

<http://somatosphere.net/2018/09/the-milk-of-human-kindness.html>

The Milk of Human Kindness

2018-09-21 08:37:31

By Penny Van Esterik

Sour Milk

At the World Health Assembly (WHA) meetings in late May, 2018, the US delegation tried to water-down or dump a very mild resolution to confirm and update earlier WHA resolutions that protect, promote, and support breastfeeding. No new controversial language had been added to the older resolutions. Ecuador was ready to introduce the resolution until the US threatened “punishing trade measures” and “withdrawal of military support” if they sponsored the resolution. In the end, Russia came through to sponsor a revised version. Even that version had to survive US efforts to promote an alternative version that omitted reference to the International Code of Marketing of Breastmilk Substitutes (the Code) or anything about inappropriate promotion of baby food. Canada joined Botswana, Gambia, Georgia, Ghana, Kenya, Mexico, Mozambique, Namibia, Nepal, Pakistan, Panama, Russian Federation, Senegal, Sierra Leone, Sri Lanka, Thailand and Zambia to pass the resolution.

I read about this event just as I was leaving town on vacation, and I dismissed its importance because it felt so familiar. After all, the US also did its best to derail the Code in 1981. On my return, refreshed and ready to be frustrated anew, I can see implications that eluded me before. However, I need to acknowledge the profound sadness I felt about the event. I was distressed by how easily the local work in countless countries to support breastfeeding mothers and the advances in lactation science can be dismissed by a US administration that assumes it should always have the last word, the bigger say, in the world health assembly or NAFTA negotiations. In spite of the excellent coverage of the event by mainstream media and activist networks, the event is no longer newsworthy. But the sadness and frustration remains.

Since the US has never implemented the Code, why would it bother blocking the resolution to protect breastfeeding now? To send a message to NGOs and public health institutions that the US will always support its corporations regardless of the cost to public health – a reminder, in case activists forget, that profits of US companies must be protected at all costs. And for breastfeeding mothers, the costs may be high. Earlier in the year, US stakeholders including the Grocery Manufacturers of America voiced

objections to the proposed resolution. All this to protect a \$70 billion global market for breastmilk substitutes that manages to continue growing in spite of the increase in breastfeeding rates in much of the world.

US authorities balk at protecting and supporting breastfeeding, and are content to promote it, telling mothers that “breast is best” without providing the time breastfeeding mothers need or objective information about the risks of formula feeding. Canada also promotes breastfeeding as best. It endorsed the Code but failed to implement it in federal law. It doesn’t do enough to support women, and without the Code, it fails to protect families from the endless promotion of infant formula everywhere.

At the WHA, the US delegation also called for the insertion of “evidence-based” to accompany references to promoting breastfeeding. Since “evidence based” suggests that double-blind clinical trials represent the only evidence acceptable as scientific, this presents a problem for researchers who consider that experiments on babies are unethical in general, and particularly in trials that use breastfeeding and formula feeding groups, when one mode of feeding – breastfeeding – is known to be superior. Only a few months earlier, the CDC [called for an end to using the phrase, “evidence-based.”](#) The *New York Times*’ editorial board was upset enough about the US decision to publish an opinion piece on July 9, 2018, “Why breast-feeding scares Donald Trump,” (New York Times 2018). In response, Donald Trump tweeted:

“The failing NY Times Fake News breastfeeding story today must be called out. The US supports breast feeding but we don’t believe that women should be denied access to formula. Many women need this option because of malnutrition and poverty.”
(July 9, 2018)

After Trump’s tweet, there were over 600 editorial articles and 900 social media posts on the subject. As usual, the *New York Times*, both the editorial and the article by Jacobs (2018), reported the facts accurately while the President’s claims about breastfeeding and health policy were factually wrong. But what is one more lie in the context of 2,000 lies in Trump’s first year as President (enumerated by Kessler and Kelly in the *Washington Post*, January 10, 2018)?

The idea that poor women are too malnourished to breastfeed contradicts scientific evidence, but the public perception (encouraged by the baby food industry) is stronger than the scientific evidence. Facts matter less when there are differences of opinion and legitimate scientific debate about breastmilk and breastfeeding. Nothing in the 2018 resolution or the Code would restrict women’s access to infant formula. The Code and

subsequent WHA resolutions only limit the promotional practices of companies. However, companies have encouraged the perception that such resolutions would make it more difficult for women to obtain formula by artificially removing or reducing supplies before key policy decisions, as happened in Fiji (Van Esterik and O'Connor 2017:187). This gives the impression that supplies might decrease if there are any attempts to impose regulations on the promotion and marketing of baby foods.

As a breastfeeding activist, the WHA incident frustrated me. But as an anthropologist, I know the incident is about more than supporting a multilateral policy document about infant feeding.

What can medical anthropologists take from this incident?

- It is a blatant reminder of the strength of the forces that shape decision-making, and the risk of corporate interference in public health guidelines (Wilson, Tokhi and Amir 2018).
- It allows for a better understanding of conflicts of interest, and the extent to which the Trump administration will go to protect corporate profits. As a Canadian, I wonder why we should always have to consider US interests as well as those of the food and dairy industry when framing global health policy.
- It makes the need to protect breastfeeding visible to a wider range of people, for example, those involved in human rights or food security. The state's responsibility to protect (R2P) refers to the health of mothers and infants, not to the already huge profits of baby food and pharmaceutical corporations.
- It demonstrates the widespread distrust of knowledge and expertise. Acknowledging that there are many scientific debates around infant nutrition is not an invitation to be anti-science. (As cultural anthropologists, Penny and Richard had difficulty keeping up with the newest expert research coming out of biological anthropology, when they were completing *The Dance of Nurture*, 2017).
- It encourages the obvious comparisons between the pressure-tactics of the tobacco, sugar, and pharmaceutical industries, and their public health consequences. These strategies include:
 - interfering with political and legislative processes;
 - overstating the economic importance of their industries;
 - manipulating public opinion to improve their appearance;
 - engineering support through "expert" front groups;
 - discrediting evidence-based science; and
 - intimidating governments with legal action (Wilson, Tokhi and Amir 2018:3).

Mobile Milk

Canada sits on tenterhooks, wondering if and when the NAFTA trade agreement will be settled, and what Trump will exact in return for our attempts to keep supply management operating in the dairy industry. The supply management system prevents oversupply and shortages of dairy products, and generally gives small farmers a stable income, and customers, fresh milk with no bovine growth hormone (bGH). Perhaps New York and Wisconsin farmers would rather operate under a supply management system than have to increase production using bGH, to be paid to cut production, to dump gallons of excess milk on their fields or to slaughter their cows. Canadians don't want bGH in their milk supply. How can the Canadian supply management system represent a threat to New York and Wisconsin exports of milk components to Canada, when the US has a significant trade surplus with Canada in dairy products?

But international trade is complex. Feihe International, a Beijing company, makes formula for babies and others from skim milk components. The fear of tainted formula in China is well founded, and has encouraged the industry to seek "purer" milk components. Feihe's new Canadian subsidiary, Canada Royal Milk, being built near Kingston with both Ontario provincial and federal support, will export 80% of its milk components to China. Could this in any way link the WHA incident to NAFTA trade negotiations? Canada Royal Milk might gain a market share over US infant formula companies in China; and if Canada fully supported breastfeeding mothers, then the US might sell less infant formula in Canada. Which makes the US decision at the World Health Assembly more understandable economically, if not morally.

With a NAFTA agreement that protects small farmers in Canada, perhaps the US would face more obstacles to dumping their dairy surpluses in Canada. But Canada is not the cause of the milk glut in the US. Milk production increased over 20% in New York and Wisconsin, while milk consumption throughout the country decreased, dropping from around 30 gallons a year in the 70s to 18 gallons today for the typical American. At the same time, the use of milk alternatives such as almond milk is increasing, although dairy lobbyists question whether these products should be labelled as milk. As the commissioner of the US Food and Drug administration, Dr. Scott Gottlieb explained, "An almond doesn't lactate" (Bowles 2018).

2010 was a banner year for me. In July I had a stroke in my good eye which reduced my vision substantially, and I was diagnosed and treated for triple negative breast cancer at the same time. During the process I

was never asked whether I had been breastfed as a child, or whether I had breastfed a child. This experience influenced my breastfeeding advocacy work. I am in good health now, trying to ignore phrases like “poor prognosis” and “aggressive” in relation to triple negative breast cancer. In preparing this entry, I reread the *British Medical Journal* editorial by Natalie Shenker, “The Resurgent Influence of Big Formula” (2018) and followed up on one reference – a meta-analysis of the relation between breast cancer and breastfeeding, to learn that breastfeeding is protective against triple negative breast cancer. This cancer is characteristic of young black women, women who also have the lowest breastfeeding rates in the US. Breastfeeding could result in a marked risk reduction for triple negative breast cancer among young black mothers. I can understand why US policy makers might not care about the survival of small Ontario dairy farms, but they should certainly care about the health of their own citizen-mothers.

Spilled Milk

The recent *New York Times* editorial asks why breastfeeding scares Donald Trump, and answers the question by reference to corporate influence (New York Times 2018). The editorial links the breastfeeding resolution to other business issues impacting public health – for example, pushing for language that would limit the ability of the US, Mexico and Canada to put warning labels on junk food and sugary beverages, bringing the WHA incident back to the NAFTA trade agreement. Another answer to the question of why breastfeeding scares Trump might be that the President has in the past called breastfeeding disgusting. The telling incident occurred in 2015 when a lawyer wanted to leave a deposition to pump her milk, after Trump refused to take a scheduled break. Was he not breastfed as a child? Were his children breastfed? Those answers could explain quite a lot.

Is the fuss about milk “much ado about nothing,” just a simple act of bullying? There is no clear or easy resolution to human problems like bullying and greed. But we can examine institutions that support such problems. Thinking back to my days of being bullied in grade school, I didn’t deal well with it then and I don’t now. I see few changes in the way we deal with bullying, except that we talk more about it. Steven Pinker’s optimistic, uplifting treatise, *Enlightenment Now* (2018) argues that people are becoming “more intelligent and more humane.” The US action to avoid protecting breastfeeding suggests otherwise. Anthropologists might well argue that we cannot always address problems like bullying and greed by applying reason.

References

- Bowles, Nellie. 2018. Got Milk? Or was that really a plant beverage? *Toronto Star*, September 8, IN5.
- Byatnal, Amruta. 2018. Moment of Reckoning for Nutrition Advocates at the WHA. *News Deeply, Malnutrition Deeply*, June 7.
- Jacobs, A. 2018. Opposition to breast-feeding resolution b US stuns World Health Officials. *New York Times*.
<https://www.nytimes.com/2018/07/08/health/world-health-breastfeeding-ecuador-trump.html>.
- Kessler, G and M Kelly. 2018. President Trump has made more than 2000 false or misleading claims over 355 days. *The Washington Post*, January 10, 2018.
- New York Times, Editorial. 2018. Why Breastfeeding Scares Donald Trump. *New York Times*, July 8.
- Pinker, Steven. 2018. *Enlightenment Now: the case for reason, science, humanism and progress*. New York: Viking.
- Rundall, Patti. 2018. US blocked breastfeeding protections – I know, I was there.
https://www.sustainweb.org/blogs/jul18_US_bullying_tactics_on_baby_milk/
- Shenker, Natalie. 2018. The Resurgent Influence of Big Formula. *British Medical Journal*, 362:k3577.
- Van Esterik, Penny and Richard O'Connor. 2017. *The Dance of Nurture: Negotiating Infant Feeding*. New York: Berghahn.
- Wells, Jennifer. 2018. Baby Formula offers taste of US fury over Canadian dairy. *Toronto Star*, June 16.
- Wilson, A., M.Tokhi and L. Amir. 2018. Big Formula follows Big Tobacco Playbook. *Medical Journal of Australia* 28, July 23.

[Penny Van Esterik](#) is Professor Emerita of Anthropology, recently retired from York University, Toronto, where she taught nutritional anthropology,

advocacy anthropology and feminist theory. Her fieldwork was primarily in Southeast Asia. She is a founding member of WABA (World Alliance for Breastfeeding Action) and has developed advocacy materials for them on breastfeeding and women's work, breastfeeding and feminism, environmental contaminants and infant feeding, and breastfeeding as infant food security. Her books include From Virtue to Vice: Negotiating Anorexia; The Dance of Nurture: Negotiating Infant Feeding (both with Richard O'Connor); Beyond the Breast-Bottle Controversy; Materializing Thailand; Taking Refuge: Lao Buddhists in North America; Food Culture in Southeast Asia; and Food and Culture, a reader (edited with Carole Counihan).

AMA citation

Van Esterik P. The Milk of Human Kindness. *Somatosphere*. 2018. Available at: <http://somatosphere.net/2018/09/the-milk-of-human-kindness.html>. Accessed September 21, 2018.

APA citation

Van Esterik, Penny. (2018). *The Milk of Human Kindness*. Retrieved September 21, 2018, from Somatosphere Web site: <http://somatosphere.net/2018/09/the-milk-of-human-kindness.html>

Chicago citation

Van Esterik, Penny. 2018. The Milk of Human Kindness. Somatosphere. <http://somatosphere.net/2018/09/the-milk-of-human-kindness.html> (accessed September 21, 2018).

Harvard citation

Van Esterik, P 2018, *The Milk of Human Kindness*, Somatosphere. Retrieved September 21, 2018, from <<http://somatosphere.net/2018/09/the-milk-of-human-kindness.html>>

MLA citation

Van Esterik, Penny. "The Milk of Human Kindness." 21 Sep. 2018. Somatosphere. Accessed 21 Sep. 2018.<<http://somatosphere.net/2018/09/the-milk-of-human-kindness.html>>