

Soy Information Network

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SIN Newsletter # 3

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EDITORIAL

Dave Woodhams

In the last issue I recorded my intention to invite Dr Mark Messina to respond to the matters I had raised in the first two issues of the SIN Newsletter. Shortly after I had sent the copies to him, I learned that Dr Messina was in New Zealand on his way to give an address to an Australian conference of dietitians. While here in Auckland he addressed a meeting of the Vegetarian Society and had unspecified "discussions with officials". Before the meeting I suggested to him that, in addition to writing an article for the SIN Newsletter, he should address the issues at that meeting. A short extract from an edited transcript of his remarks is included in this Newsletter. (See "THE CASE FOR RESEARCH IS ABSOLUTE") I have now received Dr Messina's invited article. (See "DR MESSINA REPLIES" and "THE EDITOR RESPONDS")

For the last year and a half we have been trying to get the Ministry of Health to make a further statement on the risks of soy infant formula for the information of parents. We have not been successful. Therefore I have decided to publish in this Newsletter the text of the Ministry's advice to the Minister in the days preceding Sandra Lee's question in Parliament of 7 December 1994, together with the Minister's response. (See "OFFICIAL ADVICE" and "PARLIAMENTARY QUESTIONS AND ANSWERS") The disparity between the Ministry's advice and the Minister's answers is quite apparent. However, even more to the point is the fact that there is absolutely no discussion in the Ministry's advice of the potential developmental and health dangers to children. Indeed we have yet to see any evidence of concern by the Ministry for infant reproductive and developmental health. Their main concerns appear to have been the "great potential to cause mischief, particularly in the media" and that "world-wide soybean is big business".

It was after the question in Parliament that the Ministry moved to "allay fears" in a press statement carried by several newspapers. The Minister's initial reaction to the Ministry's briefing, however, is handwritten across the front page: "Are we to issue a 'warning' press statement?" The answer should have been, "Yes". The MoH advice to the Minister was obtained under the Official Information Act in June 1995.

As promised in the last SIN Newsletter, we publish Mike Fitzpatrick's description of the second half of the Little Rock Conference, when the risks of dietary phytoestrogens were discussed. (See "THE LITTLE ROCK CONFERENCE") And the Editor reflects some of the comment he has received from parents of consumers. (See "WHY WEREN'T WE TOLD?")

WHY WEREN'T WE TOLD?

Dave Woodhams

If there is one thing that unites the parents whose children have been exposed to the unknown dangers of soy infant formula it is the question: "Why weren't we told?"

As long ago as 1984 and 1985 the possible danger of soy infant formula to human fertility was raised in scientific publications by Dr Ken Setchell, one of the acknowledged world leaders in research into phytoestrogens. For instance, in 1985, in a book called "*Estrogens in the Environment*" he wrote:

"Soya formula milks for infant feeding have seen greatly increased use over the last five years, yet the potential implications of the long term exposure of the infant to the phytoestrogens which are present in soya based products appears to have been overlooked.... Since the newborn infant will be subject to chronic exposure to soya milk, in some cases for up to two years, their situation could be considered analogous to the sheep grazing on clover."

The comment "sheep grazing on clover" refers to an earlier passage which reads:

"Although the short term estrogenic effects of these isoflavones in sheep was reversible, prolonged grazing resulted in the infertility syndrome which became known as clover disease and led to permanent histological changes to the uterus and ovaries."

In a later item in this Newsletter we reproduce the Ministry of Health's advice to the Minister in December 1994. Hand written on the front page, presumably by either the Minister or the Associate Minister of Health is the comment: "Are we to issue a warning press statement?"

It is difficult to imagine how, in the light of the Ministry's written advice, the content of the Fitzpatrick Report, the report of the independent toxicologist who reviewed it and the scientific warnings published ten years previously, the Minister failed to issue such a warning. The prudent action, in the interests of infant health and welfare, would have been to withdraw soy infant formula from supermarket shelves and make it available only under medical supervision until research into the matter had been completed. At the very least information on the possible dangers should have been made public so that parents could make their formula decisions themselves. The sales of soy formula in New Zealand far exceed the amount needed to meet the requirements of infants with a cow's milk allergy. These children in particular have been put to quite unnecessary risk by the failure of the Minister and the Ministry to make information published in the scientific literature available to parents. The decision to try to "allay fears" in a press release that ignored the Ministry's own assessment of the potential dangers may yet return to haunt them

* Setchell, K.D.R., "Naturally occurring non-steroidal estrogens of dietary origin," in "*Estrogens in the Environment*", John A. McLachlan, Editor, Elsevier Science Publishing Co. Inc., pp 79/80 and p 70

THE CASE FOR RESEARCH IS "ABSOLUTE"

The following is an extract from an edited transcript of comments by Dr Mark Messina in Auckland on 2 March 1996. The issues are addressed at greater length in the invited article, "Dr Messina Replies" which follows the transcript.

"I think the issue boils down to two key observations. I showed you earlier a study [the Cassidy study] that reported that soy consumption increases the length of the menstrual cycle. I said that we don't know what that means for breast cancer risk. The hypothesis is that it is beneficial. **But certainly it shows or strongly suggests that soy is having a profound physiological effect.** Well, if you accept that soy can do all these other things then clearly you are accepting that soy and these components are quite potent. **So then the question is, "What are the effects of these pretty potent compounds in infants?"** When you are on soy formula you are consuming large amounts of these isoflavones, these phytoestrogens. In fact on a bodyweight basis infants are consuming much more than these adult women were.

So what evidence is there? **Are there studies that would definitively show it to be safe? Have they been conducted? Absolutely not. Should they be conducted? Absolutely.**" [Editor's emphasis]

DR MESSINA REPLIES

Dr Mark Messina

I would like to thank Dr. Woodhams for providing me an opportunity to express my opinion in this newsletter. Important issues are being raised and they need to be addressed. Before commenting on these issues however, I want to briefly clarify my professional role as it relates to soyfoods since I have been erroneously portrayed as a soy industry spokesperson.

I am a nutritionist by training, and for the past 6 years have been involved in facilitating research on soybeans and soy products. During these years I have also spent a good deal of my time promoting awareness among both consumers and professionals of the hypothesized health benefits of soy. My formal involvement with soyfoods began while I was a program director for the National Cancer Institute (NCI) in Washington, D.C. In 1990, I organized a workshop on the potential role of soyfoods in reducing cancer risk -- as a result of the recommendations of that workshop, the NCI allocated \$2.9 million to study the anticancer effects of soybean components. In 1992, I left the NCI to devote full time to the study of soyfoods.

Although industry and soybean farmer groups sponsor some of my consulting activities, I am an independent consultant and have no direct financial relationship with any soy manufacturer or farmer group, nor do I hold any patents. The book my wife and I wrote on soybeans (The Simple Soybean and Your Health, Avery Publishing, 1994) was not connected in any way with the soy industry.

Now to the issue at hand -- the relative risks and benefits of consuming soyfoods. Soy has been hypothesized to have beneficial effects against a number of chronic diseases including heart disease, cancer and osteoporosis. In addition, some research suggests

soy may be useful in the relief of menopause symptoms (hot flashes, night sweats, etc.). The evidence in support of soy's protective effects ranges from the speculative (soy reduces cancer risk) to the fairly solid (soy protein or some component associated with soy protein reduces blood cholesterol levels). Although there are a number of factors that might contribute to the hypothesized beneficial effects of soy, most focus has been on a group of chemicals relatively unique to soybeans called isoflavones.

As has been indicated in previous issues of this newsletter, isoflavones are considered to be weak estrogens. Despite their relative weakness, the isoflavones are clearly thought to be potent enough to exert physiological effects, otherwise they could not be hypothesized to exert beneficial effects. It is important to note though, that the critical physiological effects of the isoflavones in relation to chronic disease prevention/treatment may not be at all related to their weak estrogenic activity. The estrogenic activity of the isoflavones does however, seem to be the primary reason for concerns being raised about the possible adverse effects of soy consumption. Since this newsletter is aimed at discussing the possible adverse effects of soy consumption, I will not discuss the potential benefits any further.

Of primary concern is the safety of soy infant formula. The key questions are whether isoflavone ingestion during infancy exerts physiological effects and if so, are these effects harmful? Unfortunately, as is so often the case with science, in my opinion, the types of data needed to definitively answer these questions are not available. There does exist a theoretical basis for raising concerns however, since isoflavones possess estrogenic activity and estrogens play a role in development. Also, on a body weight basis, the amount of isoflavones ingested by infants is several fold higher than the amount of isoflavones typically ingested by people who eat soyfoods and certainly, than the amount of isoflavones ingested by infants breast-fed by mothers consuming soyfoods.

Is there evidence that soy infant formula is safe? I believe the answer is yes, and have written so in the past. It seems to me given the long history of soy formula use (30-40 years in the U.S.) if soy formula had adverse effects, that effects in infants would have been noted sometime during these many years. To my knowledge there are no letters or case studies published in scientific journals citing problems in soy-fed infants that might be attributed to estrogenic effects. Furthermore, many short term studies that have evaluated infants and children fed soy infant formula have concluded that soy formula promotes normal growth and development.

Does this lack of observed adverse effects definitively prove that soy is safe -- absolutely not, but in my opinion this does speak to the safety of soy formula. If however, isoflavone exposure during infancy caused adverse effects later in life in a small minority of individuals, it would be unlikely that any connection with soy formula would be made. I think this is unlikely to be the case, but this is one reason why more research is needed.

My understanding is that although infants are likely to be the most sensitive to the estrogenic effects of isoflavones -- young children consuming soymilk and soy products are also theoretically at risk. Definitive data are lacking, but vegetarians and

Seventh-day Adventists are two groups who typically consume soy products beginning early in life and who have been studied extensively. Again, I am not aware of reports indicating that soy is associated with any adverse effects in these groups, quite the contrary since both groups enjoy above average health. Also, for centuries soy products have been a common staple in the diets of many Asian children seemingly without leading to any adverse effects. It is conceivable however, that there could have been some adaptation to any potential adverse effects over the generations in Asians.

Concern has also been raised about the effects of soy consumption on fertility -- this concern is based primarily on two observations. First, isoflavone exposure in animals has caused reproductive problems (although animals were typically exposed to very high levels). Second, a recent study [the Cassidy study, see SIN Newsletter #1] found that soy consumption lowered the levels of hormones involved in ovulation although all the women in this study did ovulate successfully. Nevertheless, some questions remain about soy and fertility. But again, to my knowledge, there are no data indicating fertility problems among vegetarians and Seventh-day Adventists. Some data indicate vegetarians may be at an increased risk of menstrual irregularities, although there are recent data disputing this contention but in any case, menstrual irregularities have not been associated with soy consumption.

Often, the large populations of Japan and China are used as support for the safety of soy in relation to fertility, but this may not be appropriate for at least two reasons. One, as indicated previously, there could have been some adaptation to isoflavones over the generations and two, if soy adversely affected only a small percentage of Asian women, detecting decreases in overall birth rate among an entire population that consumes soy, would be difficult. So where does all of this leave us?

Should infants be fed soy formula in cases where breast feeding and cow milk based formula are not options? Should children use soy products? Should women attempting to become pregnant use soy products? My answer to all three of these questions is unequivocally yes because overall, the weight of the evidence suggests soy is safe.

But I also believe that more research is needed to definitely resolve the concerns being raised. It would be wrong to embrace the potential health benefits of soy without also considering the possibility of adverse effects in some specific situations. Consequently, I believe that the soy industry should actively facilitate research addressing safety concerns. Only then, can these concerns be alleviated.

To this end, on September 19th, in Brussels, Belgium, as part of a larger symposium, there is going to be a 4 hour session on soy and infant health. I am hopeful this session will help to increase understanding of the issues surrounding soy consumption and stimulate further research. I believe the soy industry is committed to seeing that the safety issues are resolved in a manner satisfactory to all parties concerned.

Finally, although in the end the critical issue is that safety concerns are resolved as quickly as possible, I find very distasteful the manner in which much of the effort to raise these concerns has taken place. The nasty tone displayed by some is unprofessional, rude and uncalled for, and one that actually hinders the likelihood of the appropriate

discussion and research taking place.. Nothing can be gained by speaking of people in a disrespectful manner, regardless of what side of the issue one stands.

THE EDITOR RESPONDS

I had hoped that Dr Messina would respond to some of the more critical comments made in SIN Newsletters 1 and 2 about the soy industry's responses to the issues raised in Dr Mike Fitzpatrick's report. In particular I thought that the misleading information on the strength of the soy isoflavones genistein and daidzein emanating from soy interests should have been acknowledged and corrected. However, at the Auckland meeting in March, he told me that, as the Cassidy study showed conclusively that the soy isoflavones were biologically active in humans at dietary levels, he considered that the relative strengths of the soy phytoestrogens and the human estrogen, estradiol, did not warrant further discussion. The Cassidy data were known, of course, in March 1994 when Dr Fitzpatrick finished his report, well before the misleading statements from Nestlé's, Wyeth-Ayerst, Sanitarium and Protein Technologies International that were quoted in SIN Newsletter #2. Dr Messina's unfortunate review statement that genistein exerts "an estrogenic effect ranging from approximately 1×10^{-3} to 1×10^{-5} that of diethylstilbestrol (DES) or estradiol" should have been corrected.

Dr Messina speaks about soy's "hypothesised ... beneficial effects against a number of chronic diseases including heart disease, cancer and osteoporosis" and says that the evidence for soy's protective effects against cancer is "speculative". It is thus quite unacceptable that this speculation should be cited over and over again as a major reason why Dr Fitzpatrick's conclusion that soy may have some adverse effects should be dismissed. Dr Messina used this line of argument himself three or four times in his interview with National Radio's Kim Hill on 21 December 1994.

Dr Messina notes that the "critical physiological effects of the isoflavones in relation to chronic disease prevention/treatment may not be at all related to their weak estrogenic activity". It is also possible that the critical physiological actions of the isoflavones in relation to adverse effects may not be related to their estrogenic activity, a point that we have made consistently from very early on. There is, for instance, the immunosuppressive activity of genistein.

There are numbers of studies and case studies in medical and scientific journals citing problems in infants fed with soy formula. Several relate to the functioning of the thyroid gland. These do not identify the component of the soy formula causing the problem but the Wingspread Workshop scientists note that thyroid dysfunction is an effect of hormone disruptors in animals, including humans.

Regarding fertility, the following quotation is from an article in "Environmental Health Perspectives", a publication of the (US) National Institute of Environmental Health Sciences, in North Carolina. The article addresses the benefits and risks of phytoestrogens.

*"Common sense would tell us that soy does not pose a problem for fertility," said Setchell, pointing to the reproductive success of Asians. "However", he added, "that fact could be countered with other similarly logical arguments." One such argument, according to Hughes, is that Asians have been consuming these diets for centuries, and any soy-related fertility problems may have been selectively bred out of the population generations ago. In that case, westerners suddenly switching to a soy-based diet might not have the advantage of that natural selection. Sheehan also adds that, especially with developmental toxicants, there is a long latency period, which makes it difficult to associate an event with a negative outcome. **"The fact that there aren't any negative reports can't be taken as an argument that soy diets are safe,"** he said. [Editor's emphasis]*

Finally, I have asked Dr Messina twice to make his criticisms (*"distasteful"; "nasty tone"; "unprofessional, rude and uncalled for"*) more specific but he has declined to answer me. As Editor, I admit to a certain degree of delight following the Little Rock Conference which may have crept into the odd headline of the Newsletter (*"Soy Boys get it Wrong Again"* etc). This should be seen against a background of 18 months of soy proponents and others ridiculing the concerns we had raised. If the soy industry, regulatory authorities, consultants and others had addressed the questions we asked in a professional manner and had shown an interest in finding out the truth rather than trying to silence us by the spreading of half-truths and unwarranted speculation, that headline might have been out of place. However, in context, the Editor stands behind the headlines and the contents of the articles in question.

THE LITTLE ROCK CONFERENCE

Dr Mike Fitzpatrick

During the first three sessions of the conference the principal speakers gave presentations on the detection, mechanisms of action, and benefits of phytoestrogens. I should say, however, that the soy formula issue was raised right at the onset of the conference and much of the discussion that followed these early presentations seemed to find a way back to the baby formula debate; in fact it became quite clear that even those who were sure that our concerns are unfounded had to agree that research into the effects of soy formulas on infants should be commenced immediately.

Steven Barnes and Kenneth Setchell were two conference participants who were quite vocal during these early discussions. Steven Barnes felt that phytoestrogens in soy infant formula would not pose a risk to babies because they were not present in a readily available (bioavailable) form but he had no data to support this theory. Kenneth Setchell was more philosophical in his approach and indicated that he was pretty sure that phytoestrogens wouldn't be bad for babies and that he had started a project that he hoped would prove this.

However it wasn't until the afternoon session of the second day of the conference that the issue of phytoestrogen risks began to be addressed more formally. My interpretation and comments on the presentations are as follows:

Michael Bolger reviewed the FDA's methods for assessing risk and noted the difficulties with this methodology when applied to natural substances present in foodstuffs. He

said that the FDA were not yet able to assess the risks associated with the presence of phytoestrogens in the diet but gave assurances that they were being pro-active in their approach to this, and related, difficult problems.

Pat Whitten presented data on the effects of coumestrol, a phytoestrogen, on rats when they were exposed to it in their mothers' milk. Her results suggested that coumestrol affects developmental processes mediated by either androgen or oestrogen. During the discussion session it was noted that similar studies using genistein and daidzein should be carried out.

John Anderson's presentation on the effects of genistein on bone tissue was, in many ways, similar in its conclusions to those presentations in the benefits section of the conference. He showed that, at low doses, genistein was effective in retention of the spongy lattice-like structure of bone tissue; at high doses, however, genistein was less effective, perhaps even having an adverse effect on cells.

Wade Welshons' presentation addressed the somewhat controversial issue of the oestrogenic activity of phytoestrogens. He presented new data that showed that the oestrogenic activity of phytoestrogens and other oestrogen xenobiotics has been generally underestimated. In human serum genistein was shown to be 1/1000 times as potent as oestradiol; however, in the serum of the human fetus, the potency of genistein was much higher, being 1/100 or even 1/10 times as potent as oestradiol.

New Zealand's Cliff Irvine was the man everyone was waiting to hear! He presented data on the levels of phytoestrogens in infant foods and in human breast milk and defined the risks that high exposure may have on the developing infant. There was considerable discussion following Cliff's presentation. Adrian Franke claimed that the phytoestrogen levels in the breast milk of Asian women would be higher than that found by Cliff in NZ women. Dan Sheehan called attention to the work of UK researcher Richard Sharpe on decreased male fertility and stressed the importance of following up Cliff's concerns. Steven Barnes said that it was important to find out how the phytoestrogens were metabolised by infants, work that Kenneth Setchell said that he was going to do. Setchell himself noted that soy infant formulas did not contain cholesterol when it was clear that it was required by infants and was supplied by human milk.

The last day of the conference started with a session that mainly focussed on the use of herbal remedies.

David Zava reviewed the use of herbal remedies and gave praise to the developments that would see them replace many pharmaceutical hormones. He noted that there was a need for control and consumer protection stating that people die in the USA because of misuse of herbal remedies.

Dan Sheehan, a senior FDA toxicologist explained some of the difficulties in determining whether or not a compound is toxic. He recalled that it wasn't until the 1970's that fetal alcohol syndrome was recognised even though it is, in hindsight, very easy to diagnose. He caused a bit of a stir by saying that no one could claim that soy

was safe, and added that it would take a very significant population study to get data to prove or disprove the concerns over soy infant formulas.

Kenneth Setchell was the last conference speaker. He gave an overview of his study of infertility and early deaths in captive cheetahs, noting that there were very clear reasons why the isoflavones were bad news for the cheetah. He also presented new data on the levels of isoflavones in human breast milk on the first day after consumption of 30 mg of isoflavones. He had found approximately 30 ng/ml (more than 1000 times less than that found in soy infant formulas). Setchell also showed that, contrary to earlier claims, there is significant bioaccumulation of isoflavones in blood and tissue.

The conference ended on a high note with the majority of participants certain that phytoestrogen research was still in its infancy.

OFFICIAL ADVICE

The following is the background information provided to the Minister of Health on 2 December 1994, prior to the parliamentary question asked by Sandra Lee MP five days later. It was prepared by Dr Martin Edwards, Toxicologist in the Food Administration Section of the Ministry of Health and was obtained under the Official Information Act in June 1995.

The toxicity of several natural components of raw soybean and soybean products has been well known for years. Over time new toxic components have been found in soybean, and knowledge concerning the properties of the other toxicants has expanded. The toxicants include trypsin inhibitors, phytic acid, phyto-estrogens, coumarin derivatives, saponins and lectins. Potentially (if the dose was high enough over a sufficient length of time) such toxicants could cause significant adverse health effects. Possible effects would include growth depression, immunosuppression, abnormal responses to hormone stimulation and cancer.

Concerns have recently been raised that control measures (processing during food production and regulatory measures) have not kept pace with knowledge of the identity and toxicology of some of the chemicals present in soybean. Widespread traditional use by many cultures may not be relevant experience to modern Western uses. Traditional methods of processing and preparing soy-based foods differ in many ways from modern commercial processing and preparation techniques.

The range of foods using soybean has also expanded considerably, using soy raw, and partially or fully processed.

One major focus of concern is on soy-based infant formulae, due to perceived high risk. Soy-based formula is likely to form a significant part of the infant's diet during a sensitive developmental period. The infants are likely to be on soy formula as a consequence of a deliberate choice for an alternative to human milk or cow milk-based formula. Some infants may be given soy-based formula on medical advice after showing allergic reactions to other types of formula. The department of Health advised

in 1989 that soy-based formula should not be used as the first choice alternative due to concerns, particularly of high aluminium contents.

The trigger for these new concerns was the independent report compiled by, and on behalf of Mr and Mrs James of Whangarei. The James breed exotic birds and Dick James is a retired lawyer. The James Report is the result of their investigations to find the cause of numerous illnesses and deaths in birds that have occurred in their aviaries. The report has focussed on soybean in the specialised bird feeds they use as the cause of their problems. The research has prompted them to follow their concerns into food for human consumption.

The Ministry is aware that Ross Meurant, as Member of Parliament for Hobson and Associate Minister of Agriculture, has been approached by the James. Officials in other government agencies, the Ministry of Agriculture and Fisheries (stock feed) and the Department of Conservation (endangered species feeding programs) have also been contacted.

The James Report has great potential to cause mischief, particularly in the media, both in New Zealand and overseas. The issues are highly emotive, particularly for parents of infants using soy-based formula (for the health professionals involved with these families by advising the use of such products), vegetarians and other lifestyle groups. (Soybean is also used in the preparation of feed for domestic pets (birds/cats/dogs), domestic animals (horses and other stock). World-wide soybean is big business, particularly in the US, and it is a tradeable item on the international commodity markets.

The Ministry of Health is investigating these concerns. Similarly to regulatory agencies elsewhere in the world, the Ministry is not now in a position to make a valid risk analysis of this issue and recommend measures to control actual risks to consumers. The Ministry, however, is not aware of any unequivocal evidence that soy-based foods are causing any unexpected illness in New Zealand consumers.

Evidence of actual harm to consumers would be very problematical to establish. Toxic effects would tend to manifest over a considerable period of time and also be masked. Symptoms would likely be attributable to several factors, of which soybean consumption would be one. Retrospective epidemiological studies would be time consuming.

The problem is: it is relatively easy to show the potential harm that soy-based foods could cause consumers; it will be difficult to establish actual risk and impossible for the Ministry to convince people of the real level of risk that exists, even when the risk analysis has been completed.

The situation is further complicated by an increasing volume of literature (popular and scientific) reporting the beneficial effects on health of some of the same components found in raw soybean. (Pharmacologically active chemicals are potentially toxic if the dose is too high or given at inappropriate times. Exposure from soybean in the diet would be to a spectrum of different components and not individual chemicals as used in a research situation.)

The Ministry has already approached the regulatory agencies in the UK, the US, Canada and Australia to determine how they control this issue. Requests for information have also been sent to contacts in the World Health Organisation (WHO).

The Ministry plans to approach manufacturers who use soybean, with our concerns, and seek reassurances that they have adequate systems in place to ensure the safety of their products. Future strategies will be developed as our investigations proceed."

PARLIAMENTARY QUESTIONS AND ANSWERS, 7 Dec 1994

Sandra Lee, MP for Auckland Central:

Mr Speaker, my question is to the Minister of Health, and I ask: Has she received a report from the University of Auckland Medical School, recommending that the use of soybean product in infant milk formula be discontinued because of high levels of oestrogenic compounds found in four brands of soya-based infant milk formula available in New Zealand. It's very serious.

Jenny Shipley, Minister of Health:

Mr Speaker, I am aware of the material this member refers to. The Ministry has got a copy of that report and is currently investigating the claims to see if they can be substantiated.

Sandra Lee:

Mr Speaker, will the Minister consider using her powers under Section 40 of the Food Act 1981 to protect the public by directing the recall of soya based infant formula from sale in this country in view of the fact that one of the two reports on the subject has stated that "few mothers would choose to feed a formula containing both active estrogens and immunosuppressant to their baby during the first few months of life if they had an informed choice."

Jenny Shipley:

Mr Speaker, at this stage there is not the evidence to warrant the action the Member suggests that be taken. However, I can tell the member that the Ministry has approached the manufacturers who use soyabean with their concerns and are seeking assurances that they have adequate systems in place to ensure the safety of their products for infants that will be using that milk. Further strategies will be developed as the Ministry's investigation is completed, or proceeds, if there is evidence to back up the claims that have been made in the paper that she refers to.

Sandra Lee:

I seek the leave of the House to table Dr Woodhams' report and the Robertson report on toxicity of soyabean infant milk powder.

Speaker:

Any objections? There appear to be none.

SUPPORT GROUPS:

Parents of children who may have been adversely affected by soy formula or other soy products may like to contact other parents in their area who have similar problems. If you are one of these parents, please write to the Soy Information Network and we will provide you with a contact name and phone number for a support group near you, if one exists. If you are willing to be the contact name in your area, please let us know.

SUBSCRIPTIONS AND DONATIONS:

If you would like to continue to receive the SIN Newsletter please send a subscription of \$15.00. This subscription may be reduced or waived for parents of affected children for whom it is a hardship. Please apply in writing. Donations to support the work of the Soy Information Network are also requested. Please send a cheque to us C/- Dr DJ Woodhams, Whatarangi Road, R D 2, Featherston 5952, New Zealand. Make out the cheque to the "Soy Information Network".

ENCLOSURES:

We enclose a copy of an NZPA article from the Gisborne Herald covering an address by Dr Pat Tuohy, Medical Director of the Royal NZ Plunket Society which may not have been published in all areas. We also include a copy of Camille Guy's latest magazine article from the NZ Herald. This covers her interview with Dr Reg Morgan of the University of Western Australia, who visited New Zealand during May, and also records a decline in the market share of soy infant formula in NZ from a previously claimed 16% to less than 8%.

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