

ALECK SAMUEL OSTRY

NUTRITION POLICY

in Canada, 1870-1939



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This book is dedicated to my parents.

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Nutrition Policy in Canada, 1870-1939

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Introduction

As nations industrialized and began to grapple with feeding urbanized populations, the increasing separation of people from the land and their concentration in big cities led to the establishment of vast systems of food production, distribution, storage, and sale – systems that were largely governed by private markets. In most nations government stepped in during the late nineteenth century to regulate these markets, at first solely to ensure economic order but later also to protect human health.

Today most states have complex legal and regulatory systems that monitor food production at all levels. Scientists establish standards that regulate the content of food and design programs of health promotion and education in order to disseminate nutritional information. As well, a complex industry grows, processes, distributes, sells, and trades food, sometimes openly but often in a highly protected manner.

Today public interest in food and nutrition (ranging from broad worries about the sustainability and safety of systems of agricultural production to the desire for information on the links between vitamin intake and specific diseases) is very high. The public's interest in the relationship between food, diet, and health has not always been this intense. It has waxed and waned. For example, during the economic hardships of the Depression worries about the links between malnutrition and ill health, particularly among the children of the unemployed, was high. With a full-employment economy following the Second World War, and for two decades thereafter, until links between high fat diets and coronary heart disease became widely known, the public's interest in food and health waned in Canada.

Now, however, consumers are hungry for health news, particularly about fitness and nutrition. Newspapers, television, and the Internet have steadily increased their coverage of health issues (Pellechia 1997). In a recent study more than 70 percent of the science coverage in three

major American newspapers was health-related (American Readership Institute Survey 2001). While most of this health news dealt with the etiology and treatments of diseases, including food-borne illness, the second most common area of health coverage was lifestyle, which, in turn, was dominated by issues of weight loss.

While in most developed nations the print and broadcast media have, historically, been the major sources of health and nutrition information for the public (Begley and Cardwell 1996; Goldberg 1997, 2000), two major changes are under way in the Canadian media. Most television stations now have specialized reporters and increasingly large segments of news casts devoted to "health news." The use of the Internet has increased, as has the proliferation of health- and nutrition-focused Web sites (Goldberg 2000). Compared to other developed nations Canada has among the highest Internet access and use rates in the world, and in 2000 and 2001 health sites accounted for 13 percent of the total online media sites used by all Canadians (Media Metrix 2000, 2001). In Canada the subject of nutritional health is the fastest-growing area of interest on the Internet (Kouris-Blazos et al. 2001).

While people thirst for information about nutrition and health, it is not clear that reading newspapers, watching television, and surfing the Internet will meet their needs. For example, according to the few studies that have been conducted, nutrition information available on the Internet is of low reliability and accuracy both in the United States (Miles et al. 2000) and in Canada (Davison and Guan 1996). Often, media articles and news on nutrition and health describe single studies, with limited context provided in "sound-bite" style, so that people have a difficult time developing a clear understanding of the relationship between nutrition and health.

Thus, the public is left with disconnected tidbits of information (often biased by the interests of industry and various disease- or nutrition-based foundations and institutes) that do not add up to a coherent whole and do not allow for the development of a nuanced, "big-picture" view of the relationship between nutrition and health, on the one hand, and the structure and process of nutrition policy making and health on the other. Without information on the latter, people don't know how to become involved in, or otherwise influence, the policy process in ways that might improve either food security or their own nutritional status.

The combination of a growth in public interest in the links between nutrition and health within a context of increased concern about the health effects of diet (particularly from overeating); the media proliferation of unreliable information on nutrition and health (and the increasing power

of consumers to find this information on the Internet); and the growing commercial stake in marketing food based on health claims (and an increasingly lenient regulatory environment) is a recipe for public confusion. In Canada this problem is exacerbated by a lack of basic historical research on nutrition policy, the links between nutrition and health, and how these have changed over time. This research is essential to current policy-making efforts.

One could divide the history of nutrition policy in Canada into five main eras. The first era, lasting roughly from the mid-1870s to the end of the First World War, was dominated by the establishment of a system of food safety, inspection, and surveillance. This system was developed within the framework of federal criminal law, and its purpose was to counter widespread food adulteration in order to protect consumers from economic fraud and to preserve the integrity of the trade in food.

The second era of nutrition policy occurred during the interwar years, and it saw a more activist federal government begin to use its spending power in areas of social and health (including nutrition) policy, which were formally under provincial jurisdiction (Ostry 2006). The establishment of the federal Department of Health in 1919 marked the beginning of this period, and the formation of the Canadian Council on Nutrition in 1938 marked its end.

For several reasons nutritional policy issues in the 1920s were different from those in the past. A spate of new vitamin research throughout the 1920s linked a deficiency in certain vitamins with diseases such as rickets. The discovery of vitamins caught the public imagination, drawing increased attention to the relationship between nutrition and health. These developments occurred as the new retail chain stores expanded through mass advertising.

As well, in the 1920s, when the supply of cow's milk was uneven and the milk itself of uncertain quality in most regions of Canada, nutrition policy makers directed their attention towards breastfeeding. Accordingly, the first national nutrition policies specifically related to improving the health of Canadians (and largely ignored by Canadian mothers until the late 1960s) were developed by the federal Department of Health in order to promote breastfeeding.

As the Depression worsened in the early 1930s widespread unemployment put the issue of hunger squarely on the public policy agenda. The debate was highly politicized as malnutrition and dietary standards became central to an increasingly intense political struggle regarding appropriate relief payments for the unemployed. By the end of the decade the focus of nutrition policy making had shifted to the development of

a national dietary standard. This was part of an international effort in which the League of Nations aggressively promoted the new nutrition science and its application to problems of global unemployment and stagnating agricultural trade.

The 1930s were also important because this was when the medical profession consolidated its role as a major stakeholder in nutrition education, particularly in relation to infant feeding. The profession, particularly pediatrics, had helped to develop and market the first commercial artificial baby foods. Its involvement in dispensing infant feeding advice to new mothers accelerated as, beginning in the early 1930s, birthing increasingly shifted from home to hospital.

The third era of nutrition policy making spanned the lifetime of the Canadian Council on Nutrition (CCN), from 1938 to 1972. This institution, along with the Nutrition Services Division of the federal Department of Health and the Department of Agriculture, shaped wartime dietary standards and ensured that key workers (e.g., munitions workers and other producers of essential war equipment and goods) were well fed.

From the 1950s through the 1970s the CCN developed national policies on food fortification in conjunction with the Department of Health as various elements and vitamins were added to the Canadian food supply. Ironically, during this time of growing agricultural production, increased access to and consumption of food, and even early warnings of an emerging obesity problem, nutrition policy making (especially fortification policies) continued to be driven largely by Depression-era concerns over malnutrition, particularly in relation to vitamin and mineral deficiencies.

As the life of the CCN came to an end, one of its last acts was the coordination of the world's first representative national dietary survey. In 1972 the results of this huge survey were published. It demonstrated some nutrient deficiencies, particularly among young women, that were blamed partly on restrained eating and dieting. Most important, the survey noted that, in Canada, being overweight was an "epidemic problem," that this was an extremely difficult nutritional problem to correct, and that it had been a problem in Canada likely since the 1950s (Beaton 1981).

The fourth era in nutrition policy making lasted from the demise of the CCN in 1973 to the publication of modern dietary guidelines in 1992. The beginning of this era witnessed the end of the post-Second World War economic expansion and, in the mid- and late 1970s, serious

food price inflation. After almost a quarter century of relative public unconcern about nutrition and its links with health, the 1970s witnessed new citizen activism and government policy making as worries grew that the poor unemployed might lack food.

This was also when Ancel Keys's (1970) groundbreaking research linking dietary fat intake and coronary heart disease began to be taken seriously by the public and by some nutrition and health policy makers. As well, in the 1970s and 1980s nutrition policy making in the federal Department of Health was dominated by the health promotion paradigm, first outlined in the Lalonde Report (Lalonde 1974). Framed within this model, nutrition policy making shifted almost completely to a reliance on the twin pillars of nutrition education (which was also increasingly well coordinated with provincial ministries of health) and food fortification.

The fifth (and current) era of nutrition policy making, under way since the early 1990s, has been marked by the consolidation and internationalization of the agrifood sector. Since the signing of the North American Free Trade Agreement and the birth of the World Trade Organization, the new North American and global trade environment has accelerated the integration of national agribusiness sectors on a hemispheric and global level, increasing pressure to internationalize food standards and dietary guidelines and to dismantle supply management and other so-called hidden tariffs in Canada. And this has occurred as biotechnology has evolved to allow genetic manipulation of the food supply.

While I have framed the history of nutrition policy in Canada from the late nineteenth century to the present within five eras, the focus of this book is on the first two, from the 1870s to 1939. These two periods saw a shift in agricultural production from grains to meats, the birth of modern nutrition science, the increasing involvement of the medical profession in advising people about nutrition and health, and the establishment of a national nutrition policy-making institution.

These two eras of nutrition policy making in Canada have remained underinvestigated. As well, the federal policy-making institutions that drove nutrition policy in the 1950s and 1960s – primarily the Nutrition Services Division of the Department of Health and the Canadian Council on Nutrition – were profoundly shaped by developments in politics, science, health, and agriculture, all of which occurred before these institutions were established on the eve of the Second World War. The political and scientific debates and priorities concerning food and health during this time comprised the foundation around which most of the

early nutrition policies and nutrition policy-making institutions were formed. Understanding foundational developments during this period is important because they continued to influence nutrition policy making for decades after the Second World War, in particular as the Depression-era thinking about undernutrition continued to dominate nutrition policy making even as overnutrition and obesity were becoming national problems.¹

In most areas of health and social policy the federal government used its spending power to shape provincial and national policy (Ostry 2006). However, in the case of nutrition policy prior to the Second World War the federal government took a more direct lead. The earliest federal foray into nutrition policy was through the Adulteration Act, which was framed within federal criminal law. This act and the food safety system upon which it is based was not (at least at first) about health and, therefore, was not a provincial constitutional responsibility.

As well, after 1919 and the passage of the federal Department of Health Act, the federal government was mandated to coordinate “efforts for preserving and improving public health, conservation of child life and promotion of child welfare” (Canada 1919). Thus, public health efforts to improve the nutritional health of infants and children became a direct federal responsibility, which is partly why the first national nutritional guidelines were developed in relation to breastfeeding.

The federal government was also aggressively and indirectly involved in nutrition education through the activities of the Department of Agriculture, which became heavily involved in promoting milk consumption among children from the 1920s onwards. And, in the 1930s, establishment of a national dietary standard became an important element of a government strategy to reform national labour policy and the delivery of unemployment insurance (Grauer 1939; Struthers 1983).

¹ There is evidence that, as early as 1945, nutritionists were beginning to worry about overweight and obesity in the Canadian population (Beaton 1981; Pett 1972). For example, in summarizing the overall results of the limited number of (albeit unrepresentative) dietary surveys conducted between the early 1930s and 1950 (with approximately 10,000 individuals), Pett (1972) observed that, in some surveys, overweight was found in up to 33 percent of respondents. And Beaton (1981), commenting on the results of the 1972 nutrition survey, claimed the obesity was a problem of epidemic proportion. As well, as early as 1945 there is evidence of concern that inflated dietary standards encouraged overeating. At present, nutritionists and public health experts appear to be unaware that overweight and obesity (albeit not as severe at present and not as severe among children) has been a problem since the 1950s.

This book focuses on three basic themes in nutrition policy between the 1870s and the beginning of the Second World War: (1) food adulteration and the evolution of a system of food safety, inspection, and surveillance; (2) policies on breastfeeding; and (3) the scientific and policy developments leading to a national dietary standard. The context of these three themes is key to achieving a nuanced historical understanding of nutrition policy. Accordingly, I examine this context in light of four subthemes.

The first subtheme involves early nutrition policies that were focused mainly on milk. In the late nineteenth century milk was the most widely adulterated food in Canada. Indeed, it was known as a dangerous food that killed babies. Beginning in the 1920s, and bolstered by the discovery of vitamins, milk underwent a fundamental makeover and was increasingly touted as the quintessential “protective food” for children. In the 1930s the price of milk and milk marketing were major economic and health issues. Thus, the changing scientific and public image and the marketing of milk was central to the nutritional health of infants in Canada during this time.

The second subtheme involves the changing nutritional and health status of the Canadian population from the 1870s to the beginning of the Second World War. Especially after 1919 nutritional policy was driven by concerns about the links between poverty, malnutrition, and ill health (particularly among infants).

The third subtheme involves the medical profession’s role in dispensing nutritional advice, which emerged slowly and steadily throughout the nineteenth century. By the beginning of the Second World War physicians were trusted experts who were increasingly consulted by governments with regard to developing nutrition policy. As well, the interaction between the medical profession, the government, and ordinary (particularly female) citizens is key to gaining a better understanding of how breastfeeding policy and dietary standards were shaped.

Finally, while the federal Department of Agriculture had always been a powerful player in Canadian history (MacRae 1999), its indirect and usually underacknowledged role in shaping nutrition education (particularly through its marketing branch) became more important as the industry faced crippling economic pressure in the 1930s. Beginning in the 1920s the agricultural industry and the Department of Agriculture helped to shape nutritional health policy, both directly and indirectly, through their alliances with the federal Department of Health and through their explicit use of health-based claims to promote sales of Canadian agricultural products. Today, this interaction between health