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Chapter IX - Looking Back and Forward

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Chapter IX
Looking Back and Forward

Transformations

The ideal of "freedom from hunger" was not achieved between 1948 and 1978, nor has it since become a reality.[1] The three decades of UN nutrition policy covered in this dissertation reflect the significant transformations in the content and character of the dialogue between policy makers and nutritionists, as well as the deep complexities of the hunger problems they addressed. Far from ending hunger and malnutrition, these agencies devoted much of their resources to wrestling with their own hunger for lasting solutions and their deficit of comprehensive information. When viewed from a distance, the agencies appear to have expended considerable energy on internalizing and rationalizing widely different, and sometimes delusional, views of nutrition. There were, for example, instances when policy makers and nutritionists seemed convinced that with adequate resources, they could wipe out hunger and malnutrition entirely. This view was juxtaposed with the possibility that they could accomplish nothing without government support and planning. In between these perspectives was an array of other views, each with some basis in science or practice, and each lacking the concrete evidence which might have marshalled monumental support.

By and large, the Heywards, Scrimshaws, Waterlows, and Autrets of nutrition science and policy were robust participants in most of the dates covered herein. Aside from the unusually consistent cast of scientists and policy makers intimately involved in this history, little else was static. Kwashiorkor, the favoured discussion topic of the 1950s, faded from view by the late-1960s. The enthusiasm for applied nutrition programmes in the late-1950s similarly tapered off in less than two decades. The feeding policies of the late-1940s by the late-1970s had been edged out by massive horizontal programmes which had little space for feeding programmes. The intricate and overwhelmingly complex nutrition planning schemes of the early-1970s were history before the decade ended. More impressively, the three initially nutritionally-

[1] Based on FAO data, the ACC/SCN estimated that from 1974-1976, 33% (976 million) of the population of the developing world suffered from hunger and malnutrition and that from 1988-1990, the figure was 20% (786 million). The ACC/SCN further estimated that the corresponding figures for children during these time periods were 42% (168 million) and 34% (184 million) respectively. Micronutrient malnutrition was not included in these estimates. *Second Report on the World Nutrition Situation*, I, Suffolk, England, The Lavenham Press Ltd. for the ACC/SCN, October 1992, p. 2.

interested agencies of the UN eventually came to have over a dozen partner agencies, all of whom registered similar concerns for nutrition. In spite of the catalogue of failures in nutrition policies, hunger and malnutrition, scarcely visible or understood in 1948, came to have considerable international standing by 1978.

Throughout this period, the common, and frequently controversial, ground on which policy was formulated was inhabited by policy makers and nutritionists. From Orr's nutritionally-minded call for a world food plan to Joy's and Payne's push for national food and nutrition planning, the nutritionists held a powerful role in policy formation. For three decades, the policy makers provided nutritionists with opportunities to present solutions to the nutrition problem. At the end of this period, however, there was widespread concern that the nutritionists alone could not and would not cure hunger and malnutrition. In much the way Payne felt that his food and nutrition planning "didn't go anywhere", and Orr had witnessed his plan follow a similar trajectory, the nutritionists built up a string of shortcomings destined to lower the confidence of the agencies in their abilities.[2] In Payne's view, the nutritionists, himself included, had a tendency "amongst the international agencies and amongst people who are involved in various aspects of technical assistance and relief assistance...to raise very great expectations and not fulfil them."[3]

On Magic Bullets

Throughout this history, the UN agencies addressed problems of hunger and malnutrition with scientifically-informed political solutions. The policies advocated always involved structural and programmatic changes and initiatives which would hypothetically result in tangible impact. With progress and expanded knowledge, however, the problem -- underdevelopment -- was found to be vastly more complex than previously envisaged. Orr's original approach, in the body of the World Food Plan, was ostensibly simplistic and widely underestimated the problems of hunger and malnutrition at hand. Yet Orr knew better than most about the important relationship between food, health, and income as he had been one of the first to elaborate it. In his mind, in order for development to proceed, people had to be well-nourished before they could possibly address the web of problems which kept them impoverished. Orr's

[2] P. R. Payne, interview, 5 June 1996.
[3] Ibid.

ideology impressed and coloured decades of future policy.[4] Within FAO, feeding industrial workers to boost production and concentrating more generally on augmenting total food production were policy aspirations that well reflected Orr's thinking. Unicef's wishes to ensure the health of children and, later, WHO's hope for health for all contained elements of Orr's raw idealism: if nutritional status could be secured, then all other aspects of development would begin to fall into place. After all, conjectured many administrators, poorly nourished children could not live up to their genetic potential, fulfil their true academic abilities, or solve their countries' problems.

Just as Orr had presented a food plan that was politically and mechanically impractical, the nutritionists provided insights that were beyond the reach of policy. Nevertheless, they persevered and presented solutions which they hoped would be adopted and implemented on grand scales. The policy makers, however, were impatient and fixated on rapid, tangible progress. Thus, when projects failed to produce notable success, it was desirable to label such endeavours as failures and to move on to another policy or project in the pipeline. Frequently, projects that seemed promising but never really produced substantive results were carried forward from decade to decade at low levels of funding. Certain applied nutrition projects and some supplementary feeding programmes conformed well to this course.

The appeal of nutritional idealism was, and remains, overwhelmingly attractive. As entangled as nutrition might be in a host of socio-economic and political issues, it somehow has always seemed simpler, perhaps due to the charms of science, to attack a health problem (or many) rather than its root causes. In this sense, the scientific optimism which emerged from W.W.II, it was hoped, would provide more effective tools for solving hunger and malnutrition than social and political progress alone. As time passed, this mode of thought became less acceptable. At Bellagio in 1964, Unicef noted that the solutions to hunger and malnutrition could not be implemented without the support of governments: nutrition had to be built into national development plans. During the following decade, FAO, WHO, and Unicef focused on methods for accomplishing this task. The facile political thinking, however, always involved what governments should be doing rather than how governments themselves would have to change. Nutrition, the nutritionists and administrators believed, needed only be a new government sector, connected to all other departments, in order for hunger and malnutrition to be commissioned to history. If only the right planners, ministers, and

[4] For some fascinating philosophizing on Orr's legacy as well as on nutrition's struggle for credibility, see: J. C. Waterlow, 'Sixth Boyd Orr Memorial Lecture: crisis for nutrition', *Proceedings of the Nutrition Society*, 1981, 40, pp. 195-207.

other political figures were informed on nutrition issues, the will and means to end hunger and malnutrition would follow.

Sixteen years after Alma-Ata, the same problem of overestimating nutrition's support and potential remained. Heyward then asserted that one of the great failures of UN nutrition interventions was that "In their cooperation with countries, agencies tend to neglect the political and cultural context and to emphasize only technical soundness."[5] In an effort to achieve better nutrition through political change, Heyward thought that the UN system could "go further in analyzing the structure of power, and in advocating more democratization, decentralization, political accountability in the social sector, community empowerment and responsibility, equity, respect for human rights, and a better allocation of resources to social sectors."[6] The perpetuation of emphasis on technical rather than practical data suggests that the design of the UN agencies themselves in some way has obstructed understanding real-world circumstances. The paradigm which reigned from 1948 to 1978 was that science could result in recommendations which, if properly implemented, would solve problems. By 1978, this model appeared to be shifting toward one which focused more on the management and implementation of solutions.

Since no single approach was ever so globally successful as to warrant enormous funding, mighty interest, and broad implementation, nutrition policy was always metamorphosing into something different. Major efforts such as nutrition education, weaning foods, high-protein mixtures, applied nutrition programmes, and national nutrition planning never proved themselves to be more than partial solutions for hunger and malnutrition. The scourge of malnutrition was simply not the vertically treatable problem a disease like smallpox was. A nutritional problem, such as xerophthalmia brought on by vitamin A deficiency, could conceivably be attacked vertically, and some argued then and later that such diseases should be the focus of nutrition policies.[7] Leslie Burgess described the clash of vertical scientific solutions with less technical undertakings in the following terms:

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[5] E. J. R. Heyward, 'Martin J. Forman Memorial Lecture: The United Nations System and nutrition, the need for change in a more democratic world', Arlington, VA, sponsored by Helen Keller International, 15 June 1992, Heyward personal collection, p. ii.

[6] Ibid.

[7] During the late-1970s xerophthalmia was thought to affect more than 250,000 people annually while goitre affected roughly 100 million. Donald S. McLaren, 'Nutrition policy, planning, and programmes: a personal overview', in D. S. McLaren (ed), *Nutrition in the Community*, Chichester, John Wiley & Sons Ltd., 1983, 1-16, on p. 13. In 1992, the ACC/SCN estimated that in the 1980s goitre affected 5.6% (211 million) of the people in developing countries while xerophthalmia affected 2.8% (13.8 million). *Second Report on the World Nutrition Situation*, op. cit., note 1 above, p. 2. A startling report by WHO recently estimated that there are 1.6 billion goitre cases world-wide. Patrick

> I think it was the feeding programmes which were a major problem, on the other side nutrition education was and to some extent is, viewed with suspicion by the conventional medical practitioner. You could persuade Mrs. X to eat less fat, or that she has to breastfeed her kids instead of [using] a bottle; it's all loose stuff. Whereas someone has produced a relatively new antibiotic which zaps a particular bug. So if you're in third world medicine, it's a lot more comfortable to go along with nicely defined things. If Mrs. X does not feed her kid well, and the kid dies, you feel responsible [but it is unclear what to do]. Whereas if you vaccinate the kid and the kid dies [of the disease] then you got it wrong, you've got to search out what was wrong with the vaccine.[8]

Thus, science appeared to provide more effective and rapid-acting solutions *and* dulled the emotional connection to the problem. It was therefore appealing for some nutritionists to immerse themselves in nutritional science rather than focus on the non-technical details of nutritional work. Ironically, it was the search for deeper technical understanding which painted an increasingly complex three-dimensional canvas of the anatomy of hunger and malnutrition. The more deeply hunger seemed entrenched in other issues, the greater the desire to find simple solutions became. It was only after decades of the resulting vertical approaches that administrators and nutritionists could swallow their pride and embrace a more holistic, horizontal vision for change.

Trends

The history of nutrition policy and its assorted peaks and valleys did not occur in an historical or institutional vacuum since related developments in other disciplines as well as in socio-political thought followed similar trends. In the development field during the 1970s, for example, Payne found that "there was the same disenchantment with the kinds of experts who were active in areas like poverty, just as nutritionists would be advocating various sorts of indicators for policy-making, so you had...around 1978 a proliferation of advice for assessing levels of poverty and a whole battery of ideas about how to shift assets and consumption."[9] Just as Payne and Joy had promoted inter-ministerial nutrition planning, development experts were positing

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E. Tyler, 'Lacking iodine in their diets, millions in China are retarded', *The New York Times*, 4 June 1996, pp. A1, A10, on p. A10.

[8] H. J. L. Burgess, interview, 29 May 1996.

[9] P. R. Payne, interview, 5 June 1996.

that inter-sectoral policies, if properly understood, would result in growth. In the history of developmental economics, similar trends can also be seen. After W.W.II, the central goal of socio-economic development was to bring the developing countries into modernity and transform them into carbon copies of the developed countries. By the same token, the UN system sought to provide Western-style medical care and relief to the developing countries during the 1950s. Over time, development economics alternatively embraced and repelled Western economic theories for development, much as nutritionism continuously changed its approaches.[10]

The search for vertical solutions to multi-sectoral problems was also a leitmotif of public health during this period. In fluid therapy research and practice, for example, investigators developed oral rehydration therapy, an extraordinarily simple and successful regimen for people suffering from dehydration, during the late-1960s. The international agencies readily adopted the therapy since it could have immediately visible effects. Nevertheless, the aetiological foundations of diarrhoeal dehydration -- lack of clean water and sanitation -- persisted.[11] By the same token, the agencies rapidly latched onto "solutions" to hunger and malnutrition, while overlooking the massive and unmanageable social, cultural, political, and economic factors at the root of the issue. These solutions arose because of the humanitarian and political pressures to produce them. By and large the nutritionists and policy makers were well aware of the intensely detailed backdrop that allowed for hunger and malnutrition to persist. In spite of the immensity of the problems, they wished to make progress and ideally, to save and improve people's lives.

On Experts and Policy Makers

This dissertation has chronicled, in part, the evolving position of experts in nutritional science and policy. Although the policies described generally targeted hunger and malnutrition, the prominent role of protein in nutrition politics during this period demanded considerable attention. The PAG provided one forum in which to view the changing composition of expertise in nutrition. Through the 1950s and into the early-1960s, the group consisted mainly of nutrition experts with extensive knowledge of protein. As nutrition concerns broadened in the UN system, the PAG

[10] For an informative discussion of the evolution of developmental theory which focuses on the state of affairs in the 1980s, see: John Toye, *Dilemmas of Development*, Oxford and New York, Basil Blackwell Ltd., 1987.

[11] For a full elaboration of these concepts and the history of this treatment see: Joshua N. Ruxin, 'Magic bullet: the history of oral rehydration therapy', *Medical History*, 1994, 38, pp. 363-97.

guidelines and membership altered accordingly. By the 1970s, the PAG had grown from a group whose role was essentially technical to one that was much more programmatic and policy-oriented. Thus, economists, agriculturists, and planners among others were the experts making up the PAG. Their presence was a testament to the tilting of nutritional foci from vertical programmes to a holistic, horizontal approach. The FAO/WHO expert committees on nutrition made similar transitions, but like the PAG, maintained a few key nutritionists in notable positions for decades. Both groups saw an increase in nutritionally-minded experts from developing countries and from the United States where nutritional interest was rising markedly.

In the early years, before bureaucracies became bloated, the nutrition experts seemed to be closely aligned with nutrition policy at FAO, WHO, and Unicef. More than the documentation can possibly reflect, Scrimshaw, Jelliffe, Waterlow, Gopalan, and other nutrition experts had tight and often informal relations with policy makers that enabled them to guide the course of policy and research. At FAO and WHO, the interplay between the nutrition experts, the division heads and Directors-General eventually resulted in particular stances on nutrition issues.

A major device for arriving at a policy position, or at least for building scientific credibility, was the expert committee. Expert committee members were selected carefully, and although they occasionally arrived at misguided recommendations, their groups seemed to be the most amiable way to approach major nutrition issues. "Committees", wrote Scrimshaw, "have the defect that they often permit individuals to avoid responsibility for their decisions, but leaving major scientific policy decision to individuals would be intolerable."[12] According to Payne, the agencies always had a "hidden agenda" which indicated where they wished the expert committees to end up. Payne asserted that the frequently bland documents which emerged from such meetings resulted from the search for common ground:

> It seems to me that the psychology of these situations [expert committee meetings] really deserves some research. For the first couple days, everyone behaves with great politeness. Then there's the intervening period where people go away with parts of draft report and inject their own ideas, and the end stage is of rising tension and usually ends up with people fighting over every word or paragraph of the report, and that cycle does repeat itself.[13]

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[12] Nevin S. Scrimshaw, 'Shattuck lecture-strengths and weaknesses of the committee approach', *New England Journal of Medicine*, 15 January and 22 January 1976, 294, pp. 136-42 and 198-203, on p. 202.

[13] P. R. Payne, interview, 5 June 1996

Thus, in spite of the appearance of agreement through so much nutrition documentation, there were certainly rip tides which tore across the general currents of thought. For the historian, it is unfortunate that the record does little to illuminate the undertones and turf battles of the expert committees.

At Unicef, a much different dynamic was at work since the agency did not have technical experts on staff and rarely co-sponsored expert committees. Heyward noted, for example, that Unicef was encouraged to forego its protein focus when it was "penetrated by those who stuck up for calories."[14] As to Unicef's reply to the protein enthusiasts, however, he stated that Unicef did not criticize them so much "because a lot of them were friends."[15] Thus, the routes by which many nutritional priorities were set and re-set did not necessarily come directly from the convening of expert committees or the publication of relevant studies. Rather, policies in certain cases resulted from informal discussions that occurred between the experts and the policy makers, off-the-record. Experts were not the integral part of nutrition policy formulation that they were at the specialized agencies.

As overwhelming as the notion might be, based on the oral and written record, I must conclude that the shape of Unicef's nutrition policies during the first three decades of its existence was largely the result of Heyward. From the start, his personal interest in nutrition drove Unicef's policies. Although he had had no professional training in the subject, every nutritionist familiar with Unicef, and most documents I uncovered, invariably fingered Heyward as the nutrition point-person at Unicef. One of his colleagues stated: "certainly Dick was the major force for broadening our whole approach toward nutrition. That has been a concern of his for many years. Even though he wasn't in a programme position, this was considered to be his bailiwick."[16] Leslie Burgess, his colleague on the SCN noted:

> Heyward, much more than Waterlow, Gopalan or anyone had been influencing nutrition. Although he had no professional training on nutrition, if you added it up, he probably had infinitely more influence on nutrition policy than anyone...It's the Heywards of the world who can accomplish something of nutrition, not the person with the Nobel Prize for nutrition, it's the committed generalists. It's blokes like him

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[14] E. J. R. Heyward, interview, 14 September 1995.

[15] Ibid.

[16] Julia Henderson, interview conducted by John Charnow, 30-31 July 1983, Unicef Archives, interview file, p. 29.

> who have their finger on the pulse, and brother, did he have it on the whole UN system.[17]

It was largely through Heyward's work that Unicef's nutrition approach became decentralized, a trend eventually adopted throughout the UN system. When nutrition support flagged, Heyward inspired new commitments, and when new approaches were called for, Heyward positioned himself at the front lines. Heyward's position demonstrates that nutrition "expertise" did not have to come from professional training and being a nutrition expert was not a guarantee for influence.

In contrast to the formidable power over nutrition policy of Heyward, there was Teply, Unicef's senior nutritionist. Although Teply has frequently been mentioned throughout the dissertation, according to Heyward and others, his influence on policy was never prominent: "Teply never occupied an important policy position in Unicef though he was the senior nutritionist but that was not high on the totem pole, but he was very respected by the scientific community both here and elsewhere, and he had a detailed knowledge therefore he did provide a liaison between what they [the nutritionists] were talking about and what was important for Unicef."[18] In spite of Teply's limited influence, his record did provide an important lens through which to present this history, particularly due to his penchant for history and defence of nutrition.[19] In 1983, Teply suggested that "it is not accurate to make a blanket statement that in the past, nutritionists, as well as others, did not recognize the complexity of problems of malnutrition. A misreading of the history may tend to cause underestimation of the difficulties of dealing with the problems."[20] Teply time and again made this point to many administrators, Mahler of WHO among them. Reflecting both Teply's support of nutrition and Mahler's disdain for nutritionists, Teply wrote to Mahler:

> I think I know what you meant to convey when you said in the 1950's nutritionists were thinking only of nutrient requirements and deficiencies. Unfortunately, there are many individuals prepared to

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[17] H. J. L. Burgess, interview, 29 May 1996.

[18] E. J. R. Heyward, interview, 14 September 1995.

[19] In 1973, Teply sent a memo around to Unicef's top administrators requesting that current nutrition priorities be considered "against a backdrop of experience over a number of years." Included in the memo was a copy of a Platt article written in 1954. This instance reflected not only Teply's nutritional history interest, but more importantly, the ongoing relevance of early nutritional insights. L. J. Teply, note for the record, 'Decreasing women's work load and improving living conditions in villages in developing countries', 27 June 1973, Unicef Archives, 88R025, Box T-006, Teply files.

[20] L. J. Teply, letter to Dr. Nyi Nyi, 29 March 1983, Unicef Archives, 88R025, Box T-006, Teply files.

> believe that no nutritionists ever thought beyond this in the past and that approaching nutrition in a broader way is a completely new concept. Not only is this not true...but I believe that such impressions may well be counterproductive in the long run. [emphasis his][21]

Teply's letter reflects both the respect nutrition maintained at Unicef and the different power dynamics at play at the specialized agencies. Neither FAO nor WHO ever had a nutrition figure as enduring and prominent as Heyward. As a result, nutrition's standing varied substantially with executive changes. There is an irony in this observation since Unicef, the agency without a focused nutrition department, spent a greater proportion of its budget on nutrition than the agencies which had designated nutrition units.[22]

The termination of the PAG and formation of the SCN symbolized a lowering of the status of the nutrition expert, not of nutrition. According to Leslie Burgess, nutrition was actually boosted, especially with Heyward as chairman.[23] Since Heyward was closely tied to all the major UN agencies, his leadership of the SCN at least temporarily drew the importance of nutritional action upwards. This may in part account for the low-level of rumbling heard during the PAG's finale; nutrition was not over, and at least some of the nutritionists foresaw the opportunity to switch teams. At the time, however, the scientists were not brought up on high with the issues as they once were. Looking back on the roles played by scientists in nutrition, McLaren stated:

> I don't think doctors or scientists have got key roles to play in the solution, they do have a key role to play in defining the problem and the magnitude....So the scientists had a role, but we overstretched ourselves earlier on, tried to do things that we didn't have the means or ability to do. So now it seems that organizers are not calling on the scientist.[24]

McLaren's commentary fits the basic character and consideration of nutritional expertise in 1978 and is a view shared by many. For Béhar, a veteran of medicine and

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[21] L. J. Teply, letter to Mahler, 9 May 1979, Unicef Archives, 88R025, Box T-006, Teply files.

[22] Waterlow undertook the complex task of estimating FAO and WHO nutrition expenditures for fiscal year 1978-1979. He figured that FAO spent 2.66% of its total budget on nutrition that year while WHO spent 1.02%. If, however, one included external funding sources for WHO nutrition work, the figure rose to 2.20%. Waterlow, op. cit., note 4 above, p. 200.

[23] H. J. L. Burgess, interview, 29 May 1996.

[24] D. S. McLaren, interview, 6 October 1995.

nutrition, it became apparent during his career that there really was no substantive role for the medical doctor trained in nutrition. He stated:

> I am convinced now that what we nutritionists can contribute is limited to help those who are sick utilize technology for prevention, but ultimately the problem is not a medical problem, it is not a health problem, it is fundamentally a socio-economic problem. I don't think the best qualified nutritionist can do anything for people who are poor, ignorant; there is no advice that can be given to them, there is no miracle cure or preventive measure that can be provided to them, I mean people have to have enough to eat to eat well, and I think people will eat well if they have enough in general. If we raise the purchasing power of all people, I am sure the nutrition will be improved...but in general the major problems will be solved if we improve the economy. That I was not as clearly aware of then as I am now.[25]

Waterlow, however, has taken a less severe perspective: "Nutrition occupies a middle place in the continuous chain of knowledge and endeavour which stretches from molecular biology to social and political science...Nutrition has something of its own to offer and in addition, its job is actively to pull together, to connect and to reduce the fragmentation of the biological and social sciences."[26] While FAO and WHO were divesting themselves of nutrition, Unicef was following Waterlow's thinking and beginning to building itself up with premier nutritionists. After all the debates over autonomy and nutrition sovereignty, in the 1980s Unicef decided that nutrition experts could be very useful, especially if they were kept in-house.[27]

A broader look at other development fields and socio-political trends suggests that the fall of nutrition expertise's status reflected general attitudes of contempt for experts and ardour for managers. It was during the 1970s that a distrusting public in developed countries scrutinized professionalism. Doctors were especially vulnerable to this as their word was no longer the last word, but rather one of a number of opinions. The nutritionists described in this history had biomedical backgrounds and were pushed into defensive positions by this broader current of cynicism. Their long-standing position of low-prestige only exacerbated their vulnerable position. When they began, Béhar, Aykroyd, Waterlow, Gopalan, and their colleagues had had to

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[25] Moisés Béhar, interview, 29 December 1995. When Béhar left WHO in frustration, he left nutrition behind entirely. After over three decades of nutritional involvement, he became a world-class expert in orchids.

[26] Waterlow, op. cit., note 4 above, p. 205.

[27] E. J. R. Heyward, interview, 12 September 1995.

overcome widespread disdain for nutrition in order to pursue their work. Although these scientists through their breakthroughs, publications, and international exposure clearly elevated the role of nutrition and made it, for example, taught more extensively in medical schools, nutrition remained scorned. While the failures of nutrition ventures may have soiled nutrition's image, it seems more likely that nutrition's diffusion through so many disciplines left it with an amorphic, highly unsteady design. This combined with a management revolution earmarked nutrition and other public health fields, at least in the short-term, for a status considerably lower than its proponents desired.

Dr. Adeniyi-Jones, the Nigerian representative on Unicef's Board in the early-1960s and a long-time WHO officer, felt that the problem for nutrition and public health more generally rested with the approach taken by the doctors, consultants, and specialists. Those professionals, asserted Adeniyi-Jones, "don't have time for simple procedures and solutions. For a thing to be good, it must be complicated and consist of modern specialized technology...The specialists and experts have the ear of the decision-makers who take their word rather than yours and mine."[28] The problem Adeniyi-Jones perceived was that the medical doctors in the developing countries were in the most influential position in regards to acceptance of any public health doctrine:

> When the ministers, politicians, and decision-makers are ill, they are in the hands of clinicians. They and their families depend on clinicians for their life-saving expertise. Little wonder that decision-makers are usually guided by the advice of clinicians. When we persist in saying, 'Prevention is better than cure,' we alienate the clinicians.[29]

To him, all public health workers and experts had to bring clinicians more deeply into the fold of the public health worker. His remarks illuminate the profound divide, which was exceptionally wide in developing countries, between medical practitioners and public health personnel. Thus, the alienation from the medical community spoken of by nutritionists was but one example of a broader backlash against public health. Adeniyi-Jones believed that

> We [public health workers] do not give them [clinicians] an opportunity to be exposed to see that they can benefit from a community-based and prevention-oriented approach. Subconsciously or even consciously, the implication is that if you succeed in preventing illness, you will do

[28] Olatunji Adeniyi-Jones, 23 January 1984, Unicef Archives, interview file, p. 14.
[29] Ibid.

> clinicians out of their jobs. It is futile for public health workers to think that they can build an empire to rival the clinical empire. What we have to do in developing countries is to develop an approach which will combine the two completely.[30]

These words provide greater insight into the tumble nutrition took during the 1970s. Not only was nutrition viewed by policy makers as one of many tools available for health improvement, but, like other public health fields it posed an apparent threat to health professionals in developing countries. Nutrition's rises and falls did not form a unique path in the international health community since many other broadly-based fields -- education and family planning for example -- suffered from similar high expectations and dashed hopes.

The Pace

In historical perspective, the changes that occurred in nutritional science and the concordant alterations to policy occurred at breakneck speed. Scrimshaw, Gordon, and Taylor's review of nutrition and infection in 1959 informed the backdrop of the Alma-Ata declaration less than twenty years later. By the same token, Brock's and Autret's "rediscovery" of kwashiorkor in the early-1950s was rapidly translated into action with the subsequent formation of the PAG and concurrent explosion in protein interest and research. The rapidity with which scientific findings and thought became policy suggests that the proximity of scientists to the policy makers played a striking role in policy priorities.[31] For the heads of WHO, FAO, and Unicef, these tight relations were often of great usefulness. When early supplementary feeding policy was directed at school-aged students, it was the considerable influence of nutritionists that properly re-aimed projects at pre-school children. On the other hand, this same influence from the late-1950s to the early-1970s successfully kept the UN system's attention principally on protein deficits when more holistic thinking was illuminating a constellation of other issues.

Ironically, in spite of the low esteem held for nutrition by the medical establishment of the 1940s and 1950s, nutrition nevertheless became medicalized and

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[30] Ibid., p. 15.

[31] Quinn perhaps for effect stated that the fancies of the donor community changed at supersonic speed: "one year the answer is protein, the next energy, and the next micronutrients." Victoria J. Quinn, *Nutrition and National Development: An evaluation of nutrition planning in Malawi from 1936 to 1990*, Den Haag, CIP-Data Koninkluke Bibliotheek, 1994, p. 25. Such hyperbole does not accurately reflect the actual rate at which these developments occurred.

medically dominated. From the 1940s to the early-1970s, the strings of knowledge on nutrition were tightly held by a cadre of a few nutritionists, many of whom were medical doctors with nutritional expertise.[32] The prominence of these clinicians explains in part how nutritional disease, rather than socio-economic status, dominated early nutrition research in developing countries. In the 1970s, these nutritionists began to lose their grip as policy makers better understood nutritional issues and were more comfortable instituting policies without extensive and overwhelming support from nutrition experts. Certainly experts were still consulted, but they were not relied on every step of the way as they had been in the 1960s.

Although many nutritionists were perhaps more interested in clinical aspects of disease than public health initiatives, it seems that exposure to nutrition problems inspired a melding of public health to nutritionists. Waterlow, for example, left his intensely scientific work in Jamaica for the halls of public health in London. In Central America Scrimshaw rapidly looked for public health applications of nutrition knowledge. Accelerating this trend was the growth of respect for native researchers and field staff. Native researchers gained influence as Western methods were imbued and research responsibilities passed along. Waterlow in Jamaica and Scrimshaw in Guatemala, for example, both assigned increasing amounts of their work to local researchers. In so doing, research often came to have more practical components, as we have seen in Mata's study of Santa María Cauqué. As this process occurred, field staff for WHO, FAO, and especially Unicef were provided with greater opportunities to offer administrators their input and to independently design projects in the field.

Future Study

The history of nutrition policies within the UN, and more generally in development work, has meagrely been touched by historians. Considering the quality of primary sources, it is a field that deserves development in the future. This dissertation has only covered a small zone of nutritional work in international perspective and points toward numerous areas for further investigation. Particularly deserving of a focused study are the relations between nutrition and agricultural and food industries which became increasingly pronounced in the 1960s and 1970s. A good deal of collaboration, for example, went on between American business and the PAG during its later years. The PAG firmly believed that business could have a major

[32] Paul Lunven of FAO observed: "All these people [nutritionists] were medical doctors, human nutrition as such was strictly medical." Paul Lunven, interview, 27 March 1996.

impact on protein malnutrition in developing countries, and therefore co-operated extensively. This is a theme that has been handled in Carpenter's protein work and deserves further development.

In order to maintain focus on hunger and general malnutrition, I have specifically avoided two nutritional topics which deserve considerably more attention than I could give them here: vitamin A and iodine. Of all the micro-nutrient deficiencies, these were the two which affected the most people and were the most easily treated. Vitamin A's incorporation into health and nutrition programmes followed a twisting path into the late-1970s wrought with personality conflicts and ideological rifts. Iodine followed a less tempestuous route but would also be an accessible and rich mine for medical historians.

One of the few areas of this dissertation which has been extensively addressed by historians and which I have therefore de-emphasized is breastfeeding. Many nutritionists took an early interest in breastfeeding issues and foresaw catastrophe. It was in the 1950s that kwashiorkor focused concern on the weaning child, a cause célèbre for the development community that resulted in the PAG. The development community's relentless calls for low-cost high-protein weaning foods, which ironically coincided with the emergence of breastmilk substitutes, has not been considered fully in an academic piece. The general developments in breastfeeding research from Cicely Williams up through the Jelliffes would seem a constructive area for an expansion of other work on the subject.

The rise of primary health care in development is still another area worthy of more historical research, especially insofar as it has come to influence much of today's international health policies. WHO was the central player in pressing for it through the 1970s until Unicef and other agencies began integrating it into their policies. The roots of primary health care, like nutrition, border on a number of fields and would be worth unearthing in the investigations conducted by WHO staff and WHO-supported research institutions.

Perhaps the richest area for exploration which stems from this work is the relationship between headquarters and the field. While I have elaborated on the shifts in policy, the manner in which such policy trickled down to the field level, if at all, would be immensely revealing and interesting. This dissertation does not draw links between the barefoot community health workers and headquarters, nor between project recipients and the office. From the few contacts which I had with field workers and their correspondence, I found that there was a range of responses to the regal nutritional pronouncements of headquarters in Geneva, Rome, and New York.

For UN personnel, the declarations and definitions contained in policies on applied nutrition programmes, basic services, and primary health care, appeared largely irrelevant to their work or utterly simplistic. In this vein, major conferences such as the World Food Conference of 1974, Bellagio in 1964, or Alma-Ata in 1978 were created simply to energize political will, not to alter ongoing field activities. The field workers had more specialized ways of dealing with nutrition programmes on a local level than any global declaration could address adequately. The few nutrition workers with whom I spoke and who were unaffiliated with the UN, rarely encountered WHO, FAO, and Unicef personnel and found the idea of a nutrition policy originating from outside the country preposterous. For Felicity Savage for example, a paediatrician working between 1966 and 1972 in Zambia, "the end of the road for information", the machinations of the UN system were so far removed as to be completely irrelevant.[33], She felt that the documentation which did reach her from Geneva, Rome, and New York was "indigestible and impractical".[34] Although she would occasionally encounter the debates in the literature which found its way to her in Zambia, the only international influence she recalls was the impact of research on nutrition and infection. Her commentary highlights how in spite of appearing larger than life in the press and international community, these UN nutrition programmes reached a fraction of the needy people the policies targeted.

My peripheral description and interpretation of the process of policy implementation suggested that the ideological distance between field and headquarters paradoxically increased and decreased during this time period. Through top-down decentralization, agency policy was responsible for policies and programmes in the field which more closely corresponded to the needs of communities. On the other hand, the political negotiations at the agencies seemed to grow increasingly distant from the recipients' needs as political expediency took priority. A major case-study of relations between headquarters' policies and field staff's actions would present one of the other important facets of this nutrition history. A further field of interest along this track would be an elaboration of the relations between nutritional experts located at institutes in the field and field workers. Such an investigation would certainly clarify the more elusive relations between nutritional science and practice and between policy and practice.

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[33]Felicity Savage, interview, 4 April 1996. Between 1966 and 1968, Savage was working for the Government of Zambia as a medical officer. She wrote *Nutrition for Developing Countries*, a popular nutrition field manual.

[34]Ibid.

Notes on the Dissertation

In order to maintain focus on FAO, WHO, and Unicef, I have limited discussion of related agencies that also played an increasing role in nutrition. I have done so for two reasons, the first is for the sake of continuity: these three agencies began working on nutritional issues decades before other agencies and therefore have a coherent history. Secondly, the other agencies, such as The World Food Programme (WFP) and the World Bank, either began their nutritional activities late in this history or, as was the case of WFP and the International Fund for Agricultural Development (IFAD), were involved more in agricultural and socio-economic development than nutrition.[35]

Emphasis on the agencies was placed in descending order on Unicef, FAO, and WHO. Of all the agencies, Unicef was the most active in the field and the most policy-oriented. FAO and WHO were technical agencies, initially less concerned with policies than with providing technical experts to tackle problems. Whereas FAO and WHO were created with scopes of work that were much broader than nutrition -- food, agriculture, and health -- Unicef from its inception was focused on the nutritional needs of children. As understanding grew and projects advanced, nutrition continued to be of prime importance for Unicef, even if its funding levels were never exactly in line with the desires of the Board to make nutrition the priority. FAO began with extremely strong nutritional roots. The great works of Orr and his subsequent leadership of FAO provided a major impetus for nutrition exploration during the first years of the agency. However, especially after the departure of Autret as director of the Nutrition Division, there was a clear descension in the priority nutrition had in the agency. Nevertheless, the sheer size of the division in relation to its sister unit at WHO enabled it to command greater attention, especially thanks to massive undertakings like Sen's FFHC. WHO was another story altogether. Of the agencies, it was always, of course, the most medically-oriented and therefore was the first to show a substantial interest in the relationship between malnutrition and infection. The size of the unit, however, in itself was a reflection of the low profile accorded nutrition. The core staff really never exceeded a dozen persons, and was usually closer to half that number.

Given the small commitment on WHO's part to nutrition, it would have been historically inaccurate to imply through textual attention that its nutritional influence

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[35] For a dogmatic summary of WFP's scope of work see: *World Food Programme: A story of multilateral aid*, Rome, FAO and UN, 2nd edition, 1971.

was great. As the history shows, however, WHO ironically came to have much more to do with nutrition, especially under the umbrella of primary health care, than even FAO. Furthermore, though outside the scope of this history, Béhar at WHO made breastfeeding concerns the highlight of his work their, and fought courageously for world-wide standards on breastmilk substitute production.[36] At WHO, there was also an atmosphere of dislike for nutrition. Mahler notoriously thought little of nutritionists and this made the work increasingly difficult at WHO. As FAO pushed increasingly for national policies, and nutrition leadership weakened, nutrition sank there too. It was only at Unicef that Heyward and his colleagues were able to usher nutrition forward and shepherd new nutrition policies.

Serious focus was put on the PAG throughout the dissertation because, although it was initiated as a technical advisory group, it rapidly adopted a wider policy-oriented mandate. I found that by elaborating on the PAG history, it was indeed a reflection of the trends shaping nutrition policy. Moreover, for a time, it was one of the most influential bodies in the UN system, capable, for example, of dominating the spotlight during the "protein crisis". This is the first document to extensively trace the tensions which were largely responsible for the PAG's demise in 1977.

Although the Alma-Ata primary health care conference for the most part grew out of a body of research and policy distinct from nutrition, it well reflected the broadened thinking in public health and nutrition. The malarial and smallpox campaigns, sanitation and clean water programmes, and basic medical services formed the central foundations of the Alma-Ata Declaration. The conference had major ramifications not only for the implementation of health strategies during the coming decades, but also for the implementation of nutrition interventions. As had been the case decades before, nutrition became re-medicalized as nutritionists, medical doctors, and policy makers sought simple nutritional measures that could solve specific nutrition problems. Thus goitre and xerophthalmia garnered serious attention and continue to do so. They are examples of how small nutritional interventions can have major impact and draw the attention horizontal nutrition interventions are likely to miss.

To the extent that it was possible, I have avoided use of documents after the Alma-Ata conference, since this seemed the logical point to end this history and

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[36] For a summary of some of the breastfeeding efforts WHO piloted, see: Gabrielle Palmer, *The Politics of Breastfeeding*, London, Sydney, and Wellington, Pandora Press, 2nd edition, 1993, pp. 249-72.

already infringes on contemporary events. This should not denote that the Alma-Ata conference and nutrition's apparent incorporation into primary health care was the endpoint in the evolution of nutrition policy during the century. On the contrary, there was a plethora of changes in nutritional understanding after Alma-Ata's Declaration -- in the fields of immunology and micronutrients among others -- and there is plenty of room for at least one more dissertation tracing the period from 1978 to the present day. This dissertation is a slice of history, and I have made every effort to avoid passing judgment on any nutritional enterprise mentioned -- whether it was the protein crisis or ANPs. These are still issues hotly contended, and I do not believe that we yet have the historical distance and scientific evidence to judge them. In the case of the protein crisis, I spent considerable time on the criticism levied against the protein proponents not in order to influence opinion of "the protein fiasco", but rather because in historical context, it was a great debate which influenced policy. Nutrition is a discipline loaded with uncertainty; Teply wrote that when one Tufts University nutritionist was asked,

> 'Why is teaching of nutrition especially difficult?' He replies, 'If I were teaching mathematics there wouldn't be numerous outsiders telling my students that 2 plus 2 equals 3, or 7.' By the same token, over the past 20 to 30 years, there have been numerous disparate voices with regard to improvement of nutrition...Some issues have been resolved and consensus has been reached in some areas but the field still remains quite complex.[37]

The same certainly holds true today and makes evaluation of the events covered herein a daunting task.

If there was one fairly consistent finding in my oral histories and meetings with personnel, it was that, like the swinging of the pendulum from protein to calories, opinion about various policies and findings changed over time. Waterlow is perhaps the best example of this, having been a fierce protein advocate, then a calorie enthusiast, and then, today, more interested in the protein gap than he has been in two decades. His story was played out in the lives of many administrators and scientists and highlighted how difficult a time science can have when attempting to define problems on a global scale.

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[37] Les Teply, letter to Dr. Nyi Nyi, 14 December 1984, Unicef Archives, 88R025, Box T-006, Teply files.

The Problem with Nutrition

A superficial examination of nutrition during the period covered in this dissertation could submit that nutrition did in fact become less important to UN policy by the late-1970s. A cursory reading of the Alma-Ata Declaration appears to support this perspective since nutrition received little written attention. Yet nutrition was important, and it was a UN system mantra to harp on its importance at every opportunity. This was because the lessons learned during the 1940s, 1950s, 1960s, and 1970s illuminated the interconnectedness of nutrition to everything. Thus, it became impossible to avoid mentioning the importance of nutrition in health, just as one would not speak of healthy government without the notion of democracy.

As the intricacies of nutrition were revealed, however, nutrition came to denote hunger and malnutrition more than some universal nutrition standard defined by clinically-proven levels of caloric and protein intake. The horizontal programmes of Alma-Ata, which certainly had considerable input from nutrition proponents, were designed with attention given to the ways in which these tactics could avert hunger and malnutrition, rather than to help reach the ever-elusive good nutritional status idealistically envisaged. When the policy makers proclaimed time and again that nutrition was important, they were making the blandest comment on the global situation which they could muster. The premise of Unicef's calls to incorporate children's nutrition into national development planning and of the Alma-Ata Declaration were, at the time, unassailable. The thought, at least during the initial decades of international nutrition policy-making, was that nutrition needed all the attention it could attract, thus, it would not be politically savvy to dwell on the implementation of these plans. Courageous sounding declarations -- even in the board room or at an assembly of representatives -- presented a simpler route than examining the data, making recommendations, evaluating, correcting, and following-through. The minutiae of implementation was left to the field workers, just as the nutritionists had left the implications of their recommendations to the policy makers. For the nutritionists, and often the policy makers as well, however, nothing would ever be accomplished without major financial and political support from the countries themselves. Gopalan asserted: "you can do a lot of things when you have the money and monetary resources...but even so I think that there is nothing that is black or white, the real deficiencies with respect to these systems are the developing countries themselves, if you are weak the powerful people take advantage; the developing

countries, have not done enough to put their house in order".[38] Thus, it is not surprising that the nutritionists rarely saw themselves as responsible for the outcome of their recommendations since they believed that it was up to the agencies and governments to execute the implementation of their ideas. The nutritionists inhabited a realm which was largely their own and which was blanketed and buffered by layers of science and formulae which would ensure the sanctity of nutrition as well as their own embarrassment for the field. Waterlow well described the difficult balance nutritionists faced between producing credible research and actually having a public health impact: "I know of people who are making important contributions to nutrition, who regard with distaste the idea of having the label 'nutritionist' attached to them, as I did myself until some years ago."[39] For Waterlow, part of the pressure in being a nutritionist arose from the

> view that real progress in eliminating malnutrition can only come through social, economic and political change; that the kind of practical nutritional programmes which have been attempted are just patching up cracks; and the at the most useful contribution of the nutritionist is to define more clearly the characteristics of communities at risk and to provide the planners with a choice of options. Thus the pressure on one side to operate as a biochemist or physiologist is balanced by pressure on the other to operate as a sociologist, demographer or political scientist.[40]

The awkward position of the nutritionist heavily influenced the focus and presentation of his work between 1948 and 1978. His position, however, has evolved considerably and cannot always be interpreted by the work in which he was engaged. Notably, the focus of research should not necessarily be interpreted as the primary interest of the investigator involved. Although Béhar was focused for some time on kwashiorkor in Guatemala, we have seen that his interests were much broader. By the same token, though in the eyes of some nutrition enthusiasts, Scrimshaw is synonymous with protein, his genuine interests were always more holistic than the controversies in which he was embroiled might imply.

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[38] C. Gopalan, interview, 31 March 1996.

[39] Waterlow, op. cit., note 4 above, p. 198.

[40] Ibid., pp. 198-99.

A Recipe for the Future?

FAO and Unicef began with the intention of prioritizing nutrition. WHO, from the start, acknowledged the important role of nutrition in its broader mission. Yet not one organization ever made "nutrition" a financial or programmatic priority -- other fields always interceded and dominated. Perhaps this followed the realization that there was no such thing as working solely on nutrition; to work on nutrition meant to work on all aspects of health, and the agencies therefore diversified. In leaving the focus of policy and scientific discussion in the dissertation to those areas which directly impinged on hunger and malnutrition, I acknowledge having run the risk of overlooking plenty of policies that were indirectly related. As Greaves has noted: "Most programmes that have a major impact on the nutritional status of populations would not be recognized by many as 'nutrition programmes' at all."[41] A full examination of FAO, WHO, and Unicef financial and ideological priorities would suggest, however, that before the 1970s, other fields dominated which were not thought to be inherently tied to nutrition. Malarial and yaws campaigns, reforestation, and agricultural industrialization simply were not couched in terms of their relations to nutrition.

After 1978, nutrition policy and its interactions with nutritionists set out on a new course which would surely have the ups and downs in nutritional interests which characterized the previous decades. The largely uneven path nutrition followed from the formation of FAO, WHO, and Unicef to the Alma-Ata Conference is representative of the path taken in many strains of developmental approaches during the same period. With nutrition's vast area, probing the depths of developments in history reveals ever greater complexities, confusion, and contradiction. Nutrition became at once inseparable from any other programme, and yet needing a degree of separability in order to establish its own footing and hold its ground. The policy makers created an environment which applauded "easy" answers to nutrition problems. They begged the nutritionists and experts to direct them toward the focal points, and the nutritionists attempted to oblige. The results were as eye-opening for the nutritionists as they were for the policy makers. The absence of hunger and malnutrition seemed at best to be an indicator of development rather than the result of any particular programme. The agencies' administrators realized that their efforts alone could have no impact on hunger and malnutrition unless they were undertaken

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[41] J. P. Greaves, 'Nutrition delivery system', *The Indian Journal of Nutrition and Dietetics*, 1979, **16**, 75-82, on p. 75.

with the tangible support of politicians. At the end of 1978, with some of the best techniques defined for improving health and nutrition, the agencies would have to wait and see if the countries themselves could be enticed to commit the necessary resources. Based on past experience, future efforts appeared to require a combination of patience and prodding, often the mainstay of public health endeavours.