

Baby Milk Action (BMAC)

Head Office: 6 Regent Terrace, Cambridge, CB2 1AA
Tel: (0223) 464420. Tel/Fax: (0223) 464417



PRESS RELEASE.

21st Nov 1989

Nestlé uses scare story on AIDS to mislead schoolchildren.

Last Friday, 17th November, Mr Allan Allbeury, the Nestlé Company's UK Public Relations Chief, and Mr Ron Hendey, Manager of Nestlé Dietetics, and Chair of IDFA and IDACE*, knowingly misled over 200 sixth formers with a false scare story about AIDS and breastfeeding in a Buckingham Comprehensive School.

Following a decision by students in the Green and Peace groups to boycott their products, Nestlé had been invited to debate the growing controversy over the damage caused to babies in developing countries by their promotion of artificial milk. The two top Nestlé executives were welcomed to the school by the headmaster, Mr Malcolm Cole, who was keen to encourage a healthy debate on the issue and the school's Young Enterprise group.... who were keen to make a healthy profit from the Nestlé chocolate vending machine.

Representatives of Baby Milk Action (BMAC) the pressure group, who are coordinating the rapidly growing boycott in the UK, were also invited to speak. Prepared to counter a sophisticated argument about the technical complexities of the controversy, BMAC were shocked to hear Mr Allbeury open his case with statements that entirely contradicted World Health Organisation and UK government health recommendations. Amongst several misleading statements about babies needing artificial milk, Mr Allbeury said, *"there's a need [for infant formula] when mother's are ill. This is a problem in many African countries particularly, because of the spread of AIDS. Because it is possible for mothers to give birth to perfectly healthy babies when they're HIV positive, but they can't then breastfeed because the baby will run the risk of getting AIDS. Sometimes up to about 50% of people in some African countries are actually HIV positive."* This is in complete contradiction to WHO guidelines (WHO/SPA/INF/87.8) which state that HIV + mothers in developing countries should be strongly encouraged to continue breastfeeding. The UK government is also clear that where bottle feeding is a grave risk, as in most developing countries, breastfeeding by HIV + mothers should continue.

In response Dr John Seaman, Senior Medical Officer of Save the Children (UK) has said, *"It is not only SCF's position but WHO's, that it is much safer for babies in developing countries to continue to be breastfed regardless of their mothers' HIV status. It disturbs me that Nestlé have tried to create the view in the minds of these youngsters that bottlefeeding can be a creditable option for these babies. Also I know of no country where 50% of people are HIV +."*

Prof. Catherine Peckham, Epidemiologist at the Institute of Child Health, London, who is coordinating the European Collaborative Study on Paediatric HIV infection also supported the WHO guidelines saying that, *"The case for breastfeeding by HIV + mothers in the developing world is as strong now as it has ever been."*

Mr Hendey, who did not dispute Mr Allbeury's claims, went on to say that it made *"absolutely no difference"* if a baby were given bottles in the neo-natal period.

Page 1 of 2

Dr Mary Renfrew, Midwife Researcher at the National Perinatal Epidemiology Unit in Oxford refuted this, *"There is clear evidence that bottles given to breastfed babies in the early days after birth disrupt the course of breastfeeding. This is well described in the Royal College of Midwives booklet 'Successful Breastfeeding.'*"

Prof. David Morley, internationally renowned for his work in Tropical Paediatrics and author of many books on child health and nutrition in developing countries was also appalled by Nestlé's claims and reiterated his earlier statement, *"I am prepared to sue any hospital which gave my newborn a formula feed without my wife's permission."* He went on to say, *"There is now good evidence that even one formula feed is harmful, particularly in families with allergic history such as asthma, hayfever and infantile eczema."* Prof Morley said it would be easy to brief a lawyer and win a case against any hospital.

Nestlé continue to supply hospitals with free and low-cost milk, knowing that this practice encourages the routinisation of bottle-feeding and was condemned by the World Health Assembly. Nestlé said they would only stop giving free supplies if individual governments asked them to. The first boycott of Nestlé was suspended in 1984, because Nestlé promised the boycott organisers that they would abide by the Code worldwide, regardless of individual government action. So far, of the 118 countries who voted for the Code in 1981, only 20 countries have instituted measures which reflect the main spirit and aim of the Code.

The renewed boycott of Nestlé, which is currently in effect in ten countries, and supported by individuals in a further 56, has been called because of Nestlé's failure to abide by the internationally accepted, WHO/ UNICEF Code of Practice on the marketing of artificial milk. One million babies are estimated to die every year from "bottle baby disease". In the UK, the boycott is supported by a growing number of consumer, political and church groups. Many university student unions are also banning Nestlé products from their shops. The first boycott was estimated to have cost Nestlé 5 billion US \$.

The Nestlé representatives at the meeting made many other incorrect statements about breastfeeding, their marketing and the Code. For example they said that women in Sweden go to prison if they want to bottlefeed. Gabrielle Palmer of BMAC, commented, *"Despite their protestations that the boycott does not affect them, Nestlé are clearly worried that it will spread to schools. This incident illustrates how they are prepared deliberately to mislead children in order to deflect criticism from their harmful marketing practices. Nestlé produce educational materials worldwide. Can we trust such a company?"*

Mr Cole invited Nestlé to return to the school to further discuss these issues with Baby Milk Action. Both Nestlé and Baby Milk Action accepted the invitation.

END

Copies of the transcript and/or tape of the debate are available from BMAC.

* **IDFA** Infant and Dietetics Foods Association, represents all the baby food companies who market in the UK,

* **IDACE** Association of Dietetics Foods Industries of the EEC.

For further information, contact:

Patti Rundall, Gay Palmer, BMAC. 0223 464417/20. 6 Regent Terrace, Cambridge, CB2 1AA.

Nestlé accused of Aids 'scare'

James Erlichman, Consumer Affairs Correspondent

THE dispute between the Swiss Nestlé company and boycott leaders who object to its disposal of powdered baby milk in the Third World, has erupted in the unlikely setting of a Buckinghamshire comprehensive school.

The Baby Milk Action Coalition claimed yesterday that Nestlé officials misled 200 sixth-formers with scare stories about Aids to justify selling their powdered baby milk to African mothers.

Mr Malcolm Cole, Headmaster of Ousedale Comprehensive in Newport Pagnell, invited

Nestlé to speak at the school last week to settle an argument between pupils whose profits from a chocolate machine had been slashed by a Green pupils' boycott. An international boycott against Nestlé was relaunched earlier this year after allegations that the company is breaching a World Health Organisation code which restricts promotion of powdered baby milk.

A tape of the meeting records Mr Allan Allbeury, head of Nestlé's UK public relations, as saying that up to 50 per cent of mothers in African countries should not breastfeed because they are HIV-infected and their own milk could give their babies Aids.

Dr John Seaman, senior medical officer of Save the Children (UK), said: "It disturbs me that Nestlé have tried to create the view in the minds of these youngsters that bottlefeeding can be a creditable option for babies who have to live in the conditions common in most developing countries."

"It is not only Save the Children's position, but also the WHO's, that it is much safer for these babies to continue to be breastfed regardless of their mothers' HIV status. I also know of no country where 50 per cent of people are HIV-positive." Breast milk is a very poor transmitter of HIV infection and only a handful of cases of babies being infected in this

way have ever been recorded.

Mr Allbeury at first said that the transcript of his words was accurate and he claimed "other experts in the field" shared his views.

Later he changed his mind. "I did not mean to suggest that breastfeeding can pass on Aids. The level of HIV is high and can be over 50 per cent in some countries and the mothers are ill and may not be able to breastfeed."

Professor Catherine Peckham, an expert on paediatric Aids at the Institute of Child Health in London, said: "The case for breastfeeding by HIV-positive mothers in the developing world is as strong as it ever was."

THE GUARDIAN

119 Farringdon Road, London EC1R 3ER

ABC CIRC. 470, 023

ISSUE
DATE

NOV 1989

Nestlé boycott in school and high street

DECEMBER 1989 / JANUARY 1990 SPUR

THE Yeovil group had a stall in the high street recently, publicising the boycott of Nescafé due to the way they provide subsidised baby foods overseas. Leaflets from the Baby Milk Action Coalition were given out and the stall was covered by local radio, with a Nestlé representative replying to an interview with the group's press officer.

In Newport Pagnell, Nestlé went to a secondary school to defend their position after pupils started boycotting a vending machine run by a pupil enterprise. Gabrielle Palmer of Baby Milk Action was also there, and was horrified when the Nestlé representative seemed to be saying that bottle-feeding should be preferred to breast-feed-

ing because of the risk of passing on the AIDS virus through breast-milk. But the Nestlé company later said he had been misunderstood, and a Save the Children medical expert told the school that the risks of passing on AIDS through breast-milk were tiny, and certainly were much smaller than the risks of bottle-feeding in Third World countries.

Misinformation on breast-feeding and the spread of Aids 25.11.89.

YOUR story "Nestlé accused of Aids 'scare'" (Guardian, November 21) is misleading. Nestlé is not seeking to give the impression that HIV-infected mothers should not breast feed.

Nestlé agrees with the conclusions of the World Health Organisation and recent medical opinion that the risks to the baby by transmission of the Aids virus from the mother needs to be balanced against the benefits of breast-feeding.

It is estimated that in some 30-40 per cent of babies born to HIV carrying mothers, the virus is transmitted at birth. The extent of the risk of infection for the remaining 60-70 per cent of babies through breast-feeding by a seropositive mother is not yet known but is thought to be small. For this reason, WHO has recommended that in view of the known risks of incorrect bottle-feeding in poor communities, HIV carrying mothers should not be dissuaded from breast-feeding.

On the other hand a recent editorial in the British Medical Journal (September 30, 1989) points out that the risk of transmission to and from wet nurses may become important in the spread of HIV especially in developing countries.

Similarly a number of western countries have introduced stringent controls on breast-milk banks in order to prevent the transmission of HIV through infected donors. Such controls may be difficult to implement in Third World hospitals especially in areas where Aids is endemic.

At the Ousedale School meeting last week I did not say that up to 50 per cent of mothers in African countries should not breast-feed their babies because they would give them Aids. I made reference to the fact that in some areas of Africa up to 50 per cent of people (not mothers) are HIV-positive to illustrate

the levels of disease which can occur in some countries.

Allan Allbeury.
The Nestlé Company,
Croydon, Surrey.

JAMES ERLICHMAN'S article on Nestlé and the Aids scare was a good account of the meeting we attended at Ousedale School last Friday. He did, however, make one error. Mr Allan Allbeury said 50 per cent of people — not 50 per cent of mothers in African countries are HIV positive. We have a tape and a transcript of the meeting. Mr Allbeury's precise words were:

"There's a need [for infant formula] when mothers are ill. This is a problem in many African countries particularly, because of the spread of Aids. Because it is possible for mothers to give birth to perfectly healthy babies when they are HIV positive but, they can't then breast-feed because the baby will then run the risk of getting Aids. Sometimes up to about 50 per cent of people in some African countries are actually HIV positive... it startles me."

Both these statements are misleading. Current scientific evidence does not back up either claim. We were shocked that Nestlé's head of public relations and head of dietetics in the UK should deliberately give such misinformation to school children in direct contradiction to WHO data and guidelines.

They also gave incorrect information on infant feeding and the World Health Organisation/Unicef Code. Nestlé produce educational materials worldwide. Can we trust a company that misleads school children? Gabrielle Palmer, Patti Rundall, Joint National Co-ordinators for Baby Milk Action (BMAC), Cambridge.

