

Latham and maternal and child health

It is a characteristic of post-modernity to say that history does not have, or, at least, will not have a direction. A civilizing process is under way, but it is no longer subject to the control of human beings, to government bureaucracy or participatory management by the whole community, in the manner of Thomas More's Utopia. On the other hand, there is the theory that history is made by great figures, Thomas Carlyle's heroes of war and peace, arts and religion, science and technology. The march of cultures and civilizations is spearheaded by heroes, not necessarily by way of self-sacrifice, as in the history of the martyrs, but by the force of ideas, the capacity to argue and mobilize that shapes opinion and speeds up the course of events. According to this view, the milestones of history are, to a great extent, an extension of the biography of iconic figures.

Michael Latham,¹ a professor at Cornell University, who died in April, may be considered an example of one of Carlyle's heroes. Born in Africa, he became active in the struggle against inequality and made a great impact on the processes of health and disease at the level of whole populations, both in the former context of patriarchy and/or political, social and economic colonialism, and in the more recent phase of asymmetrical globalization, which creates inequities and generates exclusion. Whether it be in the older context or in its latest manifestation (globalization, a centralized capitalism controlling its peripheral dependents) the binary opposition of health and disease appears to be the corollary of a process with distinct patterns of morbidity and mortality, as shown, for example, by scholars and activists in the field of collective health, such as Nájera In Spain, Breilh in Ecuador, Berlinguer in Italy, and Samuel Pessoa, Josué de Castro and Sérgio Arouca, here in Brazil.

In addition to illustrious figures in the field of health, economists, sociologists and political thinkers have also referred to health, in terms of standard epidemiological indices, as an area which tells much about the economic and social well-being of geographical regions, countries and smaller populations. Names that spring to mind include the economist and Nobel laureate, Amartya Sen,² Robert Fogel, Gordon Conway (author of the Second Green Revolution)³ and Ignacy Sachs, specialist in the development of what used to be called Third World, with vast experience of Brazil.

These introductory remarks serve to highlight the enormous contribution made to the theory and practice of humanized health-care by Professor Michael Latham, retired (but never inactive) Emeritus Professor at Cornell University, in the United States. Born in Tanzania, in Africa, but educated in the Anglo-American system, Latham has a foot in both worlds and is familiar with their problems, values, life-styles and development prospects. And he drew on this dual background and outlook in his work as a teacher, researcher and humanistic thinker who addressed the overriding problems in the field of maternal and child health. One example of this was the way that he documented and drew attention to the enormous damage done to mothers' and, especially, babies' health by the widespread early cessation of breastfeeding resulting from the easy availability of formulas and other industrialized products as substitutes for mother's milk.

The "bottle-feeding revolution" was, in fact, a whole-scale assault on the health of children around the world, including those from more developed countries. Professor Latham was one of the leaders in this field, both as a scholar and an activist in a worldwide crusade to promote breast feeding, as the first and most universally-applicable measure to be taken to protect the health and the nutritional status of children. He even coined a striking expression—market-generated malnutrition—to describe the pandemic of edematous malnutrition, nutritional marasmus and vitamin A deficiency that followed the advent of mass use of industrialized formula, especially, among children living in poverty in Asia, Africa, and Latin America. Mike Muller's 1974 book, "The Baby Killer"⁴ which has been translated into various languages is a very illustrative compilation of the effects of the epidemiological disaster set off by early weaning in the first days and months of life.

This provoked, four or five decades ago, in almost all countries in the world, and open or underlying confrontation between the interests of the baby-food industry and the views of health-care professionals, who became increasingly convinced about the importance of healthy eating habits and lifestyles and increasingly

active in promoting them, starting with breastfeeding. Seeing the mismatch between the resources raised by the food industry and those available to health professionals aware of the incomparable advantages of mother's milk in the first six months of life, Latham denounced the industry, at the National Council of Churches, proposing a boycott of one powerful international manufacturer of milk formula. On that occasion, unable to conceal his emotion, he announced that he was furious when he saw a dehydrated and severely ill infant full of edemas, to be informed that the mother had been persuaded to bottle-feed the child. He considered this downright immoral. And, as he was tabling a motion to a council of religious organizations, he wondered, "I ask myself how countries of Christian generosity, such as the United States and Great Britain and Switzerland can let this happen. Our corporations are to blame".

Nowadays, in large part due to the struggle of scientists and educators such as Professor Latham and Professor Dick Jelliffe, and the support of international institutions, such as the United Nations Children's Fund (UNICEF),⁵ the World Health Organization and International Baby Food Action Network (IBFAN),⁶ the promotion of breast feeding, has become much more than a mere strategy, but the very reason for the survival and healthy development of children all around the world. This is not just a professional matter; it is a question of a basic duty of care.

References

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