

## Letters to the Editor

### The impact of scientific misconduct on child health

Sir,

The Canadian Broadcasting Corporation has disclosed that Professor Ranjit Chandra has been inventing data to support his claim that certain types of baby formula protect against allergy in babies and young children<sup>1</sup>. This fraud, which has been perpetrated since the 1980s, is no surprise to my organisation. We write to point out its impact and implications and to make a request in your pages for support from the nutrition science community.

Dr Chandra's 'finding' – that a hydrolysed cow's milk protein formula could reduce atopic symptoms in infants to levels similar to or even better than those of infants who are exclusively breast-fed – was valuable news for the infant formula manufacturing industry, including the companies that funded him.

One example of promotion material at the time was: 'Recent carefully controlled study by Dr. Ranjit Chandra of Memorial University of Newfoundland published in the *Annals of Allergy* proved that [brand name] effectively reduces the incidence of allergy symptoms in Canadian infants who have a high risk of developing allergies'<sup>2</sup>. Ever since, his papers, published in medical and nutrition journals since the late 1980s<sup>3,4</sup>, have formed a basis for claims of benefit for infants born at risk for allergic conditions, made by manufacturers of the hydrolysed formulas marketed not only in North America but all round the world.

But Dr Chandra's main finding flew in the face of scientific knowledge, and was altogether implausible. So an enquiry was made among the mothers in the relatively small city of St John's, Newfoundland, who supposedly had been enrolled in his 'randomised controlled trial' as exclusively breast-feeding. They recalled no monitoring or follow-up of their feeding practices or infant outcomes. Breast-feeding rates were low in St John's during the 1980s. For Dr Chandra to study 72 exclusively breast-feeding mother–baby pairs for the reported duration was incredible. It is now public knowledge that the nurse responsible for recruiting mothers for the study was amazed to read the published 'results', knew that the recruitment had not been done and protested, but was intimidated by threats of legal action<sup>1</sup>.

So why was nothing done at the time? The reason was that everybody in a position to suspect, or to know, kept quiet. Information about Dr Chandra came to us from people who were not prepared to put their careers on the line, or to risk ruin, as a result of a court case. My organisation cannot afford to go into court without solid corroborative evidence. And

we now learn that the university where he worked was advised by an internal committee of enquiry that he had fabricated his data, but chose to do nothing.

The fraudulent work of Dr Chandra has been a factor in persuading countless thousands of women all over the world to feed their infants and young children with 'hypoallergenic' formula, in the belief that it has merits similar to breast-feeding. A recent UNICEF statement brings home the reality when infants are not breast-fed<sup>5</sup>: 'Formula feeding is expensive and carries risks of additional illness and death, particularly where the levels of infectious disease are high and where preparation and storage of these substitutes is not carried out properly. Many studies indicate that a non-breastfed child living in disease-ridden and unhygienic conditions is between 6 and 25 times more likely to die of diarrhoea and four times more likely to die of pneumonia than breastfed infants'. And for high-income countries: 'A recent study of post-neonatal mortality in the United States found a 25% increase in mortality when infants were not breastfed'.

We wait to hear what regulatory agencies will do to require withdrawal of the claims made for so-called 'hypoallergenic' baby formula. We wait to hear what steps are now being taken by universities and research centres to prevent misconduct by scientists employed or contracted by them. And we also want to hear what the nutrition science community has to say about this outrage, which must be unhelpful to the reputation of the profession.

And if we may, we also ask what do scientific and medical journals now intend to do, to make the process of publication transparent and accountable, and to act to stamp out fraud? We ask first in the names of the children and mothers whose interests we represent.

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- 2 Carnation Good Start. Letter to Elisabeth Sterken from Steve Allen, Director, Nutritional Products Group, Carnation Good Start (a division of Nestlé), 31 October 1990.

- 3 Chandra R, Singh G, Shridhara G. Effect of feeding whey hydrolysate, soy and conventional cow milk formulas on incidence of atopic disease in high risk infants. *Annals of Allergy* 1989; **63**: 102–6.
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- 5 United Nations Children's Fund. *Infant and Young Child Feeding and Care: Protecting, Promoting and Supporting Breastfeeding* [online]. Available at [http://www.unicef.org/nutrition/index\\_breastfeeding.html](http://www.unicef.org/nutrition/index_breastfeeding.html). Accessed 17 February 2006.

**Barrie Margetts, Editor-in-Chief, Public Health Nutrition, replies:**

All your points are all well taken, especially the last one: please see our editorial on page 169.

**Vending machines in schools: to ban or not to ban?**

Sir,

The publication of the UK government policy statement *Choosing Health*<sup>1</sup>, and the recent public consultation on 'transforming school food'<sup>2</sup>, have made it necessary to review the content of the machines that sell foods and drinks in schools. Geoffrey Cannon, in his 'Out of the Box' column, has reported that vending machines are to be banned from schools in England and Wales<sup>3</sup>. Unfortunately this is not the case. A conference I attended last November in Peterborough confirmed that they are here to stay<sup>4</sup>. The event, entitled 'Healthy Vending Machines: The Real Choice', was organised by the Health Education Trust (HET)<sup>5</sup>, an independent charity, and the government's Department of Health, with the support of the Automatic Vending Association (AVA)<sup>6</sup>, the trade association representing vending operators and their suppliers.

Joe Harvey, Director of HET, reassured the audience that, with a little help from AVA and all the food companies exhibiting at the conference, transforming automatic vending was a perfectly feasible and still very profitable 'opportunity'. The food industry and health authority representatives were assured several times that vending machines in schools have become a necessity; and that the proposed introduction of healthy foods would continue to generate considerable profits to the vending industry whilst enabling cash-strapped state comprehensive schools to retain their average annual revenue of £20 000, as demonstrated by some pilot trials. 'Healthy' vending machines were also promoted as potentially the best tools in nutrition education!

Contrary to what was stated at the conference, I remain of the opinion that 'healthy vending' is a contradiction in terms. I am sure I am not the only parent in favour of an outright ban. Because they are available 24 hours a day, 7 days a week, vending machines foster bad eating habits by

promoting continuous snacking to the detriment of a complete well-balanced lunch. They also encourage monotonous diets by allowing children to choose only their favourite foods repeatedly throughout the day. The vending of mineral water was approved at the conference, despite the right of every child to free drinking water, a right supported by HET itself.

Energy-dense fruit and cereal bars, widely promoted at the conference, will contribute to children's addiction to sugary foods. Fruit bars will be eaten as fresh fruit substitutes. 'Fresh' foods are perishable by definition: how much processing and how many additives are needed to make them suitable for safe prolonged storage, even with adequate refrigeration? Loss of nutrients will also occur. Speakers at the conference did at least admit that the higher cost of freshly prepared foods for vending machines would stigmatise children with little or no spending money and especially those on free school meals.

I left the conference with the impression that the whole event had been organised with the intention of appeasing food manufacturers rather than improving the nutrition and health of our children.

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- 3 Cannon G. School food wars, and other stories [Out of the Christmas Box]. *Public Health Nutrition* 2005; **8**(8): 1231–4.
- 4 ALPHA (Access to Learning for the Public Health Agenda). *Healthy Vending Machines: The Real Choice* [online], 2005. Available at <http://www.alpha.nhs.uk/Conferences/ConfCurrent/Vending/Vending.htm>. Accessed 15 February 2006.
- 5 Health Education Trust homepage, <http://www.healthedtrust.com>.
- 6 Automatic Vending Association homepage, <http://www.ava-vending.org>. CABI Wallingford, UK1368-9800204581277277

**The new nutrition: have a little faith**

Sir,

I send many thanks to IUNS, for its magnificent work in launching *The New Nutrition Science* initiative<sup>1</sup>. As a former FAO/USAID/DFID food and nutrition planning