

Out of the Box

This column includes a report on debates held at the 2004 World Health Assembly in Geneva. But I start with a banger: some reflections on the British sausage.

The reality of slaughter

I entered teenage with a crush on my older cousin Valerie, who introduced me to the politics of food. She said she did not eat sausages. I asked why, wanting to make a devoted but informed choice. She said she had worked in a sausage factory in her summer holidays, and that anybody who knows what goes into commercial sausages will never eat them.

I thought she was concerned about animals, and maybe she was, in those days. I like the idea that everybody who eats meat and its products should be willing to kill the beasts, or at least witness their slaughter. Or failing these to buy the animal, bird or fish in recognisable form, and personally prepare them for table, head, gizzard, hair, fur, feathers, scales, bones, tripes, guts, blood, fins, tail, trotters, claws and all. Soon after Valerie's declaration I waited until my little sister Janet had tucked into her Sunday lunch, asked her if she knew what she was eating and then told her. Bunny rabbit! She fled from the table, mewling and puking. I have been making trouble ever since.

Many years later I was walked through a Devon factory in which sheep were slaughtered and disassembled into joints and smaller cuts collected and packed for sale, with supermarket brand-names, descriptions and prices. Now I prefer to eat fish and birds in whole form, and the organs of animals, so that I see what I am eating.

The British sausage

No doubt my cousin Valerie saw remnants of cows and pigs in the factory many years ago, and maybe this is what put her off eating sausages. But do all modern British sausage factories feature meat in a recognisable form?

Devotees of *Yes, Minister*, the all-too-true television comedy series on modern methods of 'democratic' governance, will remember that Minister Hacker's ascendancy to Downing Street depended on how he handled Euro regulations governing the composition of sausages. And Euro-phobic slogans such as 'Hands off the Great British Banger!' continue to have resonance for red white and blue patriots.

However, as the intrepid consumer affairs correspondent of *The Guardian* Felicity Lawrence shows in her new book¹, the European equivalent of *Fast Food Nation*², it is not the blasted bureaucrats in Brussels who have stuck their mitts into the British sausage. She quotes an

anonymous manufacturer on the composition of economy 'pork products' formulated to secure contracts for school meals in Britain, where the budgets of local authorities are limited to 35p per meal – roughly the price of a packet of crisps. Readers with children in British schools should inwardly digest this information.

You will not find the recipe for economy sausages in any book or on any label. They are made of 50 per cent 'meat', of which 30 per cent is pork fat with some jowl and 20 per cent mechanically recovered chicken 'meat', together with 17 per cent water and 30 per cent rusk and soya. After that is soya concentrate, hydrolysed protein, modified flour, dried onion, sugar, dextrose, E221 (sodium phosphate), flavour enhancer, spices, garlic, flavouring, E300 (ascorbic acid), E128 (red 2G), and skins made from collagen from cow hide. As I expect you know, mechanically recovered 'meat' (MRM) is made by grinding carcasses, skin, tendons and other bits and pieces through a metal mesh, making a slurry which is then turned into a paste with poly-phosphates and gums.

This is not new. As successive editors of *New Health* magazine 20 years ago, Felicity and I ran campaigns against MRM and other examples of adulteration of the food supply, notably the use of colours, flavours and other chemical additives to make fatty, sugary confections look and taste palatable³. We liked to think of ourselves as successors to Thomas Wakley, editor of the *Lancet*, who in the mid-19th century published analyses of adulterated staple and common foods and drinks done by Arthur Hassell, following those of Frederick Accum, that led to the first British Foods and Drugs Acts governing the composition of foods¹.

We had plenty to campaign about. The dogma of deregulation imposed by the Thatcher governments in the 1980s included abolition of standards for the composition of foods. These had been guarded by the official Food Standards Committee and the Food Additives and Contaminants Committee, which were trashed⁴. Food manufacturers were freed to stuff whatever they liked into their products. Consumers would, it was said, be protected by assurances of microbiological safety and by explicit and informative labelling.

Ha! Pfu! Need I say more than 'mad cow disease'? However many people have died from infection transmitted from cows, the greatest sacrifice on the altar of deregulation has been the British farming industry. Without standards no food of animal origin can be guaranteed safe. It is generally agreed that the BSE–CJD trouble started when remnants of sheep infected with scrapie were used as an ingredient in cattle fodder⁵. Did the labels of this food for animals say 'X% mechanically

recovered sheep meat'? No, they did not. Did the labels include a warning for the fussy farmer: 'May be infected with scrapie, of which sheep are believed to be a dead-end host'? Cows might fly.

Despite promises made in opposition, once in office the Blair governments have maintained the policy of obliging the buyer to be aware. The casuistical view of the current Prime Minister is: 'The prime responsibility for people looking after themselves is with people'⁶.

The chemical fallacy

The modern British sausage is a fake. But, you may say, so what? An implicit axiom of food technology manuals, and nutrition science textbooks and indeed much popular writing, is that if two foods are chemically identical, they are identical.

But the chemists' line of argument is fallacious. It can never be claimed for sure that a manufactured product is chemically identical with a natural product. All that can be claimed is that those chemical elements and combinations selected for analysis seem to be identical according to current analytical methods; and this is a different story.

One example is infant formula feeds (and more of these below). Ever since their first mass manufacture, artificial milks have been claimed to be relevantly identical with or superior to breastmilk, not only by hucksters but also by the most distinguished chemists of the day, starting with Baron Justus von Liebig himself, who also concocted Oxo⁷. However, current science acknowledges that there are many aspects of breastmilk poorly understood or unknown to chemists, and that the benefits of breastfeeding are beyond chemistry. The only sensible and prudent policy in normal circumstances is to encourage breastfeeding along the lines now advocated by WHO⁸.

Another example is fat. Champions of the WHO global strategy on diet, physical activity and health as now endorsed by the World Health Assembly in May⁹ (also of which more below) may point with pride at the recommendation that governments should 'shift fat consumption away from saturated fats to unsaturated fats and towards the elimination of *trans*-fatty acids', and that manufacturers 'limit the levels of saturated fats, *trans*-fatty acids, free sugars and salt in existing products'.

But who, apart from devotees of pioneering expert reports on the prevention of coronary heart disease¹⁰, had heard of *trans* fats 20 years ago? And how many people knew then, or even now, that *trans* fats – which in a microscope appear as an elegant mirror-image of the natural product – are an artefact of the hydrogenation process introduced into industrialised food systems early in the 20th century, a generation before the pandemic of coronary heart disease?¹¹ Walter Willett believes that *trans* fats are more dangerous than naturally saturated fats¹². I think that history will prove him right. My point here is that there is more to food than what is known to chemists.

The fat kids scandal

And now, back to bangers. The big news in Britain is that food supplies stuffed with cheap energy-dense foods and drinks, themselves stuffed with fats and saturated fats, such as the economy British sausage, and also with sugars and syrups, are accelerating the rates of obesity not only of adults but also of children. Champions of public health have long complained that, being immediate, jumbo jet crashes hit the headlines and lead to new laws and regulations to protect public safety, whereas deaths in middle age from chronic diseases are low down the media agenda and do not get the juices of legislators flowing.

But children who are obese, and therefore liable also to become diabetic, are different, once you know the reasons why. The UK national press front-page lead news headlines in the last Thursday of May were as sensational as those heralding mad cow disease and other great bug scandals.

'Child, 3, dies from being too fat', blared the *Daily Express*¹³, followed up inside with: 'Diet of junk food and lazy lifestyles killing 52,500 Britons every year'. The *Daily Mail* also led with the report of the child who 'choked on her own fat'¹⁴, with a screamer inside: 'UK on a diet of death'. Further inside was a somewhat dissonant 'low-carb point diet' claiming: 'If you do overindulge or eat the wrong foods – enjoy it!¹⁵. The *Times* led with 'MPs demand annual fat tests for children'¹⁶. The follow-up in *The Daily Telegraph* was 'MPs call for end to high-fat food ads aimed at children'¹⁷. And Felicity Lawrence was on the rampage in *The Guardian*, with an investigation: 'Revealed: how food firms target children', followed up by 'MPs deliver ultimatum to food industry'¹⁸.

These spectacular headline stories publicised a report of the House of Commons Health Select Committee on Obesity¹⁹. The report estimates that the economic cost of overweight and obesity in the UK is now £6.6–7.4 billion a year. Obese people have on average 9 years' less life expectancy, and are much more vulnerable to diseases, as reflected in doubled rates of insurance²⁰. And with reference to diabetes: 'should the gloomier scenarios... turn out to be true, the sight of amputees will become much more common in the streets of Britain. There will be many more blind people'.

The immediate cause of obesity is, as every physics student knows, too much energy in and not enough energy out. But this description is not a reason. Physical inactivity is caused for example by cities in which it is unsafe to walk or cycle, and in schools, with the selling-off of sports and recreation facilities and abandonment of physical education. And over-eating? Here the report sounds like a manifesto produced by a frustrated non-government organisation, which in these days of government rule by cabal is what Commons select committees have reason to be. Thus: 'Healthy eating messages are drowned out by the large proportion of advertising given

over to highly energy-dense foods... and food labelling, a key tool to help consumers choose healthy foods, is frequently either confusing or absent'.

Who is to blame and what is to be done? The report slams ignorant government ministers and irresponsible advertisers, calling for the restoration of nutrition standards for school meals and of sports and recreation in schools, a limitation on advertising and marketing of food to children and a crack-down on super-size and energy-dense fatty, sugary and/or salty foods and drinks.

Could childhood obesity be the equivalent of the Great Stink of the Thames at Westminster that revolted the legislators of early Victorian Britain, and led to great engineering works including the closed sewers designed by Joseph Bazalgette? Out of office, ex-Health Minister Alan Milburn has said: 'An ultimatum needs to be placed before the industry that unless it voluntarily cuts fat, sugar and salt in food within a specified time frame then tough regulatory action will be taken to ensure that it does'. Will a Health Minister say this and mean it when in office, supported by a Prime Minister? I doubt it.

Bearing witness

And now I celebrate my next hero, Dr Caleb Otto, the delegate from Palau at the May WHO World Health Assembly (WHA). I was looking out for him, because when I was in Brasília in 2000 working on the text of the Brazilian resolution on infant and young child nutrition, I was impressed by the series of progressive amendments proposed by Palau – some of which Denise Coitinho and I weaved into what has become the WHO global strategy on infant and young child feeding⁸.

In Geneva I took the plunge and asked Dr Otto, where is Palau? It is within Micronesia. Formerly known as the Trust Territories of the Pacific Islands, diplomatic code for what had been a handy base for the ships of Spain, Germany, Japan and then the USA, Palau became independent in 1994. I asked Dr Otto what drives him. 'I simply try to do my level best for the children, in Palau and in the world', he told me. 'All of us in public health hope to make a difference by preventing illness, disabilities and so much sadness all around'.

He explained what the WHO global policy on breastfeeding means to him and his people. 'In Palau we have about one birth per day. So you might think we would have no problems with getting all mothers to breastfeed. But it is not true. Around the mid-1970s the infant formula manufacturers made a big push, and our health care providers got on the bandwagon. Since Palau became independent and I returned in 1994, we have been trying to undo the mental bondage to breastmilk substitutes. We have now eliminated bottle feeding in hospitals. But when mothers are discharged, our challenges begin and so far we have about 60 per cent exclusive breastfeeding for three months then it falls off to

about 30 per cent at six months. My passion is children. That's why I fight for breastfeeding'.

Dr Otto spoke for a resolution on infant and young child nutrition proposed by Fiji, Kiribati, the Marshall Islands, the Federated States of Micronesia and Nepal as well as Palau²¹. The resolution urged member states not to permit any health claims on foods for infants and young children. The context was contamination by *Enterobacter sakazakii* which, according to a joint FAO/WHO report²², 'has been a cause of infection and illness in infants, including severe disease, and can lead to serious developmental sequelae and death'.

Dr Otto spoke. 'The six small countries sponsoring this resolution have given their willingness to speak and advocate on behalf of the infants of the world. We invite you and challenge you to join us'. Citing the mounting evidence that breastfeeding protects the health of the mother and child throughout life, he went on: 'Reluctance to take action to protect and promote breastfeeding is not only unjustified, it is a legacy of guilt and shame none of us would wish to be associated with... Who will speak for the millions of infants in our world? Who will do something for them? It is up to us to make the right decision, to take courageous action today'.

Egypt, Saudi Arabia, Syria, Qatar, Swaziland, Zambia, South Africa, Argentina, Venezuela, India, Bangladesh and also Iran and Brazil came out in support of the resolution. Delegates from powerful member states asked for delay, and so the chairman ruled that the resolution was 'not mature to be adopted' and put it off until the next meeting of the WHO Executive Board in 2005. Several delegates protested at this ruling, which did not reflect a majority view.

I asked Dr Otto afterwards how he felt. 'It is not easy to be put down by Canada, the USA, Australia, Russia, Japan, Germany and even the Laotian chairman who said loudly that he agreed with Germany's suggestion to delay the action on the resolution. But we'll keep on fighting, because "right is might" and it is mighty right for children to have the best food possible. So we will continue to advocate and fight for them'.

Tactics and strategies

How much now can be said about the WHO global strategy on diet, physical activity and health⁹? In one of his interventions in the WHA debates, Dr Otto quoted Edmund Burke, as had Jimmy Carter in his plenary speech, as follows. 'The public interest requires doing today those things that men of intelligence and goodwill would wish, five or ten years hence, had been done'²³. The grand sentiment resonates. How does the strategy as now adopted shape up?

On the first day of debate in Committee Room A of the Palais des Nations, after Brazil, the Caribbean bloc and Mauritius had made their case, a drafting group of what

turned out to be around 40 self-selected member states was called. Srinath Reddy, chief author of the background paper to the 2003 WHO/FAO technical report 916 on prevention of cardiovascular disease²⁴, present at the WHA as a WHO temporary advisor, turned to me quietly saying: 'Remember that old song of the 60s: "Sugar in the morning, sugar in the evening, sugar at suppertime"?'

On the final day, just after the final strategy had been endorsed, I spoke with Kaare Norum, who (as chair of the WHO reference group) is the chief designer of the strategy, and Pekka Puska, who (when head of the WHO non-communicable disease prevention department working to Derek Yach) was its advocate. After a week of diplomacy at a global level involving an insuperable alliance of Brazil, Cuba and many other sugar-exporting countries tacitly backed by the USA, phalanxes of industry lobbyists chatting up WHO executives, and the strategy document saved from further mutilation by adoption of a governing resolution with added clauses that give trade supremacy over health, I wanted to hear from the champions of public health.

Kaare said to me: 'This is a victory for public health. This is a victory for us and a defeat for the sugar industry. To say this is a victory for the sugar industry, would make this a victory for them'. In a note afterwards Pekka said: 'We should all be happy. This is a milestone in global public health'. Perhaps they are right, and there is enough of the original strategy left as a guide for member states to institute policies that will make populations more fit and healthy, although how much can be done at a national level – when the USA and other rich nations bend and break the rules of international free trade – is unclear.

Afterwards Derek Yach wrote: 'We need to see the big picture. For over six decades, global food and nutrition policy has been to build up protein and fat stocks – and subsidise these. This was based on the science dominant during the first quarter of the last century, and no major shift in policy had occurred since then. The strategy represents a major opportunity for new vision and direction in food and nutrition policy'.

For now the final word is with Pekka Puska who, speaking as the WHA delegate for the Nordic countries, made sure that the resolution governing the strategy includes commitment to report back on its implementation at the 2006 World Health Assembly. 'Paper doesn't change the world', he said. 'The task now is implementation and action'. More on all this later.

Geoffrey Cannon
geoffreycannon@aol.com

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