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Statement by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
before the
US House of Representatives Select Committee on Hunger

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28 May 1992



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Statement by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)

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28 May 1992

Mr. Chairman and members of the Committee, thank you for holding this important hearing and asking me to participate on behalf of UNICEF. This is the second, and hopefully not the last, hearing you have held in the last several months to highlight the importance of breastfeeding to the mothers and children of the United States and of the world. Many thanks for your leadership in highlighting the benefits of promoting breastfeeding as the best nutrition for babies in this country. I am honored to be here to talk about the UNICEF/WHO Baby Friendly Hospital Initiative.

The World Summit for Children took place at the United Nations on 29 and 30 September 1990. The closing ceremony of that momentous event included the signing of a World Summit Declaration and Plan of Action. The targets endorsed at the Summit, if successful, would reduce the present, obscene toll of 14 million under-five children dying each year to under 8 million -- even after allowing for population growth. Success would mean saving roughly 50 million of the 150 million children who, current projections say, will die of largely preventable causes over the decade of the 1990s.

Each country has agreed to provide, on a timely basis, a National Programme of Action (NPA) for implementation of the World Summit goals. More than 125 countries, including the United States, have submitted or are in the process of completing NPAs. We look forward to receiving the U.S. action programme in the weeks immediately ahead.

Without minimizing the problems we will surely encounter along the way, it seems to me that, compared with universal child immunization -- which we now know can be done -- most of the other interventions contemplated in the World Summit Plan of Action present fewer difficulties and require even lower levels of resource allocation. All are eminently "do-able." And one of the most "do-able" of the goals is breastfeeding, the "B" in the acronym G.O.B.I. (Growth Monitoring, Oral Rehydration Therapy, Breastfeeding, and Immunization) of the Child Survival and Development Revolution.

For lack of the "B," merely because mothers are not effectively empowered with the knowledge, are not adequately motivated and not sufficiently supported to breastfeed, some three to four thousand infants die every day -- well over one million a year. And these figures are for under-one-year-olds: large numbers of babies between the ages of one and two also succumb to combinations of malnutrition, disease and dehydration that could be prevented through proper breastfeeding and supplementary feeding practices. It is our job, and that of the leadership in the health and development community, to firmly establish the "B" in G.O.B.I.

To reverse the trend toward the use of infant formula and enhance all babies' chances to derive the benefits of breastfeeding, UNICEF and WHO have launched the "Baby-Friendly Hospital Initiative". The initiative encourages health care institutions and providers to promote, protect and support, rather than inhibit, the practice of breastfeeding.

The initiative capitalizes on a recent commitment among major manufacturers and distributors of artificial milks for infants: by December 1992, the manufacturers have promised to discontinue the distribution of free and low-cost supplies of their products to maternity facilities throughout the developing world, in compliance with the provisions of Article 6 of the "International Code of Marketing of Breast-milk Substitutes". (See Annex A) Because the trend toward bottle-feeding is a growing global phenomenon, however, the campaign is not limited to developing countries, but aims at encouraging all maternity facilities worldwide to play a leading role in efforts to rekindle public interest in issues relating to the promotion and protection of breastfeeding. The Director-General of WHO and the Executive Director of UNICEF have jointly addressed letters to all heads of state or government in the world, requesting their help in ending free or subsidized distribution of formula, before the end of 1992, and in promoting the Baby-Friendly Hospital Initiative. (See Annex B)

The Baby-Friendly Hospital Initiative asks maternity institutions to take the lead by encouraging and helping women to breastfeed their babies and by practicing each of the "Ten Steps to Successful Breastfeeding" developed by UNICEF and the World Health Organization (See Annex C).

With baby-friendly hospitals in operation around the world, the responsibility for supporting breastfeeding must be shared by entire communities. In developing and industrialized countries, entire societies will have to begin again to recognize breastfeeding as one of life's miracles -- not as something outmoded and only to be practiced behind closed doors. In today's world, where women perform vital roles outside the home, not only hospitals and doctors but employers, legislators, educational systems -- entire societies -- will have to remove the obstacles to breastfeeding.

The initiative was tested during 1991 in twelve "early starter" countries: Bolivia, Brazil, Cote d'Ivoire, Egypt, Gabon, Kenya, Mexico, Nigeria, Pakistan, the Philippines, Thailand, and Turkey. With a deadline of February, 1992, each country aimed to reach the initiative's two goals: to see an end to the distribution of free and low-cost supplies of infant formula in hospitals and maternity centers, and to begin the transformation of health

care facilities into "baby-friendly hospitals" by identifying leaders among maternity institutions, and asking them to change their practices toward mothers and infants in compliance with the WHO/UNICEF "Ten Steps."

UNICEF can now report that, in each "early starter" country -- either through legislation, government directives, or agreements between government and industry -- the goal of ending free and low-cost supply distribution was met. Monitoring is now being undertaken by governments, non-governmental organizations, and the infant formula industry itself.

On 9 March, 1992, it was my pleasure to join WHO in announcing the success of the first phase: a total of 52 hospitals have been officially designated "baby-friendly," and an additional 15 that fell short of the full requirements were given Certificates of Commitment binding them to a fixed date by which they intend to comply with each of the Ten Steps to Successful Breastfeeding.

The International Association of Infant Formula Manufacturers (IFM), having fulfilled its commitment in the first phase, has now identified additional developing countries where supplies are still distributed, and where they will take action to end the practice. Industry has not yet agreed on collective action in industrialized countries, but two leaders among the infant formula companies -- Nestle and American Home Products -- have agreed to refrain from taking any actions that will compromise the goals of the initiative.

Breastfeeding is important not only for babies and mothers in the developing world, but for those in the United States and other industrialized countries as well. Benefits of breastfeeding in the industrialized world include increased immunity to respiratory and digestive diseases and to allergies, and a recent article in the British medical journal Lancet shows a higher I.Q. among premature infants who are fed breastmilk. Studies also indicate that breastfeeding mothers have a lower chance of developing breast and uterine cancer. Both mother and baby benefit from the bonding that takes place through the breastfeeding relationship. And finally, breastfeeding means significant financial savings for poor families.

Breastfeeding is currently in decline in the United States, following a sharp upswing in the late 1960s and 1970s. In 1989, only about half of all mothers breastfed their babies upon leaving the hospital, and less than 20 per cent were still breastfeeding at six months. A turnaround in this trend will not only improve the health of U.S. babies, but will be an important signal to parents and health care workers in the developing world that breastfeeding really is best. That is why it was so encouraging to see in Healthy People 2000 and Healthy Children 2000 the U.S. goal of increasing breastfeeding to 75 per cent in the early postpartum period and to at least 50 per cent continuing till the baby's fifth or sixth month. (See Annex D) By way of comparison, 80 per cent of Canadian and Swedish women are now breastfeeding when they leave the hospital after childbirth; in Finland, it's over 80 per cent.

If the U.S. goal is to be reached, efforts such as the Baby-Friendly Hospital Initiative will be needed. I am, therefore, pleased that the Initiative has begun to be promoted here, thanks in large part to Lori Cooper

from the Healthy Mothers/Healthy Babies Coalition who is with us today. I am delighted that the Healthy Mothers/Healthy Babies Coalition has emerged to take the lead in promoting the U.S. Baby Friendly Hospital Initiative.

Last October, I met with officials from the U.S. Department of Health and Human Services and the Nutrition Division of the Department of Agriculture to discuss ways of implementing the Baby Friendly Hospital Initiative here in the United States. Surgeon General Antonia Novello, and Audrey Manley and Carol Galaty of HHS, have all been very helpful in pursuing our objectives. Former Assistant Secretary for Food and Consumer Services at the Department of Agriculture, Catherine Bertini, who testified at your last hearing on breastfeeding, asked UNICEF and the U.S. Committee for UNICEF to be part of the Breastfeeding Consortium here in the United States. Being part of the Consortium has helped us to make friends with domestic NGOs who share our concern for improving the rate of breastfeeding.

Since these October meetings, UNICEF and U.S. Committee for UNICEF staff have met with U.S. government officials and representatives from several domestic NGOs to plan ways to implement the Baby-Friendly Hospital Initiative in the United States. The Department of Health and Human Services has requested proposals for a seed grant which could be used to provide initial funding for the initiative in the United States.

Mr. Chairman, as you know from your travels to the developing world and your visits with many health ministers, people in the developing world are often sensitive to the notion that their countries are being used as "testing grounds" for initiatives to be later used in the industrialized countries if all goes well, or that "second class" measures are being foisted upon them. The developing world often looks to the industrialized world as the example of the best, the most modern and most efficient medicine. Implementation of the Baby Friendly Hospital Initiative in the United States would be a powerful incentive for senior policy makers in the developing world to follow suit.

The great majority of countries have responded favourably to the joint WHO/UNICEF appeal. One example -- affecting many countries, really -- is that of the Holy See, whose response is contained in Annex E. Sweden, where the distribution of formula to maternity centres has already ceased, is working toward the objective of having all hospitals in its capital, Stockholm, baby-friendly by the end of this year. (And wouldn't it be marvellous if Washington D.C., with its extraordinarily high infant mortality rate for the United States, did likewise?)

Again, Mr. Chairman, thank you for calling this hearing to bring attention to the importance of breastfeeding. I commend you for your continued dedication to our children.



INTERNATIONAL
ASSOCIATION OF
INFANT FOOD
MANUFACTURERS

184, rue de Rivoli 75001 PARIS Telephone: (1) 42.97.53.80 Telex: 680 553 (Unichoco) Telefax: (1) 42.61.95.34

18 June 1991

Mr. James Grant
Executive Director
United Nations Children's Fund
3 United Nations Plaza
New York, NY 10017

Dear Mr. Grant,

With reference to the discussions my colleagues and I had with you on 14 May 1991 in Geneva, and to the subsequent letter dated 15 May 1991 which I received from you, as well as the letter of Dr. Belsey to me dated 12 June 1991 (B13/288/2), I am pleased to communicate the decision of the IFM Executive Committee which met in New York today.

IFM agrees with WHO and UNICEF on the goal of ending donations or low price supplies of infant formula to maternity wards and hospitals in developing countries by the end of 1992. IFM agrees to work with WHO and UNICEF in a country-by-country process aimed at the development by governments of regulatory or other official measures as appropriate.

IFM pledges its full cooperation in these efforts, which will commence immediately in several countries and will be extended to other countries in 1992. To this end, IFM requests the good offices of the Director General of WHO and the Executive Director of UNICEF in facilitating this process as soon as possible, so that progress can be reported to the WHO Executive Board and to the Forty-fifth World Health Assembly in January and May 1992 respectively.

IFM regards it as essential that the measures taken by governments be clear and unambiguous, and that they engage the responsibility not only of all manufacturers, but also of all concerned in the health care systems.

My colleagues and I look forward to working with you in this effort.

Sincerely,

Peter Borasio
President

Mr Peter Borasio, President, IFM,
Paris, France
MCH-B13/288/2(C)

page 2

9 July 1991

IFM has requested the Director-General of WHO and the Executive Director of UNICEF to use their good offices in seeking governmental action in this process. We are pleased to confirm that, pursuant to recent resolutions of the World Health Assembly and the UNICEF Executive Board and the Declaration of the World Summit for Children, we shall be approaching all governments to encourage their action as necessary to secure a cessation by the end of 1992 of free and low-cost supplies of breast-milk substitutes in all maternity wards and hospitals. We encourage all infant food manufacturers and distributors operating within a country to proceed with the voluntary cessation of supplies wherever that may be feasible, citing, as appropriate, our encouragement of such action by you.

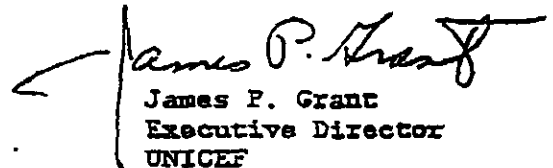
As you are aware, while the ending of free and low-cost supplies of infant formula is a critical element for the promotion, protection and support of breast-feeding, it is the position of WHO and UNICEF that the adoption of and adherence to the International Code of Marketing of Breast-milk Substitutes in its entirety in all countries is a minimum requirement and only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding. In this regard, we are particularly pleased to recall the constructive dialogue on the occasion of our luncheon meeting during the World Health Assembly in May. We hope that such discussions will continue and involve, as appropriate, other interested parties.

Our colleagues and we look forward to working with you and the members of IFM in giving effect to the principles and aims of the International Code and the Joint WHO/UNICEF Statement and in attaining the operational targets of the Innocenti Declaration and the Plan of Action of the World Summit for Children.

Yours sincerely,



Hiroshi Nakajima, M.D., Ph.D.
Director-General
WHO



James P. Grant
Executive Director
UNICEF

World Health Organization
Organisation mondiale de la santé



United Nations Children's Fund
Fonds des Nations Unies pour l'enfance

30 August 1991

Excellency,

We write with reference to your personal support of an important commitment of the World Summit for Children: "empowerment of all women to breast-feed their children exclusively for four to six months and to continue breast-feeding, with complementary food, well into the second year". This commitment is further to various policy decisions taken by governments in the World Health Assembly, the UNICEF Executive Board, and other international fora. We request your personal leadership in ensuring appropriate measures in your country to support this commitment in the coming year.

Sound nutrition for infants and young children is the basis for child survival and health development. Although the practice of breast-feeding declined significantly during this century in favour of commercially prepared infant formulae, an increasing body of scientific evidence in recent years demonstrates the critical importance of breast-feeding to the health of the baby and the mother. It provides the ideal nutrition for infants to support their healthy growth and development, and transmits essential immunities from the mother from the first hours of life, thus reducing the incidence and severity of infectious diseases and thereby lowering infant morbidity and mortality. More than a million children would not have died last year if all mothers had been able to effectively breast-feed. Breast-feeding also significantly reduces, by up to half, the prospect of breast cancer, which now affects one in nine women during their lifetime in a country such as the United States.

Twelve years ago, WHO and UNICEF, at a joint meeting on Infant and Young Child Feeding, concluded that among the many factors that affected the patterns of infant and young child feeding were the knowledge of health workers and practices within health institutions, and the marketing of breast-milk substitutes.



MCH-B13/288/2(C)

Mr Peter Borasio
President
Infant Food Manufacturers (IFM)
194, rue de Rivoli
F-75001 Paris

9 July 1991

Dear Mr Borasio,

The World Health Organization and the United Nations Children's Fund welcome the decision by the IFM Executive Committee conveyed in your letters to us of 18 June 1991 in which "IFM agrees with WHO and UNICEF on the goal of ending donations and low priced supplies of infant formula in maternity wards and hospitals in developing countries by the end of 1992". This is a promising step, but as you are aware and as has been reiterated in our discussions on 14 May 1991, neither WHO nor UNICEF draw any distinction between developed and developing countries with respect to breast-feeding in general or the International Code in particular. This being said and based on our discussions with you, we trust that IFM's position in the near future will include all countries in which IFM member companies do business.

To this end, we also note IFM's pledge to cooperate with efforts by WHO and UNICEF in a country-by-country process aimed at the development by governments of regulatory or other official measures as appropriate. We are pleased with your assurance during the discussions at our meeting on 14 May, and following the meeting of your Executive Committee, that all IFM member companies fully support this decision, and that each will be communicating it to their local affiliates. It is our understanding that when governments in developed countries undertake similar initiatives, whether of a legislative, regulatory or other form, including voluntary action, we can also expect the cooperation of IFM companies. To carry this point one step further and in keeping with the principles of Article 11, sub-paragraph (3) of the Code, we urge that IFM and its member companies, within the context of legal instruments and requirements within countries, comply with the principles of the International Code in all countries to the fullest extent possible.

./..

cc: UNICEF, New York
DGO
Dr Hu Ching-li, ADG
Mrs Bruggemann, DGR/LUN
Director, FHE
Dr Shubber, LEG

Aware that the marketing of breast-milk substitutes requires special treatment in order to protect healthy infant and young child feeding practices, the World Health Assembly in 1981 adopted the International Code of Marketing of Breast-milk Substitutes. The Assembly urged all Member States to translate the International Code into national legislation, regulations or other suitable measures.

In monitoring the reports provided by Member States every two years, and in the many technical meetings supported by WHO and UNICEF, we have noted several important obstacles for the initiation and continuation of breast-feeding. These include inappropriate practices in hospitals and other maternity services; health workers' lack of knowledge and skills for supporting breast-feeding; and the provision of donated or low-cost supplies of breast-milk substitutes to the maternity services by infant formula manufacturers or distributors.

Instead of being an obstacle, it is our conviction that hospitals and other maternity services should be in the forefront for the health and nutrition of infants and mothers. It is for this reason that WHO and UNICEF are launching an initiative for "Baby Friendly" Hospitals. Working in collaboration with a number of leading professional and voluntary organizations, we are promulgating criteria for hospital practices which would protect, promote and support the initiation of successful breast-feeding by mothers.

The Baby Friendly Hospital initiative is directed at the three obstacles cited above. The policy basis of the Baby Friendly designation is manifest in the WHO-UNICEF Joint Statement on Protecting, Promoting and Supporting Breast-feeding: The Special Role of Maternity Services. The Statement includes a summary guide of "Ten Steps to Successful Breast-feeding" which should be observed and supported by all maternity services and would serve as criteria for designation as a "Baby Friendly Hospital". This new initiative will require the full support and cooperation of health professionals, hospital administrators, non-governmental organizations and the infant food industry.

This past June, the International Association of Infant Food Manufacturers (IFM), on behalf of its member companies, confirmed their agreement with WHO and UNICEF on the goal of ending the practice of donated or low-cost supplies to maternity wards and hospitals in the developing world by the end of 1992. The companies pledge their support of a country-by-country process to achieve legislation, regulations or other appropriate governmental measures to ensure universal sustained compliance with this goal. As the International Code of Marketing and other resolutions apply to all countries universally, IFM has assured us that as governments in developed countries undertake similar actions, we can also expect the cooperation of IFM companies.

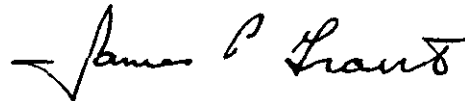
Aware of your personal commitment to the welfare of children and mothers, we are taking the unusual step of writing directly to request Your Excellency to lend your leadership and authority to help ensure the successful implementation in your country before the end of 1992 of the infant food industry's recent announced policy, through the promulgation of appropriate legislation or administrative action, and to support the new worldwide initiative to make all maternity services "Baby Friendly" with respect to breast-feeding and maternal care.

We are at your disposal to support Your Excellency's Government in the development of any appropriate Government actions in this regard by all appropriate means.

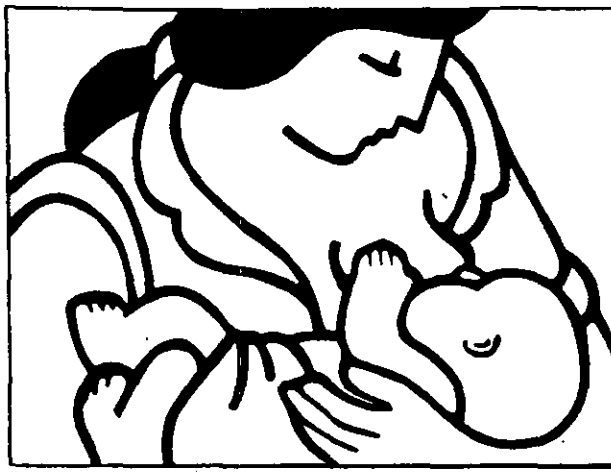
Please accept, Excellency, the assurances of our highest consideration.



Hiroshi Nakajima, M.D., Ph.D
Director-General
WHO



James P. Grant
Executive Director
UNICEF



Ten steps to successful breast-feeding

Every facility providing maternity services and care for newborn infants should:

1. Have a written breast-feeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breast-feeding.
4. Help mothers initiate breast-feeding within a half-hour of birth.
5. Show mothers how to breast-feed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless *medically* indicated.
7. Practise rooming-in – allow mothers and infants to remain together – 24 hours a day.
8. Encourage breast-feeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breast-feeding infants.
10. Foster the establishment of breast-feeding support groups and refer mothers to them on discharge from the hospital or clinic.

HEALTHY CHILDREN 2000

Annex D

*National Health Promotion and Disease
Prevention Objectives Related to Mothers,
Infants, Children, Adolescents, and Youth*

- 14.9* Increase to at least 75 percent the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50 percent the proportion who continue breastfeeding until their babies are 5 to 6 months old. (Baseline: 54 percent at discharge from birth site and 21 percent at 5 to 6 months in 1988)

Special Population Targets

Mothers Breastfeeding Their Babies: 1988 Baseline 2000 Targets

During Early Postpartum Period —

14.9a	Low-income mothers	32%	75%
14.9b	Black mothers	25%	75%
14.9c	Hispanic mothers	51%	75%
14.9d	American Indian/Alaska Native mothers	47%	75%

At Age 5-6 Months —

14.9a	Low-income mothers	9%	50%
14.9b	Black mothers	8%	50%
14.9c	Hispanic mothers	16%	50%
14.9d	American Indian/Alaska Native mothers	28%	50%

Baseline data sources: Ross Laboratories Mothers Survey; for American Indians and Alaska Natives, Pediatric Nutrition Surveillance System, CDC.

Breastfeeding is the optimal way of nurturing full-term infants while simultaneously benefiting the lactating mother. The advantages of breastfeeding range from biochemical, immunologic, enzymatic, and endocrinologic to psychosocial, developmental, hygienic, and economic. Human milk contains the ideal balance of nutrients, enzymes, immunoglobulin, anti-infective and anti-inflammatory substances, hormones, and growth factors.³⁷⁰ Further, breast milk changes to match the changing needs of the infant. Breast-feeding provides a time of intense maternal-infant interaction. Lactation also facilitates the physiologic return to the prepregnant state for the mother while suppressing ovulation for many.³⁷¹

Although breastfeeding is strongly recommended, it is not appropriate for babies whose mothers use drugs such as cocaine, PCP, or marijuana, take more than minimal amounts of alcohol, or who receive certain therapeutic or diagnostic agents such as radioactive elements and cancer chemotherapy. Women who are HIV positive should also avoid breastfeeding.

Analysis of data from the Ross Laboratories Mothers Survey indicates that breastfeeding rates continue to be highest among women who are older, well-educated, relatively affluent, and/or who live in the western United States (71 percent at discharge from birth site and 31 percent at 5 to 6 months). Among those least likely to breastfeed are women who are low-income, black, less than age 20, and/or who live in the southeastern United States. Low-income and black women should receive special attention because they have low rates of breastfeeding and are a significant proportion of all new mothers (approximately 25 percent and 17 percent, respectively).³⁷²

An important barrier to achieving this objective is the general absence of work policies and facilities that support lactating women. Given the large percentage of mothers of young children who work outside the home, efforts to increase breastfeeding should focus on convincing employers to provide assistance such as extended maternity leave, part-time employment, provision of facilities for pumping breast milk or breastfeeding, and on-site child care. Another important barrier is portrayal of bottle rather than breastfeeding as the norm in American society and the absence of breastfeeding incentives and support for low-income women. Overcoming these barriers will require public and professional education, improved support from health care providers and employers, and the involvement of culturally sensitive social, religious, and professional groups. The media can play an important role by more frequently portraying breastfeeding as the norm.

*This objective also appears as Objective 2.11 in *Nutrition*.



**PERMANENT OBSERVER MISSION
OF THE HOLY SEE
TO THE UNITED NATIONS**

No.7096/92

New York, 26 March 1992

Dear Mr. Grant,

I have the pleasure to forward to you the response sent by His Eminence Angelo Cardinal Sodano, Secretary of State, in the name of His Holiness Pope John Paul II, to the letter which you and Dr. Hiroshi Nakajima had addressed to the Holy Father on 30 August 1991.

The well-being of children, as you well know, is of very special interest to the Holy See and to the Church. Every initiative aimed at protecting and sustaining the precious life of each of the little ones of the human family receives the encouragement and support of the Holy See.

I am enclosing copy of press-clippings regarding the statement of His Eminence Fiorenzo Cardinal Angelini, President of the Pontifical Council for Pastoral Assistance to Health Care Workers, at the recent Catholic Hospital Conference in New York, on the subject of breast-feeding. The Cardinal's statement was widely reported in the Catholic media.

I gladly avail myself of this opportunity to renew to you, dear Mr. Grant, the expressions of my cordial esteem.

Sincerely,

A handwritten signature in black ink that reads "Renato J. Martino". The signature is written in a cursive style with a small cross at the beginning.

Archbishop Renato R. Martino
Permanent Observer of the Holy See
to the United Nations

Mr. James P. Grant
Executive Director of UNICEF
UNICEF House
3 United Nations Plaza
New York, New York 10017

Pledge of support Vatican backs UNICEF breast-feeding proposal

New York (CNS) — A UNICEF official speaking at a Catholic hospital conference in New York got a public pledge of high-level Vatican support for a campaign to promote breast-feeding.

Cardinal Fiorenzo Angelini, president of the Pontifical Council for Pastoral Assistance to Health Care Workers, said he had met with UNICEF Director James P. Grant at the Vatican and "assured him of our collaboration."

The issue of breast-feeding, the cardinal said, is important though some people may find it new and strange.

He said the substitution of bottle-feeding not only brought adverse effects on health, but could lead to moral problems by weakening the bonds of children to their mothers.

The pontifical council's journal, *Dolentium Hominum*, is printing an article it solicited from UNICEF on breast-feeding, the cardinal told Catholic News Service, and the topic will be included at the council's international conference on the disabled Nov. 19-21.

Cardinal Angelini was responding to an appeal by Richard Reid, UNICEF public affairs director, at a meeting of Catholic hospital administrators Jan. 31-Feb. 2.

The developed countries took a "desperately wrong turn" in the 1930s and 1940s when they began widespread use of bottle-feeding, Mr. Reid said, and many people in the un-

developed countries have begun looking to them as an example, particularly in Third World cities.

He said bottle-feeding was too expensive for these societies, and they also lacked the needed refrigeration and sterilization equipment and knowledge.

But aside from those factors, Mr. Reid said, breast-feeding should be promoted because mother's milk is "the finest food ever seen on the face of this planet."

It provides the first forms of immunization as well as superior nourishment, he said, and babies breast-fed are much less likely to die from problems such as acute diarrhea.

Citing psychological advantages, Mr. Reid said breast-feeding was important to the "bonding" of babies to their mothers and began a "positive socialization process."

Mr. Reid, recalling years of work in various African countries, said he had become deeply impressed with the role of the Catholic Church in the developing world.

"I know the immense power of the Church and its hospital system," he said. "There is no force quite like the Catholic hospital system in causing something to move."

The conference where Mr. Reid and Cardinal Angelini spoke was called primarily to prepare for establishment of an international association of Catholic health institutions.

Msgr. James P. Cassidy, chancellor of New York Medical College, has taken a leading role in organizing the association.

Msgr. Cassidy said in a later telephone interview that an international meeting to launch the association would probably be held this fall or next year.

At the New York conference, Cardinal Angelini said Msgr. Cassidy was the most experienced person in the field, and would give leadership until the organization was formally established.

The New York conference included representatives of Canada, South

Africa and India as well as the United States. Msgr. Cassidy said they proved a resolution endorsing proposed association and its status.

A meeting for Europeans will be held in Poland, he said, and other preparatory gatherings may be arranged.

He told conference participants Catholic health care facilities worldwide were estimated to number about 13,000, including nearly 5,000 hospitals. Mr. Reid later said he would place the total at 15,000.

Cardinal Angelini repeatedly assured the hospital executives that the new international organization meant to unite them in more effective service, not to exercise authority over them or limit their administrative autonomy.

He said local ecclesiastical authorities would determine whether a facility could be recognized as Catholic. It could not, he said, if it did not follow Catholic principles on such issues as abortion and euthanasia.