It would be hard to question the need for scientific research and objective data collection as the necessary preconditions for developing sound policy alternatives. The real-world experience, however, makes this ideal all but impossible to achieve. Scientific research involving human subjects and using randomized samples, control groups, and isolation of various factors is extremely difficult, if not impossible: for example, how one might go about assigning infants randomly to breast- or bottle-feeding groups and keep them there when a change for health reasons may be called for; or, similarly, how might one "isolate" the effect of infant formula from such other factors as poverty, unsanitary conditions, impure water, or illiteracy of the parents. Thus, facts are at best approximations or likelihoods of occurrences given the existence of certain environmental factors.

Infant formula manufacturers and their supporters contend that no substantive case exists for relating their marketing practices to either a decline in breastfeeding or an increase in infant mortality and morbidity in less developed countries (LDCs). Some have even argued that most of the criticized industry practices were substantially discarded even before the passage of the WHO Code in May 1981, and that the opponents of the infant formula manufacturers have continued to repeat old charges primarily for political purposes, that is, with a view to regulate the infant formula industry and severely constrain its sales.¹

Industry’s critics, on the other hand, behave as if evidence is overwhelming and the issue is beyond debate. Consider, for example, the following statement by Dr. Stephen C. Joseph, among the industry’s most vociferous
critics, before a congressional committee in 1981. Almost 100 million infants are born in the developing world each year. One in ten of these infants do not live to see their first birthday — that comes to 10 million infant deaths annually in the developing world. Half of these deaths — about 5 million annually — are due to the vicious cycle of diarrhea and malnutrition. Of these 5 million deaths, the best available estimates are that up to 1 million deaths are directly attributable to the association of contaminated infant formula with diarrhea and malnutrition."

While the industry seeks specific scientific evidence, the industry’s critics reject the absolute need for such findings and regard totally controlled experiments as unfeasible, unnecessary, and, therefore, a tactic used by the infant formula manufacturers to avoid facing the “real” problem. Instead, they offer “experiential” knowledge and eyewitness accounts from the field, and consider them as strong supportive material to supplement their scientific evidence which the industry has criticized as insufficient and poorly developed. Thus, each party is prone to choosing certain scientific facts that lend credence to its view of the world.

In the process of emphasizing extremes, a vast middle ground is lost to inflaming rhetoric with results that are neither enlightening nor conducive to reaching consensus and implementable public policy options. Typical of this approach is an assertion by Dr. J. Dobbing in a Nestle-sponsored book, Infant Feeding: Anatomy of a Controversy, 1973–1984, wherein he states that it is not his purpose “to justify those activities of industry which may have been mistaken in the past, but it will seek to point out the errors, mainly of over simplification, in the tactics of industry’s critics when recruiting the sympathies of ordinary, concerned and well-intentioned citizens to their crusade.” He, of course, does not make any attempt to point out either the “errors” or “oversimplifications” employed by the infant formula manufacturers in dealing with the critics and “recruiting sympathies of ordinary, concerned, and well-intentioned citizens” to their viewpoint.

“Much of the confusion in this complex subject,” according to Dr. Dobbing, “has been generated by lay activist groups who rely heavily on the quoted opinions of people we may describe as ‘expatriate doctors.’” He is equally scornful of his colleagues, accusing them of poor judgment and fuzzy research.

A career in clinical medicine, and especially in clinical pediatrics, attracts some of the most well-intentioned people. . . . However, although such dedication is praise-worthy, indeed necessary there is always a risk that it will tend to obscure judgements which would be better made coolly and without passion. Although it is inevitable that most clinical judgement depends on a scientifically insecure basis of knowledge, at least we should regret our ignorance and make an attempt to evaluate what little evidence there is by means of intellectual appraisal before being dominated by proper humanitarian concern. Nowhere is this attitude more transgressed than in attitudes to the feeding of babies. . . .