense to ask corporations on their own to stop selling? Or to limit their market to the tiny number of Third World mothers (certainly under five per cent) who really can't nurse? She felt that the educational effect on the participating religious groups made it worthwhile. Also, the publicity can't hurt. And pressure here creates the climate for real regulation in the Third World. So far, though, the countries attempting to regulate milk companies are few. In Guinea-Bissau baby formula is available only by prescription. Papua New Guinea is cracking down on advertisements. In Jamaica, mothercraft personnel are forbidden to enter the hospitals, though it seems that some still do. And, in any case, they are active in all the slums. Malaysia and Guyana, among other countries, have launched national breast-feeding campaigns. But of course their resources are limited compared to milk company advertising budgets.

"I HAVE AN APPOINTMENT"

Like Margulies, I, too, found myself suffering bouts of doubt. Infants crying from hunger when there is all the milk they need? Maybe this is just a radical "cause." Something blown up out of proportion.

I must check it out, I felt, someplace more neutral and scientific. . . .

At the U.N. I spoke first to Dr. Jacob Schatan of the Protein Advisory Group. He is a mild, thin man, very reasonable sounding, but sad. He is Chilean.

"What is the scope of this bottle-feeding problem? Is it really so dangerous?"

"Everywhere there is a marked trend of decline of breast feeding." Dr. Schatan speaks in U.N. Reportese, though his gestures show concern. "It is a trend accompanying urbanization. I could not tell you the exact percentages for each country, but we can easily estimate the cost to the developing nations in the billions."

"Billions?" I asked. (He has an accent,



A Nestlé salesperson shows his wares to East African mothers.

and he mumbles.) "Billions with a B?"

"With a B."

"Do you think there could be legislation restricting the companies?"

"The Protein Advisory Group provides information from scientists to the U.N. system, not to countries. However, I would say you need legislation not in relation to sale, but legislation facilitating breast feeding for urban women. If a mother works eight hours, there should be a time and place to nurse at work. This is not done except in a few of the . . . uh . . ." (The pause is cautious, painful; finally, he gives up and uses the word.) ". . . socialist countries. And of course education. There must be an educational campaign."

Next I went to UNICEF, where I spoke to L. J. Tepley, senior nutritionist.

"How did the question of bottle feeding first come to your attention?" I asked.

"And just how could I be concerned with children's nutrition without its coming to my attention?" (Tepley, a stocky American, is as bluff and direct as Schatan is cautious.)

"Is it really as dangerous as some think?" I asked.

"Does any of those papers . . ." (He pointed to a bundle of charts, reports and articles I had been collecting all week and was now spilling on his office floor. They were from the Columbia Medical School, Mount Sinai Hospital, the U.N., the Consumer's Union, the Brookings Institute, the ICCR, the milk companies themselves.) "Does any of

them say bottle milk is *good* for poor people? Here." (He handed me an enormous envelope for all my papers.)

"We know the effects. They are awful. No one doubts it."

"Then why is it spreading?" I asked.

"The causes are two. Ignorance and money. Not necessarily in that order."

"What can be done?" I asked. "Can the milk companies be regulated?"

"I have to go," said Mr. Tepley. (I had dropped in on him unannounced around lunch time.) "I have an appointment."

AND IN NEW YORK . . .

A couple of years ago, the chief of the New York City Health and Hospitals Corporation announced proudly a money-saving contract with Ross Laboratories, the Abbott subsidiary that makes infant formula. Till then the city hospitals had been spending some \$300,000 a year on Similac. But Ross was going to slash next year's price to less than \$100,000, and in the third year of the contract the hospitals would be getting all the Similac they could use for free.

I decided to take a look around Lincoln Hospital in the Bronx. When I got to the maternity ward, it was feeding time. The sign in front of the swinging doors said, "No entry. Mothers with babies." While I waited, an orderly wheeled in a cart loaded with cases of Similac. Here they use the more expensive pre-mixed formula in individual disposable nursing bottles.

After a while I went down to the pre-natal clinic. I asked the pregnant women, all black or Puerto Rican, whether they were going to breast feed or bottle feed. The answers were unanimous.

"What if I'm on the bus when the baby gets hungry?"

"If you're in the house with just your husband, okay. But if there are friends or family, then you have to go into the other room."

"I eat a lot of junk. The baby would drain me."

"My milk wasn't good enough for my first one."

"What if you're out in the street? You can't just whip it out!"

In English, Spanish and sign language, the response was clear. Total repugnance at the idea of breast feeding.

I asked whether the nurses or doctors had said anything about breast feeding.

"They said Similac was just as good."

"They said you have to eat a certain diet, and I couldn't eat all those special vegetables."

"They give you pamphlets that say you should choose yourself."

The pamphlets handed out at the pre-natal clinic are published by Carnation. The more detailed one, "You and Your Contented Baby," does indeed admit that "the breast-fed baby seems to have fewer digestive upsets than the bottle-fed baby." However, the seven-step instructions for breast feeding include language like "compress the nipple and the brown tissue horizontally," along with medical illustrations of areola and sinuses and indecipherable diagrams labeled "correct and incorrect positions for baby's jaw." This makes it all seem much more complicated than simply heating up a formula. Not to mention the fact that the picture of Carnation milk is in color and labeled "For over 35 years, millions of babies have thrived on Carnation Evaporated Milk formulas." A second, simpler pamphlet says nothing at all about the advantages of breast feeding.

Pamphlets notwithstanding, it is the

official policy of the pre-natal clinic that breast feeding is best. The intake nurse told me that she is supposed to mention it to each mother. "But I know that they are going to say 'Echh, I can't do that.' And then there is a language barrier. I can give directions in Spanish, but I cannot talk about personal things. I do mention it, though, when I think they may be interested. And if one woman a week says 'Yes, I'd like to try,' then I feel very rewarded."

Back up in the maternity ward, the babies had been put away. After an initial period of isolation, they are brought to the mothers every four hours, along with the bottles of Similac.

I stood with a group of new mothers in front of the nursery window talking about breast feeding, while we watched the nurse inside feed a newborn from a Similac bottle.

I asked the women if they knew what the formula would cost.

A couple said, "I have no idea." Some gave me a figure: "\$5.50 a case," "\$1.50 for the quart can of concentrate." One lady said, "I don't know what it will cost me because I don't know if they're giving mine Similac or Carnation." Apparently she was under the impression that she would have to continue to use whatever the hospital started the baby with.

But the majority of mothers said, "I won't have to pay for it because I'm on this program." The program was WIC (Women Infant Care), a federal program offering health care to mothers and well infants. One of the inducements to remain with the program is a monthly supply of baby products, including bottle formula.

"WILL YOU MAKE A PROFIT?"

"I called Bristol-Myers," I said to Leah Margulies.

"Yeah?"

"And they put me on to Ed Simon in the P.R. office."

"Oh, yeah?"

"I asked him if any of your charges had affected their sales promotions abroad."

"What'd he say?"

"First, he said I was obviously prejudiced because the question implied that the charges were true. Second, he said, 'While not acknowledging any of the claims, it is safe to say we've made every attempt to strengthen our control over the sale of infant formula.'

"And then he started to read me all the clauses from their guidelines:

'Detailed information on infant formula . . . will be directed only to physicians and medical personnel. . . .

'Mothercraft nurses will perform in a manner comparable to government-sponsored public-health nurses, with their primary concern the assistance of mothers in the proper care and feeding of their infants, whether breast or formula fed. . . .

"I was busy scribbling, trying to get it all down as fast as I could. Finally, I said, 'With all those restrictions, do you sell more or less Enfamil?'"

"What did he say?"

"He said they couldn't discuss information regarding the sale of specific products."

"One of the Sisters of Mercy made the same point during our meeting with Abbott in Chicago," said Margulies. "They were being very agreeable about modifying their sales techniques. 'Use of mass media will be dropped . . . no radio, billboards . . .'

"Well, as we were about to leave, one of the Sisters said, 'Tell me, if you stop selling to people who are too poor to use the product safely, will you still make a profit?'"

"There was absolute silence. It must have been a full minute.

"Finally one of the corporate executives picked it up and said:

"'That is the crux of the problem.'"

Barbara Garson is the author of *MacBird* and, most recently, a collection of lively stories about boring jobs called *All the Livelong Day: The Meaning and Demeaning of Routine Work* (Penguin, \$1.95). This article first appeared in the December 1977 issue of *Mother Jones* magazine. Copyright © 1977 by Barbara Garson.