
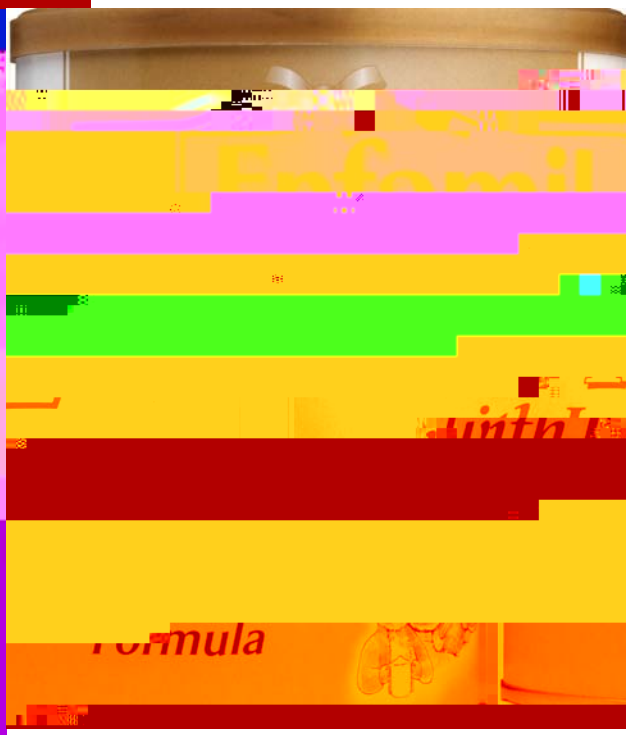


These claims are misleading for several reasons.

First, the scientific data to support these claims is inconclusive. A thorough review of peer-reviewed, academic journals shows that the benefits of adding DHASCO and ARASCO to infant formula are uncertain and inconclusive. For example, a pediatrician and researcher at the University of Louisville writes in the June 2007 issue of the *Journal of Perinatology* that "the addition of long-chain polyunsaturated fatty acids and nucleotides to formula are intended to promote visual, neuro and immune development. Studies in both preterm and term infants have not consistently demonstrated efficacy with long-chain polyunsaturated fatty acids supplementation of infant formula."[i] This is one of many such articles by respected scientists, who have published articles with similar conclusions—that there is insufficient evidence showing benefits of DHASCO and ARASCO in infant formula—in the *American Journal of Clinical Nutrition*, the *Annual Review of Nutrition*, *Pediatrics*, and the *Journal of Pediatric Gastroenterology and Nutrition*, to name just a few. Review articles demonstrate the same inconclusive evidence[ii] with no published scientific studies showing long-term benefits of DHASCO and ARASCO to brain development and IQ in formula-fed infants.

Second, breast milk offers innumerable health benefits to infants that formula cannot provide. To claim that formula is "as close as ever to breast milk" is misleading, given the scientific evidence showing breast milk to be immeasurably superior to formula in terms of infant nutrition and quite dissimilar in composition. The American Academy of Pediatrics writes that the advantages of breastfeeding include "health, nutritional, immunologic, developmental, psychologic, social, economic, and environmental benefits." The Academy's position is that breast milk is superior to formula.[iii]

The American Academy of Pediatrics writes that benefits of breast milk include a decrease in the incidence and/or severity of a wide range of infectious diseases including bacterial meningitis,

[i] Adamkin, D.H. (2007) Controversies in neonatal nutrition: docosahexaenoic acid (DHA) and nucleotides. *Journal of Perinatology* 27, Suppl 1: S79–82.

[ii] Simmer, K. (2001) Longchain polyunsaturated fatty acid supplementation in infants born at term. *Cochrane Database Systems Review* CD000375.