

**ENDING HUNGER IN AMERICA: CHALLENGES, OPPORTUNITIES, AND BUILDING THE POLITICAL WILL TO SUCCEED**

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**HEARING**  
BEFORE THE  
**COMMITTEE ON RULES**  
**HOUSE OF REPRESENTATIVES**  
ONE HUNDRED SEVENTEENTH CONGRESS  
FIRST SESSION

—————  
WEDNESDAY, APRIL 28, 2021  
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## ENDING HUNGER IN AMERICA: CHALLENGES, OPPORTUNITIES, AND BUILDING THE PO- LITICAL WILL TO SUCCEED

WEDNESDAY, APRIL 28, 2021

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON RULES,  
*Washington, DC.*

The committee met, pursuant to call, at 12:04 p.m., via Webex, Hon. James P. McGovern [chairman of the committee] presiding.

Present: Representatives McGovern, Torres, Perlmutter, Raskin, Scanlon, Morelle, DeSaulnier, Ross, Cole, and Fischbach.

The CHAIRMAN. The Rules Committee will come to order.

This is an important day for the cause of ending hunger in this country, and it is personal to me. My first involvement in the movement to end food insecurity began when I was a student interning for Senator George McGovern—no relation. He was the chair of the Special Select Committee on Hunger and Nutrition. I watched him champion these issues in a bipartisan way, along with leaders like Senator Bob Dole.

He saw the face of hunger in the United States, and he did not look away; he did something about it. And that always stuck with me. And I promised myself that I would never look away either. Every person who has stopped me on the street, every mother who visited my office to tell me about their struggle to put food on the table has stuck with me. I have seen how hunger makes it harder to learn, harder to grow, harder to work, and harder to take care of our kids.

For all the good the government does today, it is clearly not enough. In fact, the progress that Senator McGovern and others fought so hard for has been heading in the wrong direction, and, as chairman of this committee, I am going to do something about it.

People need help. They needed help long before the COVID pandemic hit, and they need it more urgently now. More than 40 million Americans are at risk of food insecurity because of COVID-19, and 35 million Americans were already dealing with food insecurity and hunger before the pandemic hit.

Think about that. The United States of America is the richest country on the face of the Earth. That anybody—anybody—goes without food is unconscionable.

We have everything we need to eradicate hunger in the United States. We have the brainpower, we have the food, we have the infrastructure, and, yes, we have the money. It is a hell of a lot

cheaper to solve this crisis than it is to let someone go hungry, get sick, and end up in a hospital needing additional care, or for seniors to take their pills on an empty stomach and end up in an emergency room.

For too long, we have lacked only one thing: the political will. I have always said that hunger essentially is a political condition. If we have the political will, we can solve it.

Today we begin to change that, and we start building what I hope will become a roadmap to end hunger in America—not to tinker around the edges, not to get us where we were before the COVID pandemic hit. I don't want to manage hunger. But, truly and finally, I want to end food insecurity and hunger in this country and to do it by 2030, as the United Nations has called for.

The challenge before us is great, but I believe this goal is in our grasp if we are willing to fight for it.

I get it; the programs that address hunger don't fall under one umbrella. They are scattered throughout many programs and across many different agencies. And even here in the United States Congress, we can get a little territorial, which prevents us from working together as well as we should. And, you know, that is why this committee, the Rules Committee, is perhaps best positioned to take this issue on, because we are not hindered by any single jurisdiction. And since we have never held a hearing quite like this before, we are coming at things with a fresh perspective.

The committee is going to do its homework. We are going to hold hearings, roundtables, briefings, and site visits, as COVID precautions permit. And we are going to think holistically, not just focus on one program or another—all to build a record that encourages not only Congress to act but the administration too, because we need, in my opinion, another White House Conference on Hunger.

You know, the heads of food banks, hospitals, government agencies, educators, the faith-based community, people with lived experience, anybody who has anything to do with finding a solution needs to be brought together in one room in the White House. And they should develop a plan to tackle this, something with benchmarks that better connects the dots between all the different Federal programs.

This is an all-hands-on-deck moment, and it will take the full weight of the Federal Government. I also want to get the business community involved, because the government alone cannot solve this problem.

We have a lot of work to do to change the reality in this country, but if anyone doubts that that is possible, I want to end my remarks by quoting someone I mentioned at the beginning, and that is Senator Bob Dole, a Republican from Kansas. The ranking member and I recently received a letter from him, and I want to read it into the record right now.

He writes, "Dear Jim and Tom, I am writing to commend your joint efforts to address hunger in America. It sure brings back fond memories of working with George McGovern many years ago. Some thought we were an odd couple, but I still believe bipartisanship can work effectively.

“The 1969 White House Conference on Food, Nutrition, and Health was a call to action that led to the development of critical programs that continue to support millions of Americans five decades later. I remain proud of the work Senator McGovern and I did then, and I endorse your effort to secure a second White House conference to identify the next frontier of programs to finally end hunger in America.

“Our Nation must keep making strides to end food insecurity in America. I appreciate your work to bring the topic of nutrition front and center in the United States Congress. Thanks for all you continue to do.

“God bless America. Bob Dole.”

I want to thank him for such a thoughtful letter.

And I still think that we can do big things in this country. And to all the doubters, let me say this: There was a time when the sky was literally the limit. Then Americans dreamed bigger. We put a man on the Moon—the same year of the first and only White House Conference on Hunger, by the way. We launched a Cancer Moonshot. NASA just recently flew a helicopter onto Mars, reaching a world away for the very first time. That is the kind of thinking we need to build a Nation that is hunger-free.

And before I turn it over to our ranking member, let me conclude with a story. You know, in the mid-1960s, a documentary called “Hunger in America” ran on CBS. Like scores of other Americans, my old boss and mentor, Senator George McGovern, sat with his family and watched. Senator McGovern’s first thought was, why are they looking at hunger in the United States? Many Americans believed hunger to be a problem of other countries, not ours.

And as he watched, Senator McGovern saw a little boy tell the interviewer that he had no food at school and was regularly hungry. The interviewer asked the little boy how it made him feel to watch other kids eat while he went without, and the little boy said he was ashamed.

That night, Senator McGovern told his family, you know, it is not that little boy who should be ashamed, it is George McGovern, a United States Senator, a member of the Committee on Agriculture.

More than 50 years later, we have made progress, yet more than 40 million people are hungry in the United States today. So I will say it: It is still not that little boy or the millions of people who face hunger today who should be ashamed. I am ashamed. We all should be ashamed.

The time has come for the promise of this Nation to be that no person goes hungry in America—no person, period—not on my watch, never again. So that is what I am working toward. That is what I hope this committee will work toward. That is why I am calling for this White House conference, because patchworks and Band-Aids are not enough. They don’t solve the problem.

So, before I turn to our ranking member, let me first wish him a happy birthday, because today is his birthday. And there is no better place to mark such a special day than right here in the Rules Committee.

So, with that, I yield to my ranking member, Congressman Cole.

Mr. COLE. Yes, Mr. Chairman, spending my day in the Rules Committee is a dream come true on my birthday.

But I am genuinely pleased to be part of today's discussion on a critical topic that faces far too many in our country.

And, Mr. Chairman, let me add personally, we all know your passion for this particular issue, but I want you to know we all respect your expertise as well. You have spent a lot of years working on these problems in the Agriculture Committee. You bring a commitment that is born of many, many years' effort. And it is an unusual topic for our committee to deal with, but I am glad you have chosen to take it up, and I look forward to working with you on this important topic.

Despite the fact that our country is the most prosperous Nation on the planet, far too many of our fellow citizens continue to face the heartbreaking challenge of hunger. In my home State of Oklahoma, it is estimated that one in five children still do not get the nutrition they need to grow up happy and healthy. Moreover, Native Americans nationwide are literally four times as likely to report experiencing food insecurity compared to the rest of the U.S. population.

The ongoing COVID-19 pandemic has made this problem even worse, particularly for those who are out of work or who cannot leave their homes.

But, while it is easy to identify the challenge, addressing the complex root causes of food insecurity and poverty remain elusive, even for Members of Congress. The answer is clearly not just increasing funding to existing programs, though that may well be required, but modernizing programs to meet the current challenges that those in poverty face. We must view this problem holistically and approach our solutions the same way.

According to research done by our colleagues at the Ways and Means Committee, low-income individuals are eligible for more than 80 different programs, all of which are siloed to provide a specific benefit, at a cost to the Federal Government of well over a trillion dollars a year.

I think the answer lies in a theory put forward in the 14th century by logician and theologian William of Ockham: quote, "The simplest solution is almost always the best," unquote.

In addressing the issues of food insecurity and poverty, I think it is critical that we approach it with three goals in mind:

One, supporting effective programs. With more than 80 programs on the Federal level designed to address poverty, policymakers need to know which ones are effective and which ones should be redesigned to become more effective or even consolidated.

Two, addressing the income cliff. During my terms on the House Budget Committee, we dove into this issue a lot. Unfortunately, the way many of our programs are structured, there is no way for people to transition off of public assistance programs. They reach a certain income level and all of a sudden their benefits are gone. And so people make the rational choice. When given the option to work more hours, they choose not to because they become worse off as a whole. That is something clearly we should be working on and remedying.

And, three, working with the private sector. There is clearly a role for nonprofits and religious organizations in addressing the issue of poverty that must be encouraged by the Federal Govern-



ment. Groups like the Regional Food Bank of Oklahoma, who provided more than 47 million meals in 2020 with almost 1,400 partner agencies, must be part of the equation.

I want to thank our witnesses for appearing before the committee today. I look forward to hearing their testimony and perspectives. I look forward to continuing to examine this critical issue and potential solutions in the weeks and months to come.

And, particularly, Mr. Chairman, I look forward to working with you on a problem that is genuinely bipartisan and where, as you pointed out in your opening remarks, we have worthy predecessors in Senator McGovern and Senator Dole, who showed us that, working together, we can make considerable progress. So I look forward to being your working partner in this endeavor.

And, with that, I yield back.

The CHAIRMAN. Well, thank you very much for your opening statement. I appreciate it very much.

And I am delighted to welcome an incredible panel that we have here today. This is the first—this is our kickoff hearing. So we are really delighted that all of you have been able to join us.

So let me read the witnesses and their backgrounds, and then we will hear from them directly.

Dr. Diane Schanzenbach is the director of the Institute for Policy Research at Northwestern University. She is an economist who studies policies aimed at improving the lives of children in poverty, including education, health, and income support policies. Her work traces the impact of major public policies such as SNAP, school finance reform, and early childhood education on children's long-term outcomes.

Dr. Thea James is the vice president of mission and associate chief medical officer at Boston Medical Center. She is the director of the BMC Violence Intervention Advocacy Program and associate professor of emergency medicine at Boston University School of Medicine. Dr. James has primary responsibility for coordinating and maximizing BMC's relationships and strategic alliances with local, State, and national organizations to foster innovative and effective models of care that are essential for patients and communities to thrive.

Heather Reynolds is the managing director of the Wilson Sheehan Lab for Economic Opportunities, LEO, an antipoverty research lab at the University of Notre Dame. Ms. Reynolds is an expert speaker on poverty and nonprofit strategy. She has served as the CEO of Catholic Charities Fort Worth for 14 years before joining the Lab for Economic Opportunities team.

Ayesha Curry is a chef, two-time New York Times best-selling author, philanthropist, television host and producer, and entrepreneur. In 2019, Ms. Curry and her husband launched their family-founded charity, Eat. Learn. Play., with a mission to end childhood hunger, ensure universal access to quality education, and enable healthy and active lifestyles. She is also an ambassador for No Kid Hungry, an organization working to end childhood hunger.

Again, I am really thrilled all of you accepted our invitation to be on this panel.

And, Dr. Schanzenbach, we will recognize you first. Welcome.

**STATEMENT OF DIANE SCHANZENBACH, PH.D., MARGARET WALKER ALEXANDER PROFESSOR, NORTHWESTERN SCHOOL OF EDUCATION AND SOCIAL POLICY**

Ms. SCHANZENBACH. Thank you. Chairman McGovern, Ranking Member Cole, members of the committee, thanks for the opportunity to appear before you at this hearing on ending hunger in America.

So my name is Diane Schanzenbach. I am the director of the Institute for Policy Research at Northwestern, where I am also a professor and economist who studies the role of SNAP and the economy on hunger, food security, health, and economic security.

Let me start by briefly describing the current state of hunger in the United States.

Now, even during a strong economy, there are several million Americans who experience hunger. In 2019, 35 million people were food-insecure, which means that they didn't have the consistent and dependable access to enough food in order to live an active and healthy lifestyle. Now, 12 million of these food-insecure individuals were also categorized as hungry. Hunger or, in USDA's terminology, "experiencing very low food security," is a more severe measure than food insecurity.

During COVID, hunger has swelled. Between August and March, on average, 36 million Americans, or 11 percent of the population, lived in households where they reported that they sometimes or often didn't have enough to eat in the past week. They were hungry. Rates of hunger have been especially high among households with children and among children themselves during COVID.

Now, typically, measures of food hardship increase when the unemployment rate increases. So high rates are not surprising, given what has happened to the economy.

Some good news is that we have seen strong progress against hunger over the last 3 months. Rates of hunger peaked in December, with 46 million reporting that they sometimes or often didn't have enough to eat in the prior week. By the end of March, the numbers fell to 30 million, the lowest since the pandemic began.

This recent progress reflects a range of factors, including the relief packages passed by Congress and also the strengthening job market. And I must emphasize that rates of hunger would have been even worse this past year were it not for government programs already in place, the emergency measures passed by Congress, and a surge of charitable giving and aid from food banks and other organizations.

The centerpiece for Federal efforts to address hunger and food insecurity is SNAP. It already does a lot to reduce hunger but could be made even more effective with some modest policy changes. SNAP supplements the cash resources that a family has to purchase food so that, between SNAP and their other income, a family should be able to afford to buy a sufficient and healthy diet.

SNAP is efficiently targeted to families who need benefits the most, and it is effective. It reduces the likelihood that families have trouble affording food and also serves as an automatic fiscal stabilizer in times of economic downturn.

SNAP also offers vital long-term benefits to children. Research that I conducted found that those who had access to SNAP benefits

as children were more likely to graduate from high school and grew up to be healthier and more economically successful.

SNAP serves a very diverse caseload. A large share has children at home, and the majority of these families are employed, but they don't make enough to afford the food they need on their own. For them, SNAP helps stretch their grocery budget and reduces the likelihood that they suffer hunger or food insecurity. Now, a lot of these families cycle on and off of SNAP, using it temporarily when their jobs or hours are unstable or when they experience temporary unemployment.

Another large share of SNAP families have elderly or disabled members. They generally will be eligible for and participate in SNAP for longer periods of time, because their incomes tend to be stable but just too low to afford the food they need without additional help.

The remaining one in five households in SNAP tend to be very poor, many with incomes below half the poverty threshold or even with no cash income at all. Many of these participants face substantial challenges and barriers that make finding stable employment very difficult for them, and, in many of these cases, SNAP is the only assistance program available.

SNAP can serve such a diverse caseload because it is well-designed. The benefits are flexible, topping up purchasing power for those who lack enough money to buy the food they need on their own, and also provides a floor for food consumption for our Nation's most vulnerable. A key reason for SNAP's success is that it relies on our very efficient private sector to provide access to food through grocery stores and other retail outlets.

By increasing resources available to purchase food, SNAP does a lot: It increases food spending. It stimulates the economy. It lifts millions of people out of poverty. It reduces hunger and food insecurity and improves both the quantity and the quality of foods purchased. When families receive SNAP, they are able to buy more nutritious foods that they otherwise could not afford.

SNAP is effective, and it would be even more effective if the benefit were better aligned with families' needs. So, even before COVID, there was wide recognition that SNAP benefits were inadequate to buy and prepare healthy foods. The benefit amount is based on an out-of-date foundation called the Thrifty Food Plan. But we can fix that.

We also need to make sure that those in need can access SNAP benefits. And participation rates here are especially low among the elderly, and we can fix that, too, with a more streamlined application process for them. And we can talk about other policy and community solutions over the course of our conversation.

Over the last year, we have seen the highest rates of hunger in the United States since we began systematically measuring it. And as we continue to emerge from the national crisis caused by COVID, we should not be satisfied with just reducing hunger back to its previous level; we can eliminate hunger in the United States entirely.

And we can do this by better using the tools we have already developed. We can enhance SNAP. We can improve participation in other nutrition programs. We can make permanent these recent ex-

pansions to the earned income tax credit, the child tax credit, and Summer EBT. Each of these will also surely reduce hunger.

Bolstered by stronger income and nutrition support programs, also, the nonprofit sector will be made even more effective in filling the remaining gaps and addressing some of the root causes of hunger.

Thank you, and I look forward to our conversation.  
[The statement of Ms. Schanzenbach follows:]

Testimony of  
Dr. Diane Whitmore Schanzenbach  
Margaret Walker Alexander Professor of Social Policy  
Northwestern University  
on the subject of “Ending Hunger in America: Challenges, Opportunities, and Building the  
Political Will to Succeed”  
before the U.S. House of Representatives Committee on Rules  
April 28, 2021

Chairman McGovern, Ranking Member Cole, and Members of the Committee:

Thank you for the opportunity to appear before you today at this hearing on ending hunger in America.

My name is Diane Schanzenbach, and I am the Director of the Institute for Policy Research at Northwestern University, where I am also the Margaret Walker Alexander Professor of Social Policy and Economics. For the past two decades, I have conducted and published numerous reports, peer-reviewed research studies and book chapters on food hardship, hunger, and federal nutrition assistance programs like the Supplemental Nutrition Assistance Program (SNAP). I also serve on the boards of the Greater Chicago Food Depository and the Food Research and Action Center and am an elected member of the National Academy of Social Insurance as well as the National Academy of Education. I have served as a member of the National Academies of Science Engineering and Medicine’s Committee on Examination of the Adequacy of Food Resources and SNAP Allotments, and the National Academies panel on Improving Consumer Data for Food and Nutrition Policy.

My testimony today draws primarily from research that I have conducted or reviewed that considers the role of the Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food Stamp Program) and other influences on hunger, food insecurity, health, and economic security.

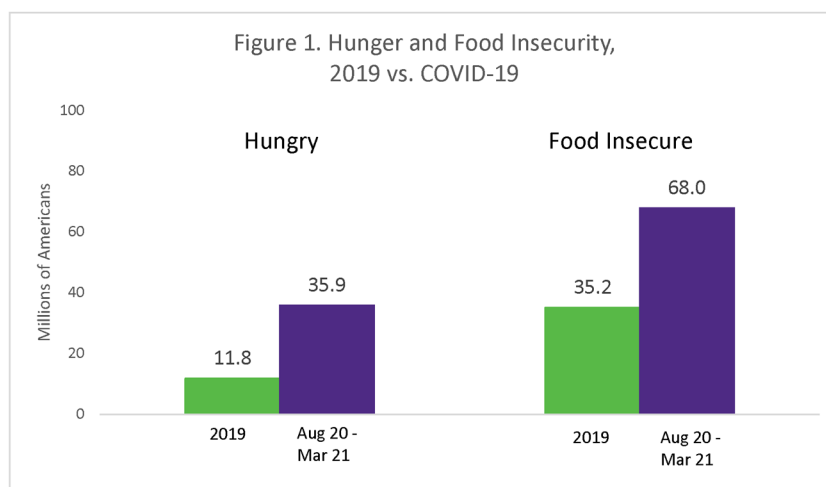
**The Current State of Hunger in the United States**

Even during a strong economy, there are several million Americans who experience hunger.

In 2019, 35.2 million people (11 percent of the population) were food insecure, meaning they did not have consistent, dependable access to enough food to live an active, healthy lifestyle. In 2019, 11.8 million of these food insecure individuals (4 percent of the population) were also categorized as hungry. Hunger—not having enough to eat, or in USDA’s parlance experiencing “very low food security” (VLFS)—is a more severe measure than food insecurity (Coleman-Jensen et al. 2020).

During COVID-19, between August 2020 and March 2021, Census Bureau surveys indicate that 35.9 million Americans (11 percent of the population) lived in households in which they

sometimes or often did not have enough to eat in the past week—in other words, they were hungry. While the food security statistics collected on a regular basis during COVID-19 are not strictly comparable to those collected on an annual basis, it is clear that rates of hunger are elevated in comparison to their pre-pandemic levels. Rates of hunger have been especially high among households with children and among children themselves. I estimate that 68.0 million Americans (20 percent of the population) were food insecure during COVID-19 (Schanzenbach and Pitts, 2020).



Typically, measures of food hardship increase when the unemployment rate increases, so high rates are not surprising given the state of the economy. The coronavirus pandemic and the measures to address the public health emergency led to a rapid and an unprecedented spike in unemployment, as well as hour reductions for many workers. School and childcare closures, where many children typically receive free or subsidized meals, further added to the pressure on families' food budgets. In addition, food prices increased sharply at the start of the pandemic leading to a reduction in the purchasing power of families' limited income.

We have seen strong progress against hunger in the last three months. Rates of hunger peaked in December with 46 million reporting they sometimes or often didn't have enough to eat in the prior week. By the end of March, the numbers fell to 30 million—the lowest since the pandemic began. This progress reflects a range of factors, including the Economic Impact Payments, increases in SNAP benefit levels, a new round of Pandemic EBT payments paid to families who lost access to free or reduced-price school meals, and a strengthening job market.

I emphasize that rates of hunger would have been even worse this past year were it not for government programs already in place, extraordinary emergency measures passed by Congress

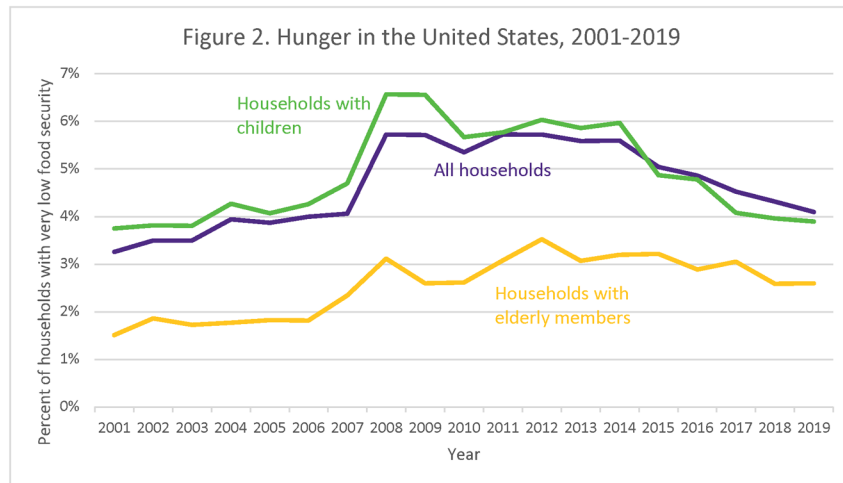
both at the beginning of the pandemic and throughout the past 12 months, and a surge in aid from food banks and other organizations.

**Trends in Hunger in the United States**

Households with children tend to experience higher rates of hunger than households overall. Households with elderly members tend to experience somewhat lower rates of hunger than households overall, and changes in hunger among the elderly are less tied to the economy. These rates are still unconscionably high, though. Over the last decade, 3 percent of elderly households reported experiencing hunger.

As shown in Figure 2, below, annual rates of hunger overall and among households with children increased by 40 percent at the onset of the Great Recession and remained elevated for at least seven years. During COVID-19, children have been much worse off, with hunger rates in households with children averaging 3.5 percentage points higher than overall households.

The extended elevation of food insecurity for years following an economic downturn in part reflects the fact that an economic recovery takes longer to reach more disadvantaged households. Unemployment rates for groups that tend to have higher rates of hunger (e.g. those with low levels of education) generally increase more during recessions and take longer to come back down. Because of this tendency, I have advised my colleagues who run food banks to expect need to be elevated for months and even years to come.



The experience of lack of adequate food is widespread across the United States. The most recent USDA numbers prior to the pandemic show hunger rates ranging from a low of 2.6

percent in New Hampshire to a high of 7.0 percent in Louisiana (see Figure 3, Panel A). During COVID-19, in every state, at least 1 in 15 adults say they don't have enough to eat and in 27 states more than 1 in 10 adults report not having enough to eat (see Figure 3, Panel B).

Figure 3A: Hunger by State, 2017–19  
Very Low Food Security during the Year  
All Households

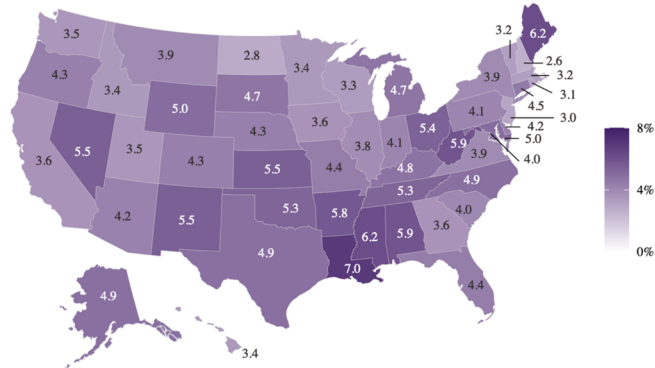
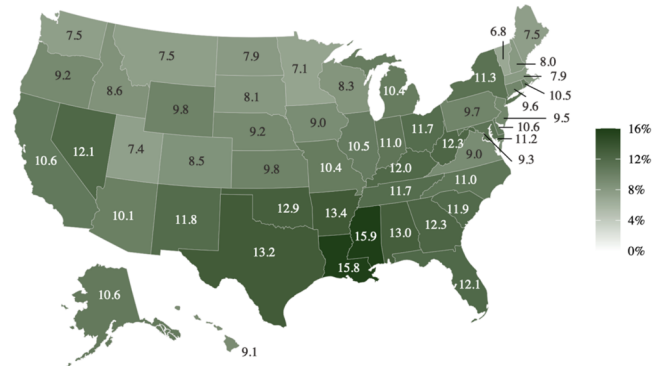


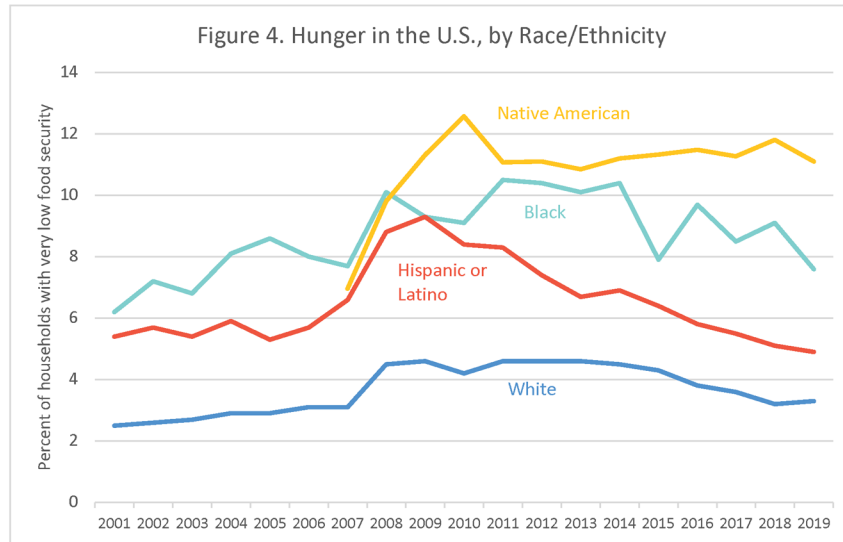
Figure 3B: Hunger During COVID-19  
Sometimes or Often Not Enough to Eat in the Past 7 Days  
All Households – August 19, 2020 – March 29, 2021



Black, Hispanic/Latino, and Native American families are more likely to experience hunger compared to White families (see Figure 4). Typically, in the annual data, Blacks are a little more



than twice as likely as Whites to experience hunger. Rates among Hispanic/Latinos fall between those of Blacks and Whites. These same relative patterns have held during COVID-19. By my calculations, more than 1 in 10 Native Americans experienced hunger over the last decade. (Data on Native Americans are not yet available during COVID-19).



Of course, the share experiencing hunger declines as incomes increase. About half of households experiencing hunger have incomes lower than the poverty threshold, and three-quarters have incomes below twice the poverty threshold. This means that many people who are eligible for or are participating in SNAP and other programs still suffer from hunger, suggesting that the programs as they are currently structured are insufficient to eliminate hunger. Another one-quarter have higher incomes than twice the poverty threshold and generally are not eligible for government food support programs like SNAP and free school meals. During COVID-19, about 4 percent of adults report that they have received food from a food pantry in the last week.

#### **Paths to Eliminating Hunger**

There is a host of evidence that we can move the needle on hunger, and indeed I believe that together we could eliminate it entirely.

The centerpiece for federal efforts to address hunger and food security in the U.S. is SNAP, which provides resources to eligible families to purchase food to be prepared and consumed at

home. SNAP already does much to reduce hunger but could be even more effective with some modest policy changes. Other policies that play crucial supporting roles are school meals, the Pandemic and Summer EBT programs, and summer feeding programs, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Unemployment Insurance, Social Security, the Economic Impact Payments, and the newly expanded Earned Income Tax Credit and Child Tax Credit.

To be sure, there is an important role for food banks and other charities. They help meet emergency needs, and for some people facing hunger—such as those with incomes that place them out of the range of most food support programs but have fallen on hard times—are the only source of help. I regularly hear from leaders in this sector that their work is more effective when it is supported by a strong SNAP program.

### ***SNAP***

SNAP is a highly efficient and effective program, designed to work through the normal channels of trade like grocery stores and supermarkets. SNAP supplements the cash resources that a family has to purchase food, so that between SNAP and their other income, a family should be able to afford to buy a sufficient, healthy diet. Average monthly benefits for a family of 3 in 2019 (before the pandemic) amounted to \$365 per household—which is about \$4 per person per day. SNAP kept 2.5 million people out of poverty in 2019, including 1 million children and a quarter of a million elderly (Fox, 2020).

SNAP is efficiently targeted to families who need benefits the most, reduces the likelihood that families have trouble affording food, and serves as an automatic fiscal stabilizer in times of economic downturns. SNAP also offers vital long-term benefits to children. Research has shown that SNAP provides key benefits across people's lives, boosting health and economic outcomes. Recent research that I conducted found that those who had access to SNAP benefits as children were more likely to graduate from high school and grew up to be healthier; women in particular were more likely to become economically successful due to childhood access to SNAP benefits (Hoynes et al., 2016).

SNAP serves a diverse caseload. About 2 in 5 households on SNAP have children at home. The majority of these families are employed, but do not make enough to afford the food they need on their own. For them, SNAP helps stretch their grocery budget and reduces the likelihood they suffer hunger or food insecurity. A lot of these families cycle on and off of SNAP, using it temporarily when their jobs or hours are unstable. Another 2 in 5 have elderly or disabled members. They generally will be eligible for SNAP and participate for longer periods of time, because their incomes tend to be stable but too low to afford the food they need without additional help. The remaining 1 in 5 households tends to be very poor, many with incomes below half the poverty threshold or even no cash income at all. Many of these have just a single adult in the household and face many challenges and barriers that make finding stable employment difficult. In many of these cases, SNAP is the only program available to them.

SNAP can serve such a diverse caseload because it is well designed. The benefit levels are flexible, topping up purchasing power for those who lack enough money to buy the food they need, and providing a floor for food consumption for our nation's most vulnerable families. A key reason for SNAP's success is that it relies on the private sector to provide efficient access to food through grocery stores and other retail outlets. The program's reliance on the free market system has been a critical feature of SNAP from the beginning.

SNAP provides many benefits to both individuals and society. It benefits the wider economy by providing an effective economic stimulus in difficult economic times, and by also ensuring that recipients preserve their ability to buy food. By design, SNAP can very quickly adapt to economic downturns. As more households become eligible for the program—for example, due to job loss—they can be quickly enrolled, with total program outlays automatically increasing along with need, and then reducing again as the economy recovers.

SNAP stimulates the economy and helped turn the tide from contraction to expansion. Its recipients quickly spend their benefits, providing a relatively rapid fiscal stimulus to the local economy including the retail, wholesale, and transportation systems that deliver the food purchased. The USDA estimates that every \$5 in new SNAP benefits generates as much as \$9 of economic activity. This translates into almost 10,000 jobs from \$1 billion dollars in total SNAP spending (Hanson, 2010). Alan Blinder and Mark Zandi (2015) have found that Congress' authorization of a temporary SNAP increase during the Great Recession had a larger fiscal stimulus impact than any other potential spending increase or tax-cut policy.

By increasing resources available to purchase food, SNAP increases food spending, lifts millions of people out of poverty, reduces hunger and food insecurity, and improves both the quantity and the quality of foods purchased. When families receive SNAP, they are able to buy more nutritious foods they otherwise could not afford. A recent study found that a monthly \$30 increase in SNAP benefits would increase participants' consumption of nutritious foods such as vegetables and healthy proteins, while reducing food insecurity and fast-food consumption (Anderson & Butcher, 2016).

#### *Reforming SNAP*

SNAP is effective, and it would be even more effective if the benefit were better aligned with families' needs. Even before COVID-19, there was wide recognition that SNAP benefits were inadequate to buy and prepare healthy food with a benefit amount based on an out-of-date foundation called the Thrifty Food Plan.

For example, today food preparation is dramatically different from when SNAP was introduced. High-quality prepared and convenience foods—pre-washed bagged salads, cleaned baby carrots, rotisserie chickens, etc.—have helped reduce the time it takes to prepare meals, and has helped drive a shift in time use (especially among women) away from food preparation and towards other productive activities, such as nurturing children and paid employment. SNAP benefits, however, are based on an increasingly outdated formula that assumes that household

recipients can allocate an unlimited amount of time to prepare meals from scratch (Ziliak, 2016). Currently USDA is updating the Thrifty Food Plan to better reflect an accurate cost of a healthy basic diet today. Evidence suggests that even a modest, \$30-per-month increase in SNAP benefits would improve dietary quality and reduce hunger and food insecurity.

We also need to make sure that those in need can access SNAP benefits. Participation rates are especially low among the elderly. The Elderly Simplified Assistance Demonstration Project streamlines the application and certification process for some households with elderly and disabled members and should be expanded nationwide to address senior hunger.

Currently, SNAP benefits for the group known as ABAWDs (Able-Bodied Adults Without Dependents, who are not elderly or disabled and are not living with children) are time-limited in normal economic times to only 3 months in a 36-month period, unless they are employed at least 20 hours per week or are engaged in a workfare or training activity. States are not required to offer a job or training program to individuals subject to the SNAP time limit, and the law limits the characteristics of training programs that a state can provide. As a result, the requirements are mismatched, not adequately meeting needs of the population to be served. The rule is also administratively complex, and one of SNAP's most error-prone aspects (Bolen & Dean, 2017). During the COVID-19 pandemic, work requirements have been suspended nationwide. This population is among the most vulnerable and often faces substantial barriers to employment, in good economic times as well as poor. I believe it is a mistake to tie basic food aid to employment.

#### ***Other Approaches to Eliminating Hunger***

To eliminate hunger requires a multi-dimensional approach, built on SNAP as a cornerstone but including a range of additional tools.

School lunches and breakfasts play an important role in providing healthy meals to children—their importance was underscored during COVID-19 when kids lost access to these meals. Congress enacted the Pandemic-EBT program, which provides food benefits similar to SNAP to students who lost access to school meals due to school closures. My research found that these payments reduced child hunger in the weeks after they were received by 30 percent (Bauer et al., 2020). This program was modeled after a pilot program conducted several years ago by USDA. The Summer EBT program gave families \$60 per month in benefits per eligible child during the summer months to offset the loss of school meals. The evaluation of this pilot program found that those children awarded additional benefits experienced less hunger and food insecurity, and improved their diets, consuming more fruits, vegetables, whole grains, and dairy products, and fewer sugar-sweetened beverages (Gordon et al., 2016). The Biden Administration recently announced that these payments will continue through this summer. Making this program permanent will help eliminate hunger.

Research has documented the importance of adequate nutrition in early life on later-life health and economic outcomes, so it is particularly important to ensure that pregnant women and

young children are protected from hunger. While WIC does an exemplary job ensuring that infants have adequate access to the foods and breastmilk or infant formula they require, it falls short along other dimensions. Participation rates drop substantially as children age; while 84 percent of eligible infants participate in WIC, the share drops to 33 percent by age 4. To protect children from hunger, we need to increase participation rates in WIC. Since all pregnant and postpartum women, infants, and toddlers on SNAP are automatically eligible for WIC, it would be straightforward to measure and establish performance metrics for cross-enrollment of eligible SNAP participants into WIC, similar to the performance metrics for the National School Lunch Program.

Our refundable tax credits play an important role as well. Together the Earned Income Tax Credit (EITC) and the Child Tax Credit (CTC) lifted 7.5 million out of poverty in 2019. Both have been expanded in smart ways as part of COVID-19 relief packages. The EITC increases employment and incomes, especially among families with children. The recent changes will also make it a more effective program for childless individuals. While the EITC plays a vital role, it has some limitations. Since it is only paid out once per year, it generally does not help with month-to-month expenses. Further, because it is conditional on employment, it provides little insurance during job loss or economic downturns. The new, fully refundable CTC will be paid out monthly, providing a needed boost in resources to children even when their parents cannot find work. These reforms to the CTC are expected to cut child poverty nearly in half next year, and will surely help reduce hunger. This will also spur better outcomes for these children in the long run.

Social Security deserves a special mention, as it lifts 26.5 million people (including 17.5 million seniors) out of poverty. Without question, the rate of hunger among the elderly is much lower because of this program. So, too, does Unemployment Insurance, which helped millions of Americans weather the spike in COVID-19 job losses.

Of course, eliminating hunger and enhancing economic security is greatly assisted by sustained, broad-based economic growth. When people have the education and training they need, more are employed and wages are growing, the need for government assistance declines.

### **Conclusions**

Over the last year, we have seen the highest rates of hunger in the United States since we began systematically measuring it. As we continue to emerge from the national crisis caused by COVID-19, we should not be satisfied with merely reducing hunger in the U.S. back to its previous level. We can eliminate hunger entirely.

We can dramatically reduce, and I believe even eliminate, hunger by better using the tools we have already developed. We can enhance SNAP by aligning its benefits with what it realistically takes to purchase and eat a healthy, basic diet, and by increasing participation. Further, we can improve participation in other nutrition programs like school meals and WIC. The recent expansions to the EITC, Child Tax Credit, and Summer EBT will also reduce hunger; making these expansions permanent will make great strides. Bolstered by stronger income and nutrition support programs, the nonprofit sector will be made even more effective in filling remaining gaps and addressing some of the root causes of hunger.

Thank you, and I look forward to answering any questions you might have.

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The CHAIRMAN. Thank you very, very much.  
Dr. James.

**STATEMENT OF THEA JAMES, M.D., VICE PRESIDENT OF MISSION AND ASSOCIATE CHIEF MEDICAL OFFICER, BOSTON MEDICAL CENTER**

Dr. JAMES. Thank you, Chairman McGovern and Ranking Member Cole and distinguished members of the House Committee on Rules, for holding this hearing and providing me with the opportunity to speak today about hunger in America and our bold intentions to collectively put an end to it.

Again, my name is Dr. Thea James. I am vice president of mission and associate chief medical officer here at Boston Medical Center. This is also where I trained for my residency, and I have been honored to serve as an emergency physician here for the last three decades.

Boston Medical Center is the largest safety-net hospital in New England, and it ranks among the 10 busiest trauma and emergency services centers in the country. Our patients, the patients we serve, are predominantly low-income, with approximately half of our patients covered by Medicaid or the Children's Health Insurance Program, or CHIP—the highest percentage of any acute care hospital in Massachusetts.

Hunger, malnutrition, and food insecurity are all too common among our patients. In fact, of the more than 100,000 patients we have screened for health-related social needs to date, 1 in 5 identified as food-insecure, double the national rate. The current pandemic and economic crisis has further exacerbated this need among our patients.

In the emergency department at BMC, I see firsthand the ways in which hunger directly impacts health. Patients present for heart failure, diabetic emergencies, and these are things that could have been avoided with proper nutrition. I treat complications of conditions that are not adequately managed, like seizure disorders and COPD, because patients are having to choose between paying for food or paying for medicines.

Treating illnesses in the emergency department that are the downstream effects of hunger is not only disheartening, it is the most expensive way to intervene. At BMC, we know we can do better by our patients if we move further upstream. And we are proud of our long history of addressing the root causes of what makes our patients sick, including the inability to afford enough food.

And we know from clinical experience and decades of research that when our patients are hungry their health suffers. This is why BMC is committed to advancing solutions that reduce hunger among our patients and the communities in which they live.

Our clinicians and staff are trained to look outside our four walls and move beyond healthcare to understand the social factors that impact our patients' health. At present, we have over 40 programs that address health-related social needs, and many of them have been replicated nationally.

Over the past 40 years, our anti-hunger work has grown from a pediatric subspecialty clinic called the BMC Grow Clinic. This clinic treats babies that are diagnosed with failure to thrive, and it is



an integrated, hospital-wide program that is designed to meet the full array of our patients' food and nutrition needs.

Emblematic of these efforts, our Preventive Food Pantry, which has been in service since 2001, has grown to distribute over 1 million pounds of food annually to our patients and families facing food insecurity or specific nutritional challenges at home. Our patients are actually referred to the food pantry by a prescription from their clinicians in the same way that they would to receive medicine from the pharmacy. Our program began as the first hospital-based Preventive Food Pantry in the country, and now our staff regularly advises other hospitals and health systems on how they can launch their own.

People are often surprised to learn that our urban hospital campus also has a 7,000-square-foot rooftop farm and a state-of-the-art teaching kitchen, which are integral to the BMC food and nutrition program.

The rooftop farm, which is in its fifth year, plays host to more than 20 crops, providing fresh local produce to hospitalized patients, hospital cafeterias, the Preventive Food Pantry, the teaching kitchen, and a weekly in-hospital farmers market.

The teaching kitchen provides patients with opportunities to learn how to cook healthy meals specific to their clinically prescribed dietary needs as well as how to utilize the foods that come from the Preventive Food Pantry.

In addition to these efforts, decades of research from Children's HealthWatch, which is a research and policy network headquartered at BMC, has shown that enrollment in the USDA's SNAP program reduces food insecurity and improves health. Given these findings and other compelling evidence on the health-promoting impact of SNAP, we recently launched an initiative to enroll likely eligible patients in SNAP through a robust outreach strategy and streamlined enrollment process for patients when they are applying for Medicaid.

As an academic medical center and health system and an anchor institution for our local community, we are acutely aware of the power we hold to impact the health of our patients and community, given our role not just as a healthcare provider but also as an employer, a purchaser of goods and services, and an investor. Given this role and commitment to moving farther upstream, BMC has made targeted investments in the community to address systemic causes of food insecurity and hunger among our patients.

As a part of a multimillion dollar investment in affordable housing and community-based programs, BMC provided a \$1 million no-interest loan to establish a healthy food market alongside a new affordable housing development in the Roxbury neighborhood of Boston. Through this investment, we intend to disrupt the status quo by increasing the availability of healthy, affordable food options in the places where people live and people with low incomes live.

While we work hard, really hard, to respond to the realities of hunger among our patients, we know that we cannot end hunger, even in our little corner of the world, on our own. We welcome the Federal Government to play a bigger role in ending hunger, not only as a convener and coordinator but also as an incubator and

accelerator, helping to ensure the scale of the solution matches the scale of the problem.

I will close my remarks today by offering this anecdote: In a recent survey to patients in our hospital Preventive Food Pantry, we asked the question, what would it take for you to never need this food pantry again? As a physician, some of the responses to this question were heartbreaking. Many people we talked to said they could never imagine not needing to rely on the food pantry.

To me, this highlights why, as a country, we must reimagine our commitment to ending hunger. In doing so, we must seek solutions that respond to its root causes, instead of perpetually filling in the gaps that people have, and prioritize thriving for people in order to truly alter the quality of their life course trajectory.

Holding this hearing today sends a signal that hunger is a solvable problem if only we can step outside of business-as-usual practices to chart a new course forward.

Thank you for your time, and I look forward to the discussion.  
[The statement of Dr. James follows:]



**Testimony of Dr. Thea James**  
**Vice President of Mission & Associate Chief Medical Officer**  
**Boston Medical Center**

**April 28, 2021**

**U.S. House of Representatives Committee on Rules Hearing on**  
*Ending Hunger in America: Challenges, Opportunities, and Building the Political Will to Succeed*

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Thank you Chairman McGovern, Ranking Member Cole, and distinguished Members of the House Committee on Rules for holding this hearing and providing me with the opportunity to speak today about hunger in America and our bold intentions to collectively put an end to it.

My name is Dr. Thea James – I am Vice President of Mission and Associate Chief Medical Officer at Boston Medical Center, where I also trained for my residency and have been honored to serve as an Emergency Physician for the last three decades. Boston Medical Center is the largest safety-net hospital in New England and ranks among the ten busiest trauma and emergency services centers in the country. The patients we serve are predominantly low-income, with approximately half of our patients covered by Medicaid or the Children’s Health Insurance Program (CHIP) – the highest percentage of any acute care hospital in Massachusetts. Hunger, malnutrition, and food insecurity are all too common among our patients – in fact, of the more than 100,000 patients we’ve screened for health-related social needs to-date, 1 in 5 identified as food insecure – double the national rate. The current pandemic and economic crisis has further exacerbated this need among our patients.

In the emergency department at BMC, I see firsthand the ways in which hunger directly impacts health. Patients present for heart failure and diabetic emergencies that could have been avoided with proper nutrition. I treat complications of conditions that are not adequately managed like seizure disorders and COPD because patients are having to choose between paying for food or paying for medicines. Treating illnesses in the emergency room that are the downstream effects of hunger is not only disheartening, it’s the most expensive way to intervene. At BMC we know we can do better by our patients if we move further upstream. We are proud of our long history of addressing the root causes of what make our patients sick, including the inability to afford enough food. We know from clinical experience and decades of

research that when our patients are hungry, their health suffers. This is why BMC is committed to advancing solutions that reduce hunger among our patients and the communities in which they live. Our clinicians and staff are trained to look outside our four walls, and move beyond healthcare to understand the social factors that impact our patients' health. At present, BMC has over 40 programs that address health-related social needs, many of which have been replicated nationally.

Over the past 40 years, our anti-hunger work has grown from a pediatric subspecialty clinic ("The BMC Grow Clinic") treating babies diagnosed with "failure to thrive," to an integrated hospital-wide program designed to meet the full array of our patients' food and nutrition needs. Emblematic of these efforts, our preventive food pantry, which has been in service since 2001, has grown to distribute over one million pounds of food annually to our patients and families facing food insecurity or specific nutritional challenges at home. Patients are referred to the pantry by a "prescription" from their clinicians in the same way that they would to receive medicine from the pharmacy. Our program began as the first hospital-based preventive food pantry in the country, and now our staff regularly advise other hospitals and health systems on how they can launch their own.

People are often surprised to learn that our urban hospital campus also has a 7,000 square foot rooftop farm and state-of-the-art teaching kitchen, which are integral to the BMC food and nutrition program.<sup>1</sup> The rooftop farm, in its fifth year, plays host to more than 20 crops, providing fresh, local produce to hospitalized patients, hospital cafeterias, the preventive food pantry, teaching kitchen, and a weekly in-hospital farmers' market. The teaching kitchen provides patients with opportunities to learn how to cook healthy meals specific to their clinically-prescribed dietary needs, as well as how to utilize the foods that come from the preventive food pantry.

In addition to these efforts, decades of research from Children's HealthWatch – a research and policy network headquartered at BMC – has shown that enrollment in the USDA's Supplemental Nutrition Assistance Program, or SNAP, reduces food insecurity and improves health.<sup>2</sup> Given these findings and other compelling evidence on the health-promoting impact of SNAP, we recently launched an initiative to enroll likely-eligible patients in SNAP through a robust outreach strategy and streamlined enrollment process for patients applying for Medicaid.

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<sup>1</sup> Musicus AA, Vercammen KA, Fulay AP, Moran AJ, Burg T, Allen L, Maffeo D, Berger A, Rimm EB. Implementation of a rooftop farm integrated with a teaching kitchen and preventive food pantry in a hospital setting. *American Journal of Public Health*. 2019;109(8):1119–1121. <https://doi.org/10.2105/AJPH.2019.305116>

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I will close my remarks today by offering this anecdote: in a recent survey to patients at our hospital preventive food pantry, we asked: “What would it take for you to never need this again?” As a physician, some of the responses to this question were heartbreaking. Many people we talked to said they could never imagine not needing to rely on the food pantry. To me, this highlights why as a country we must reimagine our commitment to ending hunger. In doing so, we must seek solutions that respond to its root causes, instead of perpetually filling in gaps, and prioritize thriving for people in order to truly alter the quality of their life course trajectory.

Holding this hearing today sends a signal that hunger is a solvable problem if only we can step outside of business-as-usual practices to chart a new course forward.

Thank you for your time. I look forward to the discussion.

The CHAIRMAN. Thank you very much. Appreciate it.  
Ms. Reynolds.

**STATEMENT OF HEATHER REYNOLDS, MANAGING DIRECTOR  
OF THE WILSON SHEEHAN LAB FOR ECONOMIC OPPORTUNITIES,  
UNIVERSITY OF NOTRE DAME**

Ms. REYNOLDS. Chairman McGovern, Ranking Member Cole, and members of the committee, thank you for your time today.

My name is Heather Reynolds, and I have the privilege of serving as managing director of the Wilson Sheehan Lab for Economic Opportunities, or LEO. LEO is a research lab at the University of Notre Dame that helps service providers apply scientific evaluation methods to better understand and ensure effective poverty interventions.

Prior to coming to Notre Dame, I spent almost two decades at Catholic Charities in Fort Worth, the last 13 as CEO. My time at LEO and at Catholic Charities have both shaped my insights on the audacious goal of ending hunger in our country.

A wise man once said, “We have the food, the ability, and the means to end hunger in America. What we lack is the political will and moral courage to act. We must change that.”

Thank you, Chairman McGovern, for this source of inspiration. I have three points on how we can achieve your vision.

First, ending hunger begins with the safety net, but it does not stop there. The safety net plays a key role in combating hunger. The SNAP program ensures people, most notably children, are not hungry today. While SNAP provides a modest benefit, an average of \$1.39 per person per meal, it is part of a critical foundation for the well-being for vulnerable Americans.

The social safety net lessens the impact of poverty on families in difficult situations, treating the symptoms of poverty and not their root causes. The causes of poverty vary considerably across people: lack of skill, a mental illness, the absence of a parent in the household, a physical disability. Unfortunately, the social safety net cannot alter these underlying conditions. Rather, it can only help provide what poverty is preventing: health insurance, three hot meals a day, a roof over a family’s head.

A coordinated effort to eradicate hunger must, then, include programs whose larger goals are to move families permanently out of poverty. These programs work hand-in-hand with the safety net and can only be successful when the safety net is effective.

Service providers and local governments are implementing innovative programs aimed at generating upward mobility. These programs, with economic stability as their goal, work in the context of the broader safety net programs.

At LEO, we are running several studies—one in Texas, Indiana, and South Dakota—all aimed at getting students with low incomes credentialed and degreed to support a goal of increased earnings. Our evidence shows really promising results, but it also shows that providers must balance the short-term needs of clients with the long-term need of financial stability. People cannot work on their education if they worry that their child will not have food on the table tonight.

The safety net is needed in our country, but its role is to ensure people are not hungry today. Tomorrow's hunger needs to be solved differently, which brings me to my second point: To achieve an end to hunger, we need comprehensive, family-centered solutions to poverty. We need a comprehensive approach that provides not just food, not just housing, not just job training, but also the human support and interactions that drive changes and choices in the face of despair. These solutions need to be family-centered, individualized, and comprehensive.

Simple declarations such as getting people employed, they just fall short. We need to look no further than the SNAP program to see this. As of 2018, 79 percent of all families receiving SNAP had at least one person working. I found this to be true from my experience as a service provider. We served over 100,000 people a year. More than 70 percent of our clients had full-time jobs, yet they were still walking through our doors needing assistance.

The Padua program, operated by Catholic Charities Fort Worth and studied by us at LEO, is designed to take all this complexity that poverty brings and address each element through supportive case management.

This holistic approach begins with assessment and a case plan, engagement in the safety net as a first step, small caseloads for staff, case managers serving as both connectors and coaches, and the ability to serve clients for the long haul. Padua is designed to support participants to reduce dependency on benefits, earn a living wage, accumulate savings, and reduce bad debt.

Our study at LEO showed that participants saw a 25-percent increase in full-time employment. But Padua was particularly successful for those who were not already employed at the time of enrollment, with a 67-percent increase in the probability of working full-time and a 46-percent increase in monthly earnings. Health conditions improved by 53 percent. Participants who lacked stable housing when they entered the program saw a 64-percent increase in housing stability.

This program demonstrates that weaving the social safety net with holistic programming for those who need it can have the greatest impact. To achieve an end to hunger, a more comprehensive solution to poverty, like Padua, is needed.

So why do I believe solutions like this are what our country needs? Because not only do I see the clients, know their stories, and believe in this approach, but I have evidence to back this up, which brings me to my final point: Ending hunger will not happen through hunches, assumptions, and good intentions. Ending hunger will happen with evidence-based programs and policies.

LEO evaluated the Excel Center program in Indianapolis. This program works with adults to help them complete their high school degree. It does so with holistic support by accommodating students' work schedules, providing childcare, and helping them navigate the challenges that come along with completion.

Our research showed that going to the Excel Center leads to significantly higher earnings and a move from the service sector to health- and education-sector jobs. Graduates have higher earnings than adults who instead complete the more typical GED program. Programs like this work with low-income individuals to improve

their financial outcomes, support a move toward economic stability, and, thus, achieve food security.

The social service community contains the innovations that, when studied, can show us what works. At LEO, we spend our time engaging with those poverty fighters on the front line and bring to the table the research rigor to shine a light on the impact of their services. We do this because we believe people in poverty deserve interventions that work.

We conduct causal evidence building, typically through randomized controlled trials with providers across the country, to learn what works and then to ensure that evidence is used.

We have witnessed our partners discover something they are doing doesn't work and then they pivot and change their model for the good of those they serve. We have also seen our partners learn that something does work and they scale it up so they can serve more people in their local communities or break into new markets with this proven intervention.

We need you as policymakers to see this as well. The gap between policymakers, academics, and social service providers is why we need local innovative solutions implemented by dedicated service providers, paired with academics to help discover evidence of what works, and then scaled up by your investment in them as policymakers.

In closing, ending hunger begins with the safety net, but it does not stop there. We need comprehensive solutions for families to live a life outside of poverty. Evidence-based programs and policies will ensure we are offering families services that work.

Chairman McGovern, I love your quote, and I share your belief. I would just suggest one little addition. We have the food, the ability, and the means to end hunger in America. What we lack is the political will, the evidence-based programs and policies, and the moral courage to act on them. And I am with you, Chairman. We must change that.

[The statement of Ms. Reynolds follows:]





**Testimony of Heather Reynolds, Managing Director  
Wilson Sheehan Lab for Economic Opportunities (LEO)  
The University of Notre Dame**

**United States House of Representatives Committee on Rules  
*Ending Hunger in America: Challenges, Opportunities,  
and Building the Political Will to Succeed***

**April 28, 2021**

Chairman McGovern, Ranking Member Cole, and members of the Committee, thank you for your time today. My name is Heather Reynolds and I have the privilege of serving as Managing Director of the Wilson Sheehan Lab for Economic Opportunities, or LEO. LEO is a research lab at the University of Notre Dame that helps service providers apply scientific evaluation methods to better understand and share effective poverty interventions. Prior to coming to Notre Dame, I spent almost two decades at Catholic Charities Fort Worth (CCFW), the last 13 years as its CEO. My time at LEO and at CCFW have both shaped my insights on the audacious goal of ending hunger in our country.

A wise man once said, “We have the food, the ability, and the means to end hunger in America—what we lack is the political will and moral courage to act. We must change that.” Thank you, Chairman McGovern, for this source of inspiration. I have three points on how we can achieve your vision.

First, ending hunger begins with the safety net, but it does not stop there. The safety net plays a key role in combating hunger. The Supplemental Nutrition Assistance Program, or SNAP, ensures people—most notably children—are not hungry today. Nationally, more than 66% of SNAP participants are families with children. While SNAP provides a modest benefit, an average of \$1.39 per person per meal, it is an essential basic needs assistance



program and part of a critical foundation for health and well-being for vulnerable Americans.

The social safety net lessens the impact of poverty on families in difficult situations. Unfortunately, these programs mainly treat the symptoms of poverty and not their root causes. The causes of poverty vary considerably across people—lack of skill, a mental illness, the absence of a parent in the household, a physical disability. Unfortunately, the social safety net cannot alter these underlying conditions. Rather, it can only help provide what poverty is preventing—health insurance, three hot meals a day, a roof over their family's head.

A coordinated effort to eradicate hunger must then include programs whose larger goals are to move families permanently out of poverty. These programs work hand-in-hand with the social safety net and can only be successful when the safety net is strong and effective.

We see the importance of the safety net daily. Across the country, social service providers and local governments are implementing innovative programs aimed at overcoming barriers and generating upward mobility. These programs, with economic stability as the goal, work in the context of broader safety net programs such as SNAP, Temporary Assistance for Needy Families (TANF), and housing vouchers. LEO is running several studies—in Texas, Indiana, and South Dakota—aimed at getting students with low incomes credentialed and degreed to support a goal of increased earnings. Our evidence shows promising results, but also shows that service providers must balance the short-term needs of clients with the long-term goal of financial stability. People cannot work on their education if they worry their children will not have food on the table today. The safety net is needed in our country, but its role is to ensure people are not hungry today. Tomorrow's hunger needs to be solved differently.

Which brings me to my second point. To achieve an end to hunger, we need comprehensive, family-centered solutions to poverty. We need a comprehensive approach that provides not just food, not just housing, not just job training, but also the human support and interactions that help drive changes and choices in the face of despair.

These solutions need to be family-centered, individualized, and comprehensive. Simple declarations, such as getting people employed, fall short. We need to look no further than the SNAP program to see this. As of 2018, 79% of all families receiving SNAP have at least one person working, and one-third of these families have two or three people working (Census.gov). I found this to be true from my experience as a provider, where we served over 100,000 people a year. More than 70% of our clients had a full-time job, yet they were still walking through our doors needing assistance.

The Padua program, operated by Catholic Charities Fort Worth and studied by us at LEO, is designed to see all the complexity that poverty brings, and address each element through supportive case management. This holistic approach begins with an individualized assessment and case plan, engagement in the social safety net as a first step, small caseloads for staff, case managers serving as both connectors and coaches, and the ability to serve clients for the long haul. Padua is designed to support participants to reduce dependency on government benefits, earn a living wage appropriate to their family size, accumulate emergency savings, and reduce bad debt.

Participants saw a 25% increase in full-time employment. Padua was particularly successful for those who were not already employed at enrollment, with a 67% increase in the probability of working full-time and a 46% increase in monthly earnings. Receiving support from Padua also improved participants' health conditions by 53%. The program had a significant effect on those who were deemed most vulnerable when CCFW first encountered them. Padua participants who lacked stable housing when they entered the program saw a 64% increase in housing stability. This program demonstrates that weaving the social safety net with holistic, individualized programming for those who need it can have the greatest impact. To achieve an end to hunger, a more comprehensive solution to poverty, like Padua, is needed.

Why do I believe solutions like Padua are what our country needs? Because not only do I see the clients, know their stories, and believe in the approach, but I have evidence to back this up. Which brings me to my final point. Ending hunger will not happen through hunches, assumptions, and good intentions. Ending hunger will happen with evidence-based programs and policies.

LEO evaluated the Excel Center program in Indianapolis. This program, founded by Goodwill of Central and Southern Indiana, works with adults to help them complete their high school degree. It does so with holistic support, by accommodating students' work schedules, providing childcare, and helping them navigate challenges along the path to completion. LEO's research shows that the Excel Center leads to significantly higher earnings and a move from the service sector to health and education sector jobs. Excel Center graduates have higher earnings than adults who instead complete the more typical GED. Programs like these work with low-income individuals to improve their financial outcomes, support a move towards economic stability, and, thus, achieve food security.

The social service community contains the innovations that, when studied, can show us what works. At LEO, we spend our time engaging with those poverty fighters on the front lines and bring to the table the research rigor to shine a light on the impact of their services. We do this because we believe that people in poverty deserve interventions that work. We conduct causal evidence building, typically through randomized controlled trials, with providers across the country to learn what works and then to ensure that evidence is used. We have witnessed our partners discover that something they are doing does not actually work, and then pivot and change their model for the good of those they serve. We have also seen our partners learn that something does work and scale up the service so they can serve more people in their local communities and break into new markets with a proven intervention. We need you as policymakers to see this, too.

The gap between policymakers, academics, and social service providers is wide. We need local, innovative solutions implemented by dedicated service providers, paired with academics to help discover evidence of what works, and then scaled up by your investment in them as policymakers.

In closing, ending hunger begins with the safety net, but it does not stop there. We need comprehensive solutions for people working to achieve a life outside of poverty. Evidence-based programs and policies will ensure we are offering families services that work. Chairman McGovern, I love your quote and I share your belief. I would suggest one addition: "We have the food, the ability, and the means to end hunger in America—what we lack is the political will, *the evidence-based programs and policies*, and moral courage to act *on them*." And I am with you—we must change that.

The CHAIRMAN. Thank you very much.  
Ms. Curry, welcome.

**STATEMENT OF AYESHA CURRY, CO-FOUNDER, EAT. LEARN.  
PLAY. FOUNDATION, AND AMBASSADOR, NO KID HUNGRY**

Ms. CURRY. Hello. Chairman McGovern, Ranking Member Cole, and members of the committee, thank you so much for the opportunity to appear before you today to testify to the importance of ensuring that every child has the nutritious food they need to thrive every day.

My name is Ayesha Curry, and I am the co-founder of Eat. Learn. Play. Foundation and an ambassador for the No Kid Hungry campaign.

Millions of children, as we know, in the United States live with hunger right now, including many in the community of Oakland, California. I have seen firsthand the impact hunger and hardship have on kids and families. Through my foundation, Eat. Learn. Play., and our partnership with No Kid Hungry, I have seen how national and local programs can work together to reach as many of those kids as they can. But it is truly not enough. We need Congress to strengthen the programs that keep food on the table for kids.

This hunger crisis in America is extremely urgent. More than 13 million kids are living with hunger in our country, and this hunger affects everything from their ability to learn, their physical and mental health, the opportunity to reach their full potential, and so on and so forth. It is completely cyclical. And every missed meal counts for a kid, because an empty stomach that hurts today also hurts their futures.

This is especially true for kids from families of color, who face hunger, poverty, and hardship at even higher levels. I have personally seen hunger in the community of Oakland, but I know that no community—urban, suburban, rural—is free from this issue.

Food is not an essential school supply; it is the essential school supply. And when kids don't get the food they need, it is harder for them to learn or focus in class, affecting everything from test scores to graduation rates. There are numerous studies that back this up and show proof and evidence of that.

I am a working mom, and my husband and I have three little ones at home. And, as a mom, I know what it is like to want to build a strong, healthy, and successful life for my children. I know how important a good breakfast is for all of them to help them focus and learn and how, I am sure as many of us know, you know, with the Zoom school and the pandemic, how cranky they can get when they are hungry. Things just don't work the way that they should.

Families are already working so hard to make ends meet, but no mom or dad should ever have to deal with the pain and stress of wondering how they are going to put enough food on the table for their kids tonight. So that is why I am also an advocate. The work of Eat. Learn. Play. is rooted in being a village for those who don't always have one. And the effects of COVID-19 created an unprecedented challenge in our community.

So I want to take the time to just share a story of a loving mother who, like many, faced incredible hardships this past year. Christina is a Black woman from the San Antonio neighborhood in Oakland, California. She is a single mom of two children who attended an elementary school there called Garfield Elementary School. It is a part of the Oakland Unified School District. And Christina's children are among the 18,000 students that have counted on their schools for a significant percentage of their nutritional needs.

March 13 last year, OUSD school buildings shut down because of the pandemic, and parents like Christina were left wondering where their child's next meal would come from. Shortly after that, Christina was laid off from her service-industry job because her business closed when local shelter-in-place orders went into effect.

I know you guys are hearing this story and saying, this is nothing new. And that is devastating to me, because Christina's story is very similar to the 10,000 Oakland families who showed up twice a week to receive meals during the pandemic at OUSD meal distribution sites and throughout the Nation at distribution sites just like it. This is thanks to critical Federal nutrition programs and the heroic work of OUSD school workers. Oakland students have continued to have access to healthy and nutritious meals.

This past year has shown us how critical nutritious meals are in order to keep children healthy and on track to reach their full potential. Like Congressman McGovern said, childhood hunger is completely solvable—completely solvable.

And Federal nutrition programs are essential for kids to get the food they need, no matter where they live or what time of year it is. But to reach as many kids as we need to reach right now, we need these programs to be stronger. And that means action from Congress.

For example, like we have heard today, programs like SNAP and WIC are grocery benefits that make sure parents can feed their kids at home. Increasing these benefits means families can purchase more of the groceries their kids need when they need them.

School meals make sure kids have the nutrition they need to focus and stay nourished during the school day.

And, finally, summer. Summer is actually the hardest time to reach kids with the food that they need, but, last year, we actually saw what happens when schools and organizations were allowed to modernize their programs, letting parents pick up multiple meals at a time or dropping meals off directly to a child's house.

I do want to take the time today to applaud Congress and the White House for expanding the Pandemic EBT program through the summer, when kids and families struggle the most, and building on P-EBT by proposing to make Summer EBT permanent. We will need continued help from Congress to make sure programs help hungry kids during the summer, the hungriest time of year, so I am very excited for this and hope that we can solidify it.

I have seen our foundation be a part of the hard work happening on the ground with hunger heroes in our community who are doing amazing work to feed kids every single day. Like I said earlier, it truly takes a village to meet the level of food insecurity caused by the pandemic.

Our collaborations with organizations like No Kid Hungry, World Central Kitchen, the Alameda County Community Food Bank, OUSD, and so many other wonderful organizations has made an incredible impact for hungry kids and families, but charities alone cannot fill the gaps to make plates full and children whole.

So, today, I am really coming from a place as a mom, an advocate for change. You know, I came to the United States when I started high school, and I thought that, you know, it was going to be like an episode of “Friday Night Lights,” and that turned out not to be true.

You know, the person sitting next to me, you know, could come to school without a meal. Who knows, the person sitting down the table, when they had their last meal. And just to know now, as a mom, that my children can be going to school with children who have not eaten or don’t show up to school with a lunch or don’t have food during the summer is just baffling to me.

And, as Chairman McGovern said earlier, you know, this is completely solvable, and the money is there. So I really feel like we need to get together and solve this thing, because it is completely solvable and we really need to change this.

So what I am trying to say is, Congress, kids need your help. You have the power to change this. And with your leadership, these programs can be stronger, more flexible, and reach more kids. People used to say hunger is a nonpartisan issue, and I really want to stand here today, or sit here today, in front of you and say that we all need to be kid-partisan, without question.

So I urge Congress to support and strengthen Federal nutrition policies to close the summer meal gap, strengthen school meal programs, and ensure benefits like SNAP and WIC are reaching the kids and families who need them.

And, finally, I would like to invite all of you to come out and see our work here in Oakland, to meet the people behind these stories, to learn their triumphs and struggles firsthand and see the difference that these Federal nutrition programs make in their lives.

In closing, thank you guys so much for allowing me to meet with you today and speak my piece, and I am so grateful for our time together. So thank you.

[The statement of Ms. Curry follows:]



## Ending Hunger in America: Challenges, Opportunities, and Building the Political Will to Succeed

### Testimony of Ayesha Curry, Co-Founder of the Eat. Learn. Play. Foundation and No Kid Hungry Ambassador, Before the House Committee on Rules, U.S. House of Representatives

Chairman McGovern, Ranking Member Cole and members of the Committee, thank you for the opportunity to appear before you today to testify to the importance of ensuring that every child has the nutritious food they need to thrive every day. My name is Ayesha Curry, and I am the co-founder of Eat. Learn. Play. Foundation and an ambassador for the No Kid Hungry campaign.

The Eat. Learn. Play. Foundation is committed to unlocking the amazing potential of every child by fighting to end childhood hunger, ensuring students have access to a quality education, and providing safe places for all children to play and be active. Focused on youth in underserved communities, our work is anchored around ensuring every child has access to three vital ingredients to a happy, healthy, and successful childhood: nutritious food, a quality education from early-childhood through college completion, and the opportunity to play and be physically active. Children are our future, and we are deeply dedicated to empowering them and opening doors for their futures.

We've made an impact through our collaborations with No Kid Hungry, World Central Kitchen, the Alameda County Community Food Bank, and so many other incredible organizations, but to address the size and scope of the hunger crisis, **we need your help.**

Meeting this challenge requires concerted, coordinated action on a national level.

#### **The hunger crisis in America is urgent.**

One in six kids in the United States, and one in four kids in the Bay Area, is affected by hunger. This hunger affects everything:

- The ability to learn
- Their physical and mental health
- The opportunity to reach their full potential

Every missed meal counts for a kid, because an empty stomach that hurts today also hurts their futures. And, this is especially true for kids from families of color, who face hunger, poverty, and hardship at even higher levels. I've personally seen hunger in my hometown of Oakland – but I know that no community or Congressional District - urban, suburban, or rural – is free from this issue.

Food is an essential school supply. When kids don't get the food they need, it's harder for them to learn or focus in class, affecting everything from test scores to graduation rates. Giving kids the best opportunity for success starts with ensuring that they have the nutrition they need to thrive.

#### **Fighting hunger in our community.**

I'm a working mother. My husband and I have three little ones at home. Like every mom, I want my kids to grow up strong, healthy, and happy. I know how important a good breakfast is to help them focus and learn, and how cranky they can get when they're hungry.





Families are working so hard to make ends meet, often working multiple jobs and making tough choices between buying groceries or paying the rent. But no parent should have to deal with the pain and stress of wondering how they are going to put enough food on the table for their kids tonight. And that's why I'm also an advocate.

The work of Eat. Learn. Play. is rooted in being a village for those who don't always have one. I want to share a story of a loving mother, who like many, faced incredible hardships this past year. The effects of COVID-19 created an unprecedented challenge in our community. Before the start of the pandemic, nearly 35% of children in Oakland struggled with food insecurity regularly, including 18,000 students, 88% who are children of color, who relied on school for two or more of their daily meals. Ensuring these students continued to have access to meals once schools closed became our top priority.

Christina is a Black woman from the San Antonio neighborhood in Oakland, CA. She is a single mother of two elementary school-aged children, who attend Garfield Elementary School, a part of the Oakland Unified School District (OUSD). Christina's children are among the 18,000 students that have counted on their schools for a significant percentage of their nutritional needs. On March 13 of last year, OUSD's school buildings were shut down because of the pandemic, and parents like Christina were left wondering where their child's next meal will come from. Shortly after that, Christina was laid off from her service industry job because her business closed when local shelter-in-place orders went into effect.

Christina's story is similar to the 10,000 Oakland families who showed up twice a week to receive meals during the pandemic at OUSD's meal distribution sites. Thanks to critical federal nutrition programs and the heroic work of OUSD school workers, Oakland students have continued to have access to healthy and nutritious meals. This past year has shown us how critical nutritious school meals are in order to keep children healthy and on track to reach their full potential.

**These Federal Nutrition Programs feed kids, but we need Congress to make them stronger.**

Childhood hunger is solvable. Federal Nutrition Programs are essential for kids to get the food they need, no matter where they live, or what time of year it is. But to serve as many kids as we need to reach right now, we need these programs to be stronger. And that means action from Congress. Charities and non-profits cannot do it alone.

For example:

- Programs like **SNAP and WIC** are grocery benefits that make sure parents can feed their kids at home. These programs have well-documented benefits for kids.<sup>[1][2][3][4]</sup> Increasing these benefits and modernizing their administration will mean that families can buy more of the groceries they need, when they need them. That is especially important now with rising grocery prices and with so many parents out of work, particularly in the service industry.<sup>[5]</sup> No parent should have to choose between going to work to keep their job and going to the SNAP or WIC office to keep their benefits.
- **School meals** make sure kids have the nutrition they need to focus and stay nourished during the school day. They also play a role in kids showing up for school – studies commissioned by No Kid Hungry showed that making breakfast part of the school day can reduce chronic absenteeism and lead to better student outcomes.<sup>[6]</sup> School meals also tend to be the healthiest meals that children get.<sup>[7]</sup> This year, the USDA made sure schools could adapt their programs to reach kids even when they were learning from home, and we need to keep these programs flexible and strong.
- **Summer** is the hardest time to reach kids with the food they need because they're out of school. Kids with working parents often lack safe transportation options to get to meal sites. Combined with other



challenges like weather shutting down outdoor sites and bureaucratic red tape, six out of seven kids who needed summer meals pre-pandemic were missing out.[8] But last year, we saw what happens when schools and community organizations were allowed to adapt their programs – letting parents pick up multiple meals at a time, or dropping meals off at a child’s house. This worked: the number of meals served in July 2020 was 160% higher compared to July 2019.[9]

Another highly successful way we can reach kids over the summer is evident in the Pandemic EBT program, which provides families with kids who qualify for the free and reduced-price meals with funds on an EBT card while schools are closed due to the public health emergency. It has shown incredible reach and efficacy. This builds on the success of the Summer EBT demonstration program which has been shown to be extremely effective at alleviating summer hunger.

**I applaud Congress and the White House for expanding the P-EBT program through this summer when kids and families struggle the most. We will need continued help from Congress to make sure programs help hungry kids during future summer months.**

All of these nutrition programs work together to reach kids of all ages where they live, where they learn, and where they play. For some hard-working families who need a little help, participating in one program may work well for them and be enough to fill a gap. For many others a combination of federal nutrition programs ensures their kids have enough to eat – for instance, when her kid gets free or reduced-price meals at school, a mom can stretch her SNAP benefits to cover more of the month and put healthier dinners on the table.

#### **Conclusion**

At home in my role as a mom, and at Eat. Learn. Play. in my role as an advocate, I’m working hard to make sure all kids can live out their dreams. I’m continually inspired by the hunger heroes in our communities who are doing amazing work to feed kids every single day. It takes a village to meet the level of food insecurity that exists in communities across the country, especially during the pandemic.

Our collaboration with No Kid Hungry, World Central Kitchen, the Alameda County Community Food Bank, OUSD, and so many other wonderful organizations, has made an incredible impact for hungry kids and families – we’ve helped serve 16 million meals since COVID began.

**But charities alone cannot fill all the gaps to make plates full and children whole.**

Congress has the power to change this. With your leadership, these programs can be stronger, more flexible, and reach more kids. People used to say hunger is a nonpartisan issue – **I say we all need to be KID PARTISAN.**

I urge Congress to support and strengthen federal nutrition policies to close the summer meal gap, strengthen school meals programs, and ensure benefits like SNAP and WIC are reaching the kids and families who need them. As we rebuild our economy post-COVID, we have the opportunity to build back hunger-free.

Finally, I would like to invite all of you to come out and see our work in Oakland, to meet the people behind these stories, to learn their triumphs and struggles first-hand, and see the difference that federal nutrition programs make in their lives. I also encourage you to get to know the families that are struggling in your districts and to understand the trade-offs and challenges they are facing so that as you craft policies you can make sure the needs of those families and their children are at the center.

Thank you for allowing me to meet with you today, I am grateful for our time together.



- [1] Steven Carlson et al., Center on Budget and Policy Priorities, SNAP Works for America's Children. (2016), <https://www.cbpp.org/research/food-assistance/snap-works-for-americas-children>.
- [2] Hilary Hoynes et al., *Long-Run Impacts of Childhood Access to the Safety Net*, 106 *The American Econ. Rev.* 903-34 (2016), <https://gspp.berkeley.edu/assets/uploads/research/pdf/Hoynes-Schanzenbach-Almond-AER-2016.pdf>
- [3] John T. Cook et al., *Child Food Insecurity Increases Risks Posed by Household Food Insecurity to Young Children's Health*, 136 *J. Nutrition* 1073-76 (2006).
- [4] Corneliu Bolbocean et al., National Bureau of Economic Research, U.S. Safety Net Programs and Early Life Skills Formation: Results from a Prospective Longitudinal Cohort Study (2018), <https://www.nber.org/papers/w24832.pdf>.
- [5] U.S. Bureau of Labor Statistics, Economic News Release: Consumer Price Index Summary, April 13, 2021. <https://www.bls.gov/news.release/cpi.nr0.htm>
- [6] No Kid Hungry. Evaluating the Impact of Breakfast After the Bell on Chronic Absentecism. (2019). <http://bestpractices.nokidhungry.org/resource/study-chronic-absentecism-and-breakfast-after-bell>
- [7] Junxiu Liu et al. *Trends in Food Sources and Diet Quality Among US Children and Adults, 2003-2018*. *JAMA Netw Open* ;4(4):e215262 (2021). [https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2778453?utm\\_source=For\\_The\\_Media&utm\\_medium=referral&utm\\_campaign=ftm\\_links&utm\\_term=040921](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2778453?utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=040921)
- [8] FRAC Summer Nutrition Status Report, June 2020. <https://frac.org/wp-content/uploads/FRAC-Summer-Nutrition-Report-2020.pdf>
- [9] No Kid Hungry Blog: New Data Shows How Participation in Nutrition Programs Has Changed During the Pandemic, February 2021. <https://www.nokidhungry.org/blog/new-data-shows-how-participation-nutrition-programs-has-changed-during-pandemic-0>

The CHAIRMAN. Thank you very much, Ms. Curry.

Thank you to the entire panel.

And, Ms. Curry, if the COVID restrictions get lifted and we can travel, we would love to visit Oakland. And I appreciate you telling us the story of Christina, because, you know, sometimes when we talk about this issue we get inundated with statistics, graphs, and trend lines, and sometimes we lose our human ability to feel.

I talked to a group of people who are struggling with hunger and food insecurity in preparation for this hearing the other day. And, again, everybody's story is unique and different and complicated. And I think if we are going to move forward, we need to hear from those with lived experiences, because they are the ones on the front lines, you know, who are struggling.

And one of the reasons why I personally believe there ought to be a White House conference is because I think we need to—as everybody here has said, that we need to address this issue more broadly and more holistically. You know, the way Congress operates, we talk about SNAP when the farm bill comes up, and that is under the Agriculture Committee. And then if we are talking about school feeding programs, we wait until the child nutrition reauthorization bill comes up, and that is under Ed and Labor. And then Ways and Means does the child tax credit. And so we talk about little bits and pieces, but not the whole picture.

There is no one committee that deals with hunger here, and there is no one committee that deals with nutrition here in Congress. There is no one agency in the executive branch that deals with hunger or deals with nutrition. It falls under USDA, it falls under HHS, it—to the extent that housing is relevant to this discussion, it falls under the Department of Housing and Urban Development.

I had a conversation yesterday with the new Secretary of Transportation, Secretary Buttigieg; many of us on the Rules Committee had a conversation with him. And there is a piece of this that falls under Department of Transportation. People need to get to and from places. In addition to infrastructure—refrigerated trucks, and how do we rebuild our schools so that every school has a kitchen, things like that.

So, I began by referencing George McGovern and Bob Dole. Well, you know, back then, I think they understood that. They created a Special Select Committee on Hunger and Nutrition because they knew this issue fell under so many different jurisdictions and nobody was waking up every day and saying, how do we solve this?

So I think a White House conference is what we ought to aim for. And what we are trying to do is build a record, do all the groundwork, if you will, so that, if we can get the Biden administration to agree to this, that it is not just a press conference, that it is real and substantial.

You know, we had a White House conference 52 years ago. I look back on that. It produced a lot of good things, but there were lots of things that were missing in that conference. People with lived experiences were not part of that conference. It wasn't as inclusive as it should have been, given the population in this country. So what we want to do is figure out ways to build on the best of what happened 52 years ago but make it even better.

So, let me just say, again, thank you all for your testimony.

Let me start where I think we all agree. So each of our witnesses—and tell me if I have anything wrong here—everyone here agrees that hunger is a solvable issue, that there is no one silver bullet to solving hunger, and that we need government, nonprofits, the private sector, and others—that we need them all working together—our medical institutions—we need to be all working together in order to solve it.

Are we all in agreement on that?

Everybody is “yes”? All right. Nobody disagrees. Okay. We all agree on that. All right.

So each of you has discussed how economic opportunity plays a significant role in the hunger problem. We all agree that there is dignity in work, but, for too long, work hasn’t work for most workers. And what I mean is that people work sometimes two or three jobs and they still can’t get the financial security that the middle class promises, that the American Dream remains out of reach for many of them.

This presents families with a series of impossible choices, whether it is deciding between housing and food or healthcare and food or education and food or work and food. You know, the cost to the lives of people experiencing hunger is profound.

So, to each of the witnesses, when you think about what it will take to solve hunger, to what extent should Congress be thinking about economic opportunity?

And we can begin—

Dr. JAMES. Chairman—

The CHAIRMAN. Yeah, Dr. James.

Dr. JAMES. May I take a crack at that?

The CHAIRMAN. Sure. Go ahead. Yes.

Dr. JAMES. You know, one of the things that I have had the privilege to learn over the last three decades of being an emergency physician at the largest safety-net hospital in New England is to ask patients all the time what it would take for this not to happen again, this repeat visit, this repeat hospital admission, this, sort of, cycle of perpetual instability.

And the one thing that I have learned is that—and Ms. Reynolds asked the question. What is—she was talking about safety nets. We have had the opportunity, after all these years, of asking ourselves not that long ago, what is the role of a safety net and for, in our case, a safety net hospital? Is it, in fact, charity exclusively into perpetuity, or is it equity?

And I would say the difference between the two is—you know, we have had, as I mention in my remarks, over 40 programs in our hospital, but what has been the role of those programs? What they mainly do is fill the gaps that people have. We are preventing people from falling down. We are preventing people from, you know, falling off the cliff. The intentionality of those programs has not necessarily been to eliminate the gaps. Because I believe that only through eliminating those gaps is it possible for people to become self-sufficient, have financial security, economic mobility, and even opportunities to build wealth.

So I think a lot of it is, what is the intentionality of our resources and our subsidies? And when I think about, for example—let’s just

take public housing for example. And I think subsidies are fine, but I think they are designed to fill a gap for people.

I think we could do better if we designed them for people to become self-sufficient and have financial security versus penalize them for trying to do so. You know, you are limited as to how much income you can earn, living in public housing, without losing the housing.

And I am not suggesting that people should have these low-cost housing units into perpetuity, but—I don't believe that at all. But I think that they should be designed to enable them to be like the rest of us and able to, you know, move forward in life, move up in life, to change socioeconomic status, change socioeconomic lanes, to get out of the line of need, so that ultimately, by having financial security and economic mobility, you know, you are actually able to contribute to the GDP, for example, or contribute to the economy versus relying on it.

Because when we don't take that opportunity to be able to provide that sort of pathway and life-altering trajectory for people, we wind up having to subsidize to take care of them anyway. And so, on some level, I mean, I think, monetarily, we all could—it is a win-win situation all the way around.

And the last example I will use is, during the height of COVID, when we had the \$600 unemployment, you know, payment for people, the exchange for that was to remove SNAP. And so I think that doesn't, like, really help anyone. I think if all of us imagine ourselves, if we had \$600, it is not like now we have enough to thrive. It is basically just people surviving.

So I think the main thing is intentionality, you know, to move from filling gaps to eliminating them, and aiming for, you know, financial security and economic mobility and opportunities for people to build wealth, and to not choose pathways or make decisions for others that we would not make for ourselves or our families. Because we all want the exact same thing, which is thriving and being able to contribute to the betterment of our country and our economy.

The CHAIRMAN. Thank you very—

Ms. REYNOLDS. And I will just add on to what Dr. James—

The CHAIRMAN. Ms. Reynolds. Okay. I will get to everybody, but, Ms. Reynolds, go ahead.

Ms. REYNOLDS. Great. I will just add on to what Dr. James said.

You know, to address hunger, I feel like we as a country have got to address poverty. Because the realities are, is that, you know, people walking through the doors trying to receive safety-net programs, walking through the doors of social service agencies, they are coming there for today's needs, but I can't tell you how many times, when I was at Catholic Charities Fort Worth and would work intake, the humiliation that often was present with the ask and the outreach for whatever was needed. And people want a life outside of poverty. People deserve a life outside of poverty.

And so I think if we could solve this in a comprehensive way, where we are not just looking at solving hunger but solving upward mobility and creating economic opportunities for Americans, I think it will go a whole lot further. May be a little more pricey at first,

but I think will save our country so much in the long run by what it will achieve for our Nation.

The CHAIRMAN. Thank you.

Dr. Schanzenbach.

Ms. SCHANZENBACH. Yeah, of course, broad-based economic growth is going to be our best friend in terms of eliminating hunger, but I want to, sort of, remind everyone that, you know, a large fraction of people on SNAP are working, and they are working a lot. And they are in, you know, what we think of as good jobs. They are health aides, they are cashiers, they are cooks. But we haven't seen wage growth in that aspect of the economy in a very long time.

And so I think, of course, it is appropriate for SNAP to come alongside and make sure that they have enough to eat, but, without question, as the economy grows and we see the wages improve, see more people become employed, the cost of these programs will go down because people won't need them anymore. But it is just the fundamental—the economy, you have to start there.

The CHAIRMAN. Thank you.

Ms. Curry.

Ms. CURRY. Yeah. You know, for me, I think, if we could find any silver lining in the pandemic, it is, with our nonprofit, we were able to build out this program that, in my opinion, does show economic growth and the cyclical nature of what happens when we do solve hunger. And for us, I feel like, with solving hunger, we have also been able to solve other issues when it comes to restaurants and farming, which are so important.

And so, for us, we built out this infrastructure where, you know, we were able to have restaurants get back into business because they were providing the food for the community. And the farmers were providing the produce for the restaurants. And so it was this big cyclical nature and effort that I think has really worked.

And I think it is just going to require a big, giant meeting of the minds with Congress and the White House to really figure out how to build out a plan for everybody in their small communities. And I think that sometimes we are thinking so big-picture that we forget to think small like this and have people start in their own communities and build out a program that way.

And I think that, if you were to use something as a model, I think what we have built in partnership with World Central Kitchen has actually been working out here. So it would be interesting for you all to take a look at it and see how it works, because I feel like it is something we could implement in many places across the Nation.

The CHAIRMAN. And I think that is a good point. I have seen lots of initiatives throughout my travels that are really quite extraordinary.

Dr. James, I have been to the Boston Medical Center many times. I have seen your food pantry, and I have seen your Growth Clinic, and I say, why doesn't every hospital do this? Right.

And you see lots of different initiatives in different areas that one wonders whether they could be expanded. But, obviously, it takes some seed money to help others to be able to follow suit.

Some of it can be replicated; some of it can't. But, one of the things we hope to look at is what is right now working, whether on a large scale or small scale? And if it is on a small scale, how can we replicate it?

I appreciate, too, the fact that everybody is always reminding us that a lot of the people who are hungry in this country work. I sit on the Agriculture Committee, and a great source of frustration for me has been that, during debates on the farm bill, when we talk about SNAP, I am not sure that fact is appreciated, because people usually say, "We should have people go get a job." Well, the bottom line is, the majority of those who are able-bodied who can work are working, and they still earn so little they qualify for SNAP.

So these people are doing everything they can to try to get ahead, but they can't. And then you add to the equation the cost of housing, and then you add the cost of healthcare, and then you add transportation costs to and from—I mean, it becomes overwhelming, right?

So it is not as simple as people who are on SNAP just need to go out and get a job. The majority of people on SNAP, by the way, are children. But, of those able-bodied adults, people work.

And I think so much of our discussion has been very punitive. If you are an able-bodied adult without a dependent, you can only be on SNAP for 3 months, and if you are not in a work training program or don't have a job, then you are out for 3 years, as if somehow if you are hungry you are going to be more employable or you are going to be able to find a job easier.

So I appreciate the fact that everybody here has made the point that this hasn't fallen to these—you have helped correct, I think, what is a false narrative.

And I should also point out for the record when people say, "Oh, you know, you guys just want to expand government programs," well, there may be a need for expansion, or there may be a need for consolidation or, thinking out of the box, reimagining how we do this. I mean, you know, those are perfectly legitimate areas of discussion.

But if people are really concerned about the bottom line and the dollars and cents, I mean, there is a cost to hunger. There is a cost to the status quo. You know, Ms. Curry talked about children, and, I mean, children who are hungry cannot learn. I mean, that school meal is every bit as vital to that child's ability to learn as a textbook or a laptop. If you are hungry, you can't focus. A worker who is hungry, they are not productive in the workforce.

And there was a 2014 study that found that food insecurity cost an estimated \$178 billion—billion with a "B"—that year in direct healthcare costs, lost work time, and additional education expenditures.

And Dr. James mentioned, in Massachusetts, Children's Health Watch did a study that said hunger costs at least \$2.4 billion a year in health-related expenditures alone due to poor health, pulmonary disease, diabetes, mental health, obesity, and more.

This is a healthcare issue too. And yet a big chunk of our healthcare industry does not treat this issue, Dr. James, as Boston Medical Center does, for example. How do we change that?



How do we get—I mean, I have learned that, if I want to become a doctor, then I can go through medical school and not have to take any courses in nutrition. Food is medicine. I learn how to prescribe a pill, but I don't learn how to tell you to live a healthier lifestyle so that you don't have to be on all these pills, you don't get these chronic diseases.

But, anyway, I have some more questions, but I want to yield to my ranking member, Mr. Cole, at this point, and then I will get back to you. But thank you again for your wonderful opening statements.

Mr. COLE. Thank you very much, Mr. Chairman. I agree with you; they were very good opening statements, very robust discussion.

I would just posit, I don't think there is much doubt that a rapidly growing economy is kind of a precondition. It is not an end-all and be-all, but it helps when you have, as we did pre-COVID, the lowest unemployment rate in 50 years, the fastest economic—or the highest consumer confidence in a generation, and we saw, literally, fast wage growth at the lower end of the spectrum.

So that is something we need. And it is the first but not the only way of dealing with it.

But, even when that was happening, we still had hunger in the United States, we still had problems that the country faced. And we were still spending a considerable amount of resources on all this. And I am not arguing that we shouldn't do that, but I am not sure we are very good at program design when it comes to dispensing those resources and getting them to where people need.

So a lot of people on this panel have really extraordinary experience in program design.

Ms. Reynolds, let me start, if I may, with you, because you studied this in a whole variety of contexts, from the nonprofit side through the academic research, variety of States, different people in different circumstances.

We have, again, an enormous number of programs, and I am not saying we only need one program. There are different aspects of poverty that you need to treat, and I think that takes care of a lot of the problem with food insecurity. If people aren't poor, they are able to go get what they need.

So, if you had to look at our Federal programs, in particular, and pick out some principles that you would say, okay, if I am designing a program that is going to effectively, number one, get somebody out of poverty and put them in a position to be food-secure, what are the sorts of principles I would, you know, focus on? What are the things I would do, or what would be the lessons I have learned that I would try to learn from, try to avoid mistakes we have made in the past?

Ms. REYNOLDS. Uh-huh. Well, great question. Thank you for presenting that to me.

Just to kind of start off, there are two things that come to mind. I think first is—and we kind of hit on it earlier—we need to understand what our goal is in each of these Federal programs and then, from there, understand did we achieve the intended goal.

So let me just give you a very simple example. All across the Nation, there are these call centers. In communities, they are called

211 or 311 lines. People in need in communities can call those to find out, you know, where they can get utility assistance or rent assistance if they are about to be evicted. So they are for people who have had a big crisis. And all across the United States, we offer these.

Yet it was really interesting to us, because, as we at LEO started looking into some of these call centers, what we learned is, the goal of the call centers were to prevent homelessness, yet really how the call center was tracked as being productive and hitting their goals was the numbers of calls they answered.

And so it was really exciting to us because one of these call centers, in the city of Chicago actually, is run by Catholic Charities in Chicago there. And so they asked us to come in and do a study so we could understand, you know, did the call center, who was answering calls, who was giving out assistance to people who were about to be homeless, did the call center, did the support work?

And so what we were able to do through a quasi-experimental design at LEO is we were able to evaluate this program and we were able to show that those who received the funds saw an 88-percent decline in being homeless after 3 months and a 76-percent decline after 6 months.

And so what this meant was the goal of the call center is to prevent homelessness, and it actually works. The research shows that it works. And so that would be an example of, if the goal is to prevent homelessness, investing in emergency financial assistance programs across our Nation are a really great thing to do.

But then again, if the goal is something different, such as community college completion, an example of that is a project we ran called Stay the Course at LEO. And this was comprehensive case management to get people to complete community college so they could increase their earnings for the long haul.

The goal of this program was completion. And so the intervention that was needed here was entirely different. We didn't need emergency financial assistance. That may have been a little part of the intervention. But what was needed was comprehensive navigation and support, is what the evidence showed, in order to drive the intended outcome that we wanted to have, which was completion.

And so, you know, Ranking Member Cole, the way I would just explain it is, in each of these programs, we have to know what is our intended impact, and then we have to build evidence to know, does this specific intervention achieve the intended impact of that program?

Mr. COLE. Well, you are clearly doing that from a nonprofit standpoint. In your experience, which is considerable, do you see us doing that in government very much? In other words, going back and—we all talk about this as Members of Congress in our respective committees. We try and legislate, and I don't think we very often go back to see if the legislation we passed actually works, or the program we created. We just don't get a lot of feedback, I think, sometimes. We just get caught up in what the next thing is.

Do you see some efforts in the Federal Government or something you could point us to that we could, like, build in? And we all know we have a government accounting agency. We use them from time to time. I think they do very good work for us. But I don't know

that we systematically evaluate all these different programs and say, “Hey, this one is working very great, we should probably invest more money in it; this one, maybe not, and maybe that money could be diverted over here.” Do you see very much of that?

Ms. REYNOLDS. You know, I think that is why you have economists, like we have at Notre Dame or Northwestern or other places across our country, who want to do this work and answer those questions for you.

An example that I could point to is the Housing First model. This all started through some experimentation that was going on in New York City where we, as a country—in New York, folks were saying, “Oh, my goodness.” Like, 10 percent of the homeless in New York were taking up about 90 percent-ish of the resources. And so what kind of came from that is some studying to understand more, some RCTs that were run. And then, ultimately, under President George W. Bush, the Housing First initiative was born and funded in a big way across our Nation. And then it was expanded under President Obama to include HUD–VASH for veterans and other things.

And so that is an example to me of the Federal Government leveraging provider knowledge—which, a lot of these ideas came from local innovations—paired with economists and other academics overlaying their expertise into things to show what works, as well as to continue to study it.

So that would be an example I would point to to say a time where we as a country and all of us have done a really good job of pushing forward a policy that makes sense and works.

Mr. COLE. Yeah.

And, Dr. Schanzenbach, let me go to you and talk a little bit and get your perspective on, you know, sort of, income cliffs, if you will, which I think we create a lot of in the Federal Government. And then we get mad at people because they are perfectly rational and decide they are not going to engage in some sort of behavior that we think is desirable that then costs them benefits, that they are living standard goes down, even if their income went up, because we have been very inartful about designing an exit from a particular program to self-sufficiency, which is, I think, where we want to get as many people as we can.

So can you give us some thoughts on what we can and should do?

I think—you know, we are having this problem right now. I am sure some of my colleagues have this same problem. I can go through my district right now, and some of my employers will literally tell me, “I can’t get people to work here right now because the unemployment benefit is higher than I have historically paid them.” And they are making the perfectly rational decision, “I think I will stay where I am making more money, as opposed to go back to work. And when I have to go back to work, I will.”

And we can argue a lot as to whether or not that is wages—although, again, that is a big problem. I think you mentioned the \$600—I know one of you did—\$600 additional unemployment benefit we had. Believe me, that is one thing in New York City; it is quite another in Wewoka, Oklahoma. I mean, really, the one-size-fits-all, geographically, creates a real problem for you.

So I know some of my colleagues might not even experience this problem because the dollars don't go as far in their respective areas and economies as it might in a relatively small town in rural Oklahoma.

So, anyway, any thoughts or guidance you can give us on this so we could more constructive to really help people get to self-sufficiency, instead of saying, "We have gotten you to this edge, we are kicking you off," or, "We are mad that you won't jump off, even though you are going to end up with less benefits for you and your children"?"

Ms. SCHANZENBACH. Yes. So many great questions there. Let me start by sort of addressing your broad question about, so what is well-designed and what is less well-designed?

And I want to say that, sort of, the two big workhorses for anti-poverty, especially for families with children, are the earned income tax credit and the Supplemental Nutrition Assistance Program, SNAP.

When I teach my undergrads, we always start by reading Milton Freeman and him thinking about, what is our optimal way of designing a program? And he had a couple of things that he said. One of them was, people should always be better off if they are working. So, you know, when we have to take away the resources—which we do; we have to phase them out—but do it slowly over time.

And so then we pivot and look to see, how is SNAP designed, how is the earned income tax credit designed? And they are really very much in line with exactly what Milton Freeman suggested, you know, way back, you know, 50-plus years ago.

And there are a couple aspects of that, first, that the earned income tax credit actually gives people more than a dollar back for every dollar that they earn, versus a certain part of it. And we have tons of research on this, you know, as Heather said, mostly done by economists, you know, in academic outlets. And we know that the earned income tax credit induces people to work, and then there are all sorts of other positive benefits that come from that.

Similarly, with Supplemental Nutrition—with SNAP, you know, we don't really see the big benefits cliffs with that because we have designed it.

Now, I will warn you that, in recent months, even as part of Senator Romney's child tax credit, they want to, you know, make some changes to some of these programs that I think unintentionally would make those cliffs worse.

And I agree with you, we want to phase things out, you know, we want a soft landing, so that if you work an additional hour you earn more. And there are some places, you know, where that doesn't happen, but not in, sort of, the big workhorses here.

And so for sure, you know, we can work on fixing some of the incentives around other smaller programs, but I will tell you that the earned income tax credit and SNAP are well-designed. And I am really excited about the potential for the new child tax credit to, you know, help along that as well. And the way they have designed that, you know, it persists for a long period, and so families aren't going to get the rug yanked out from under them when they start working.

Mr. COLE. Good. Thank you.

Dr. James, we talked, and the chairman touched a little bit on this in his exchange with you, about the food pantry that you have at Boston Medical. And, you know, how common is that?

And coupled with that, I assume there is, you know, an immediate-needs problem, obviously, but also long-term nutritional advice that families really need, as to, you know, thinking about how you put together, literally, you know, a menu for your family over a week so that they are not only getting fed and they are not hungry but they are actually getting the nutritional needs that they need as well.

Dr. JAMES. So, Mr. Cole, you are asking how common—

Mr. COLE. Yeah.

Dr. JAMES [continuing]. Does this happen? Well, I mean, pretty often. Every single day. I mean, we feed about 7,000 people—

Mr. COLE. Oh, no, excuse me. I meant how common in terms of, do you see other institutions like your own doing this? In other words, are you a shining example out there all by yourself, or have other people begun to emulate you?

Dr. JAMES. Well, I mean, we were the first, you know, prescription-based food pantry, you know, connected to a hospital in the country. I do believe that, you know, more people are focusing, but I don't think that is extremely common, because we are advising others who have asked us about how we did this and how to do this. So it is not that common.

But these are the kind of things that we have used to operationalize innovation, you know, to try to create a transformative pathway versus just stay where we are. Because what generally happens is, when this translates to unstable disease, we are really treating people and resetting them back to baseline but then just discharging them back to exactly what is driving it.

And I would say, the previous speaker just spoke about earned income tax credit. For example, two pediatrics residents came up proposing an idea to operationalize earned income tax credit in their pediatrics clinics. So, for 5 years now, we have been doing people's taxes in the pediatrics clinics to, you know, sort of, you know, have people be able to avail themselves of that. And we have gotten back, I don't know, \$8 million, \$9 million, you know, over these years for people.

And then we are taking back to another level by, you know, working with these families to leverage the HUD Family Self-Sufficiency program that says people can earn more money and they don't fall off the cliff. The extra money goes into escrow for either home ownership or even education because everyone in the family is eligible for it.

So we are constantly, you know, trying to operationalize things forward to, you know, enable people to get towards self-sufficiency and financial security and that type of thing.

Mr. COLE. Any thoughts on how we would incentivize other people to do what you are doing?

Because, you know, a lot of times, when I see a hospital, I mean, they think immediately the physical wellness of the patient. You know, they are coming in, they are either ill or they are, you know, going to deliver a baby or something like that, and we are going

to take care of that problem, and then off you go, you know, and we have done our part.

You seem like you do an awful lot more, in terms of thinking about the long-term health and outcome of the patients and how do we set them on a better path going forward than just take care of the immediate problem.

Dr. JAMES. Yeah, I think it is a transformation in even medical education. It kind of starts there. Because it basically focuses on disease. Honestly, it just focuses on disease. It barely connects it to a human being. And when it does, it presents an ideal human being who has an ideal life, unencumbered, unchallenged by anything, you know, and particularly some kind of systemic barrier.

And so, you know, how we have tried to incorporate that in the culture of our healthcare system is, for example, when new doctors start as interns in June and July, they go through hospital-wide orientation to learn about the electronic medical record and patient quality and safety measures, but they also have to go through this, you know, a determinants-of-health orientation, both in simulation as well as didactics.

So we want them to be looking through that lens before they ever sit in front of a patient—

Mr. COLE. Wow. Very good.

Dr. JAMES [continuing]. So that they can understand from the very root what is driving whatever they are doing. Because without knowing that, they will unintentionally, you know, just be treating disease and not understanding what is driving it.

Mr. COLE. Thank you very much.

Well, I am like everybody else on this panel, Mr. Chairman; I could go on and on just asking questions. So I will yield back, because I know we have a lot of other people who want to participate. But thanks again for putting together the panel, a great panel.

And thank all of you for your testimony and sharing your observations and wisdom with us.

The CHAIRMAN. Thank you.

Let me ask unanimous consent to insert into the record letters from two of our colleagues, Congresswoman Gwen Moore of Wisconsin and then Congressman Gregorio Kilili Camacho Sablan of the Northern Mariana Islands.

I consider both of them incredible partners in the fight to end hunger, and I appreciate their advocacy for policies that will help alleviate and ultimately end hunger once and for all.

So, without objection, I will include their statements in the record.

[The information follows:]

GWEN MOORE  
4TH DISTRICT, WISCONSIN

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SELECT REVENUE MEASURES  
WORKERS AND FAMILY SUPPORT  
SOCIAL SECURITY

COMMITTEE ON  
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April 28, 2021

James P. McGovern  
Chairman  
Rules Committee  
H-312 The Capitol  
Washington, D.C. 20515

Tom Cole  
Ranking Member  
Rules Committee  
H-312 The Capitol  
Washington, D.C. 20515

**Statement for the Record:**

Dear Chairman McGovern and Ranking Member Cole,

Ending hunger is one of the most critical fights of our lifetime. And we can make a start by providing all students free school breakfast and lunch. As the richest nation in the world, we have the opportunity, as well as the moral imperative, to end childhood hunger. As of March 2021, Feeding America estimated that in my home state, there were 680,330 Wisconsinites (11.7% or just over 1 in 8), including 1 in 5 children, experienced food insecurity in 2020.<sup>1</sup>

We cannot encumber students with school meal debt and the associated stigma from receiving free lunch. I remember that hurt and shame well having experienced it myself. Shaming people will not end hunger in our country.

According to the American Academy of Pediatrics, school meals play an essential role in students' food security and provide a crucial source of food and nutrition for both students and families.<sup>2</sup> Previously, only students in homes with incomes 130 percent below the poverty line were eligible for free school meals.<sup>3</sup> This policy created tremendous barriers to participation including, outstanding school meal fees, school meal debt, free lunch stigma, and burdensome paperwork that put many struggling families at a disadvantage.

According to the USDA, before the COVID-19 pandemic, "more than 11 million children in the US live[d] in food insecure homes." Today, that number could be as high as 18 million children.<sup>4</sup>

<sup>1</sup> <https://schoolnutrition.org/aboutschoolmeals/schoolmealtrendsstats/>

<sup>2</sup> <https://schoolnutrition.org/aboutschoolmeals/schoolmealtrendsstats/>

<sup>3</sup> <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>  
[https://schoolnutrition.org/uploadedFiles/5\\_News\\_and\\_Publications/4\\_The\\_Journal\\_of\\_Child\\_Nutrition\\_and\\_Management/Fall\\_2016/BarriersandAdvantagestoStudentParticipation.pdf](https://schoolnutrition.org/uploadedFiles/5_News_and_Publications/4_The_Journal_of_Child_Nutrition_and_Management/Fall_2016/BarriersandAdvantagestoStudentParticipation.pdf)

<sup>4</sup> <https://www.nokidhungry.org/who-we-are/hunger-facts#:~:text=According%20to%20the%20USDA%2C%20more,to%20lead%20a%20healthy%20life.&text=Today%2C%20projections%20show%20that%2018.could%20face%20hunger%20this%20year.>

The COVID-19 pandemic has only exacerbated disparities in food insecurity, with over 40 percent of children living in households that struggle to meet necessary expenses like putting food on the table.<sup>5</sup> In response to rising food insecurity, many schools have stepped up to become community feeding sites and have begun providing free breakfast and free lunch to all students.<sup>6</sup>

In the previous Child Nutrition Reauthorization, the Healthy, Hunger Free Kids Act of 2010, Congress took a step forward with implementation of the Community Eligibility Provision (CEP) that was designed to enable high-poverty schools to serve free meals to all students without having to collect applications from individual households. Thanks to the CEP, all students in Milwaukee Public Schools get free meals.<sup>7</sup> CEP schools now comprise approximately 30% of all NSLP schools, and nearly 13.7 million students nationwide attend a CEP school. But as noted before, hunger remains a serious concern in our country, especially among our children, and Congress needs to continue to act to help ensure that those children who go to our schools, are not hungry.<sup>8</sup>

This past year, as part of the its pandemic response, the United States Department of Agriculture (USDA) provided school districts with the unique flexibility to provide free school meals to all students, boosting efforts to reduce child hunger during the pandemic. It is clear, we have the tools, resources, and infrastructure to permanently implement universal school meals which is why I have joined with Rep. Omar to introduce legislation to do just that. Another critical COVID measure that we need to consider making permanent is the E-PBT program which the Biden Administration.

And this is just one part of the effort to end hunger in America, especially among our children. We must continue to support and strengthen programs such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP), among others. SNAP remains the premier anti-hunger program and we must continue to help ensure that it helps our communities. SNAP provides a vital lifeline to help get people through difficult times. It is a critical countercyclical program designed to protect the most vulnerable, especially when our economy hits tough times. Two-thirds of SNAP recipients are either children, the elderly, or people with disabilities. Among adults on SNAP who can work, more than half are working and about 80% work in the year before or after receiving SNAP.<sup>9</sup> The changes made by Congress in response to COVID such as blocking time limits and increasing benefits must be made permanent along with other improvements, such as **improving access to the program** for Tribal communities, college students, and repealing the felony drug ban.

<sup>5</sup> <https://www.cbpp.org/blog/4-in-10-children-live-in-a-household-struggling-to-afford-basics>

<sup>6</sup> <https://www.npr.org/2020/09/08/908442609/children-are-going-hungry-why-schools-are-struggling-to-feed-students>

<sup>7</sup> [https://www.fns.usda.gov/en/community-eligibility-provision#:~:text=The%20Community%20Eligibility%20Provision%20\(CEP,students%20without%20collecting%20household%20applications.](https://www.fns.usda.gov/en/community-eligibility-provision#:~:text=The%20Community%20Eligibility%20Provision%20(CEP,students%20without%20collecting%20household%20applications.)

<sup>8</sup> [https://www.fns.usda.gov/en/community-eligibility-provision#:~:text=The%20Community%20Eligibility%20Provision%20\(CEP,students%20without%20collecting%20household%20applications.](https://www.fns.usda.gov/en/community-eligibility-provision#:~:text=The%20Community%20Eligibility%20Provision%20(CEP,students%20without%20collecting%20household%20applications.)

<sup>9</sup> <https://www.npr.org/2021/04/26/990860172/usda-moves-to-feed-millions-of-children-over-the-summer>



Similarly, improvements to WIC are long overdue and welcomed, including expanding the program to serve kids up to age 6, among several other commonsense steps.

In the fight against hunger, we can't have too many tools.

Mr. Chairman, I appreciate your strong leadership on this issue and look forward to working closely with you to help end hunger in our communities and our country.

Sincerely,

A handwritten signature in black ink that reads "Gwen Moore". The signature is fluid and cursive, with the first name "Gwen" and last name "Moore" clearly distinguishable.

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Gwen Moore  
Member of Congress

Congressman Gregorio Kilili Camacho Sablan

House Committee on Rules

*Ending Hunger in America: Challenges, Opportunities, and Building the Political Will to Succeed*

April 28, 2021, 12:00pm ET

Thank you, Chairman McGovern, for your persistence in focusing the attention of Congress on hunger in America.

It has been a top priority for me, since coming to Congress in 2009, to address hunger in the Northern Mariana Islands by including my district in the Supplemental Nutrition Assistance Program (SNAP). I, also, do not intend to relent, until successful; and I very much appreciate the support you have given my efforts over the last 13 years.

Congress appropriates a fixed, block grant of \$12.148 million to the Marianas each year to run its own Nutrition Assistance Program (NAP). If anyone needs evidence of the inadequacy of block granting to address core social needs, such as food or health care, just look at the Marianas. The economy in our islands has swung wildly up and down, we have been repeatedly struck by natural disasters—yet the NAP block grant is unmoved. When more households meet the eligibility requirement, too bad, the block grant is fixed. When food costs increase, sorry, the block grant is fixed.

What does that mean in practical terms?

Last October, families had to be cut from the rolls, because there simply was not enough money available in fiscal 2021 to feed everyone. And those who remained had their benefits cut by 25 percent.

I did plead with our Governor to trust that Congress would provide a supplemental appropriation, to keep everyone in the program, not to cut benefits. But he went ahead with the cuts.

As it happens, I was successful at getting supplemental funding in December's fiscal 2021 appropriation, and, again, in the American Rescue Plan. But, because of this seat-of-the-pants approach to funding, people in the Marianas went hungry—for months.

This has been the story throughout my tenure in Congress. When SNAP assistance was increased in the American Recovery and Reinvestment Act in 2009, I had to go hat in hand to Secretary Vilsack and ask for the same increase to the Marianas block grant.

When the 2015 farm bill was enacted, I had to join the Agriculture Committee and convince Chairman Lucas to include a SNAP pilot program for the Marianas—and supplement the block grant funding.

When Super Typhoon Yutu struck the Marianas in 2018 and thousands of families were suddenly eligible for disaster food aid, which had to be paid out of the fixed block grant funds, I

had to plead with Chair Lowey for supplemental funding in Public Law 116-20, the Supplemental Appropriations for Disaster Relief Act of 2019.

And, as I already mentioned, supplemental funding was needed again, in Public Law 116-260, Consolidated Appropriations Act, and Public Law 117-2, the American Rescue Plan Act.

These efforts have all made a difference. Today, the income threshold has risen, so more families in the Marianas are eligible for food assistance. Benefits have increased to match SNAP. And benefits for the islands of Tinian and Rota in the Marianas are even higher, to adjust for the realities of food costs for those isolated communities.

But this hit-and-miss approach to funding is no way for the federal government to run a program that people's very lives depend on.

And the solution is simple: include the Marianas in SNAP.

SNAP responds to changing economic conditions and natural disasters that throw people out of work or reduce household income. SNAP responds to changes in food prices. SNAP is dynamic and managed effectively by every state, the District of Columbia, the Virgin Islands, and our neighbor island Guam.

It is time—and past time—for the Marianas to be included in SNAP coverage, too.

I am glad to report a breakthrough: Just a few days ago, in testimony before the House Appropriations Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies, Agriculture Deputy Undersecretary Stacy Dean said, “President Biden is fully committed to the territories having access to the federal nutrition programs consistent with states.”

In my time in Congress, no President has ever made that commitment; and now we must hold him to it. I have long maintained that Congress has given the Secretary of Agriculture the authority to extend SNAP to the Marianas. 48 U.S.C. Section 1469d(c) specifically states:

“The Secretary of Agriculture is authorized to extend, in his discretion, programs administered by the Department of Agriculture to Guam, the Northern Mariana Islands...”

and

“Notwithstanding any other provision of law, the Secretary of Agriculture is authorized to waive or modify any statutory requirements relating to the provision of assistance under such programs when he deems it necessary in order to adapt the programs to the needs of the respective territory...”

All the law requires is for the Secretary to inform Congress of the action and to enter into a Memorandum of Understanding with the government of the Marianas, which, I should add, has on several occasions informed the Secretary of its desire to be included in SNAP.

By the way, this same statutory authority is the basis for establishment of the current, block-granted Nutrition Assistance Program and for federal funding of the school meals program in the Marianas. So, this is not some untried, speculative statutory authority.

Nevertheless, to encourage the administration to do what it has committed to do and what it has legal authority to do, I have introduced legislation directing that the Marianas be included in SNAP. Among the original cosponsors of H.R. 421, the AYUDA Act, is Chair McGovern.

So, again, Mr. Chair, I thank you. Your hearing today will keep the spotlight focused on hunger in America, a problem we must not ignore or forget.

And, at least in the Marianas, a problem for which there is a ready answer: inclusion in SNAP.

Thank you.

A handwritten signature in blue ink, appearing to read "Wili", is located below the text "Thank you.".

The CHAIRMAN. Mrs. Torres.

Mrs. TORRES. Thank you, Mr. Chairman, for hosting this very informative and very important hearing today.

And I want to also extend my gratitude to the professionals that are with us today providing critical input on how we can address this, you know, what I see as a growing issue of hunger in our community.

First off, I want to say how uncomfortable it makes me when I hear the term “food insecurity.” You know, I think by continuing to call it out, “hunger”—to continue to call out hunger as being just food-insecure, you know, in my mind, we minimize the impact that that has on not just children but on our society as a whole. And, as Americans, you know, it is certainly a black eye, you know, to our Nation to have children go hungry every single day—and not just children but also adults.

I want to pose a question to Ms. Reynolds.

I just want to say how much I agree with so much of what you said, starting with weaving, you know, the safety net around the issue of providing food to people that are hungry. You talked about providing childcare. That is such a critical component to ensuring that parents are able to work and to get the type of jobs that are actually going to help them pay for the basic needs of their families.

I happen to represent a community, a very working-poor community, the Inland Empire. You know, our families struggle just to get to work every single day. They spend 2 or 3 hours one way in a commute, a terrible commute, which really leaves our local municipalities to struggle with this ongoing problem of people leaving, you know, home, mass exodus at 5:00 a.m., and they don’t return until 7:00 or 8:00 p.m.

So what happens to the kids between, you know, 5:00 and 8:00 a.m. when they are supposed to be in school—I mean, let’s just put the pandemic, you know, aside, and let’s just talk about, you know, the past normal lives that we have had—and what happens to the kids between, you know, 3:00 p.m. and 7:00 p.m.? You know, our communities are challenged every single day with having to provide before- and after-school programs for kids.

So, when a parent, you know, a head of household is earning minimum wage, that leaves very little money left to spend on childcare. So childcare becomes this luxury that—you know, poor people see it as a luxury, but, you know, we see it as a threat, a threat to continuing this pipeline, you know, to prison that I think that we continue to feed. And it is so much more expensive to try to prevent recidivism, you know, at the tail end, when we can prevent children, you know, from having to go in that direction.

So four out of the six school districts that I represent are in the 80th percentile of free and reduced meals. I think these are sort of old numbers because some of my school districts have recognized that there are a lot of kids whose parents are not applying for this free or reduced lunch, so it is easier for them, it makes more sense, to just feed everyone—which I am thrilled that they have taken that attitude, to just feed everyone.

But I wonder if, you know, our panelists could speak a little bit about, you know, that issue.

The lack of graduation—our graduation rates, you know, are horrific. I am ashamed to even, you know, call them out. But it is a growing problem. And it is not the fault of our teachers, you know, or our schools. It is the fault of society not paying attention to this growing problem of the working poor. It is not their problem; it is our problem.

So I wonder, starting with Ms. Reynolds, can you comment a little bit, you know, around that? I know that you have said a lot around this issue, but, look, we have an infrastructure bill that the President has put before us. And, in that bill, the women of Congress—I want you to know that we are demanding that childcare be a part of that infrastructure bill. Because if we don't put families and children ahead of everything, a new road, a new bridge, you know, broadband isn't going to help us get out of these poverty levels that we are seeing in our communities.

So, with that, Ms. Reynolds, you know, if you can begin this conversation, I would love to hear your comments around that.

Ms. REYNOLDS. Absolutely. And I love so much about what you said about prevention. We know prevention saves so much money. And it is more than about money; it is about human dignity, when we can prevent people from experiencing these traumatic things that they experience that comes with poverty. So I love the concept of prevention. I just want us as a country to be brave enough to do it.

I love how you brought up childcare. And it just, for me, really goes back to the point I made about the need for comprehensive services. I mean, we are not a bunch of little pieces; we are whole beings.

And probably the story that resonates the most with me about what you are talking about is a woman that we had the privilege to serve at Catholic Charities Fort Worth. Her name was Perla. And Perla came into our organization because of a very basic need. We said “yes” to that basic need, because, again, if you don't take care of today, there is no tomorrow. But then we also offered a longer-term journey out of poverty, about understanding what Perla's hopes and dreams and her bigger, brighter future was for her family.

And her bigger, brighter future was a dream of a black suit. And I will never forget this, because Perla wanted a black suit because she envisioned, at the end of the night, sitting around her kitchen table with her husband and her son and them being proud of her because of what she achieved that day.

And so we set out at Catholic Charities to make Perla's bigger, brighter future of a black suit happen. But it fell short time and time again, because we would get Perla a job and she would leave, we would get her a job and she would leave.

And so it would be really easy, if you were in a relationship with Perla, to make a lot of assumptions, that Perla is not real serious about that black suit. But the reality was, Perla was very serious about that black suit, but, you know, she didn't have a living-wage job at the time, and she would drive to drop her son off at childcare, and she would drop him off at a place that she did not feel comfortable with.

And like all of us mamas on this call, I can't imagine the lump that formed in Perla's throat as she drove away, leaving her son somewhere that she may not have felt like he was going to be okay. And that was causing Perla to leave her job again and again and again.

But, again, because Catholic Charities was in a relationship with her, because they were doing life with her, because Catholic Charities understood that poverty is not just—you just leap out of it because you get some sort of assistance but that it is a day-by-day walk to achieve that bigger, brighter future, you know, they knew the details of what was going on, and they were able to problem-solve with Perla.

And so, in that specific case, they had Perla find a childcare center that she couldn't afford but felt safe with, and then they matched, dollar for dollar, the money for Perla to be able to send her child there until Perla got to the place where she could afford that on her own.

And I think, like, that this just brings up so many points to me of: We have got to be comprehensive. We have got to be individualized. We have to be in a relationship with people.

You are right, Ms. Torres, we can't, you know, have families spending 2, 3 hours transporting back and forth. You know, the family is the core of society, and it takes away so much of that when we don't have those things in place.

So it is my belief that all of these things need to be solved, but they need to come together in a comprehensive solution so we can really support families toward a long-term end goal of economic stability where they really are thriving as families.

Mrs. TORRES. So what you are saying is that, you know, in essence, we really need a youth and family master plan for America, one that recognizes, you know, public transportation, you know, has to be a priority, one that recognizes, you know, childcare and education and a livable wage and access to, you know, healthcare.

You know, how do we do that? How do we find the courage, the political courage, to say, you know, this 35-year-old who is going to work every single day, maybe working two or three jobs, is deserving of food stamps because the wage that that person is earning, what that employer is willing to pay for that job, isn't enough for them to provide for themselves or even their families?

Ms. Curry, can you speak a little bit to that?

Ms. CURRY. Yeah, absolutely. I feel like—just going back to your previous question as well, I feel like there are so many layers here to just peel back.

But, for me, you know, as a mom and coming from the hospitality industry, it really comes back to the food for me. Food is foundational. Food is nutrition. Food is healthcare, in my opinion.

And so, for me, I feel like there are some missed dots that need to be connected. And I feel like we are looking at it so big-picture, that we need to look at the small picture, and I think that there are some missing dots that we can connect here to help drive the change.

You know, you spoke to some people's commutes in your community being 2 to 3 hours, and that is between the hours of, what, 3:00 and 8:00 you said. And then you talked about the graduation

rates. And so, in my head, for me, that goes back to knowing the fact that, you know, children that are sitting around the dinner table with their families, you know, are having bigger, brighter futures because they are doing better in school and having better education. And if these parents are commuting and missing out on that opportunity to gather with their children, something as simple as that to give them this bigger, brighter future, that is so unfortunate. And it is something that, again, is so easily solvable right there, but how do we connect the dots with transportation and with childcare and nutrition at the forefront to make the change?

And so, I mean, I have a lot of questions too. I know I am not answering your question, but I do feel like—I just feel like there are a lot of dots that need to be connected on that front. And I am hoping that it is something that somebody on this call can speak to, maybe Dr. James, from a nutritional standpoint, just, you know—

Mrs. TORRES. Yeah.

Ms. CURRY [continuing]. Connecting those dots.

Mrs. TORRES. Dr. James.

Dr. JAMES. Yes. Well, you know, I think that, just to answer that specific question, you know, statistically, we all know that people who have lower income have lower health status, and so do their children, because they are mere beneficiaries of their parents' resources. And people who have lower education also, you know, have lower health status and also don't live as long as everyone else does.

And to sort of, like, get at that, I feel like the lowest-hanging fruit always, at every turn, is to begin—particularly as we talk about the smaller picture versus the larger picture, the easiest thing is to ask the people who are living this experience themselves, ask them—we don't have to sit around and, you know, make assumptions and come up with things. We can ask them. And they can tell us what it would take, you know, for them not to have these issues and these problems. They could tell us what it would take for them to be able to literally just thrive.

And I think one of the things we would learn from that is, we jump all over the subsidies, probably, and not use them as a solution but, you know, more as a bridge. So I always, you know, feel like we should start with the people; the people can tell us.

And I also, you know, go back to this question of—I am not so sure whether it generates any thought or whether it even makes a difference, you know, when I ask a question like this, but I think it is really, really important for us to ask ourselves with everything that we intend to do—and I would say, again, starting with asking people first, but whatever solutions that we think are solutions they come up with, are we making a different decision or creating a different intent than we would choose for ourselves?

I think that is foundational. Because we know what we need to thrive. So ask ourselves that to begin with, because that, in and of itself, will, you know, tell us right away what the intent is going to achieve, for sure.

So I don't think—you know, these things are basic, but I don't think we generally think that way. So, you know, I think it re-



quires that sort of level of a thought process, a transformation to thinking in that manner.

So just two basic things: asking ourselves that and asking people with lived experience what it would take for them to be able to thrive.

Mrs. TORRES. Thank you for that.

And before I turn it back over to Chairman McGovern, I just want to add and encourage my colleagues to, you know, shop at a grocery store in the poorest part of your district. I often do that. And, you know, I love to, you know, walk in and challenge the management of those stores. You know, why is the bread next to the beer? You know, why are certain things, you know, that we know are not good for children, you know, next to, you know, the candy aisle? You know, things like that. And why don't we have, you know, access to more fruits and vegetables? You know, there is a lot of, you know, canned items or, you know, microwaveable food. I am not trying to say anything negative around that, but—the balanced nutrition that kids need in order to grow up healthy and be able to learn and do all of the things that we are asking them to do.

Fresh food just isn't available for many of the people that I represent. Supermarkets, you know, are far and few in between in these neighborhoods. So we need to challenge the corporate world also, corporate America, to invest in bringing fresh food into our communities. You know, that is something that, you know, we should not neglect in this conversation.

Community gardens are a great way to teach kids about proper nutrition and to help them learn how to grow their own food, but the reality is, that is not a reality. You know, working people need to be able to go to the store and have access to fresh fruits and vegetables, and that simply is too big of a challenge in some of our communities.

So, with that, Mr. Chairman, thank you again for bringing light to this issue, and I will yield back to you.

The CHAIRMAN. Thank you.

Mrs. Fischbach.

Mrs. FISCHBACH. Thank you very much. Thank you, Chairman McGovern for putting this together. I really appreciate it.

And thank you to all of the witnesses. Lots of good conversation, and I appreciate it.

And I appreciate Chairman McGovern said there is no silver bullet. And we are hearing a lot of great programs, about a lot of great programs. And Ranking Member Cole asked about maybe some principles that we could use, you know, to really focus things and how we could tailor it at the Federal level.

But one of the things that struck me is, I am hearing a lot about local innovation. You look at Dr. James and the things that are going on there. And my fear is that the Federal Government isn't good at local innovation and that we really need the guidance in order to make sure that we are allowing that innovation to happen at the local level. Because that is where—you know, Dr. James talked about talking to the people. That is where you are talking to the people. And so we need to make sure that we do provide that.

And so I am just kind of, I guess, throwing it out as maybe a discussion, if anyone would want to respond. Maybe focusing on those principles, what would make sense for us to be looking at on the Federal level? And I understand the whole issue of the holistic approach, but, maybe, how do we do that and create the innovation?

Because there are wonderful programs. Ms. Reynolds talked about a great program, and I know that when I was in the Minnesota Senate we talked about those kinds of local programs. And it never failed that, when we tried to make it go statewide, it just didn't have the same oomph.

So I am kind of trying to find the answer to, how do we make sure that we are continuing that innovation? And if anybody would like to respond, I know that is kind of a big, kind of, question, maybe more of a comment. But if anyone would like to respond to that, I would love to hear it.

Ms. CURRY. I would like to step in, and hopefully this makes sense.

But, for me, it starts with agriculture. So with food insecurity, I feel like the produce, the—all of the things, they are already there. There is so much waste that happens each year in the farming community. So the food is there that could be distributed.

So, in my mind, it is, how can the Federal Government incentivize these local farmers and agricultural communities to get that produce and food to the right spots, to those food deserts and to the places where people don't have that? Because we can kind of bridge the gap there a little bit.

So it is, how do we incentivize, you know, the farming community to get everything to the right places? Again, I am all about connecting dots, so how do we connect those dots to get the fruits and vegetables to the right place, and what incentives can we give that community? I think that would be my question.

Mrs. FISCHBACH. Thank you.

Ms. REYNOLDS. I would encourage rewarding successful outcomes.

So one of the things—today, at LEO, we just launched a cohort of seven new organizations who are local innovators in topics of income poverty, asset poverty, topics of community college completion, all sorts of things in all corners of our country. And they are going through a 3-day process, which they will learn all about impact evaluations and start designing their research projects.

And these are organizations who, you know, are very local, very determined to achieve a certain outcome, and want a research shop to come and tell them about their impact. Because they are, many times, social workers who got into this work because they wanted to see change happen, and now they want to understand if that change is what they think it is.

And so what I would say is that—what I would encourage is that more and more Federal programs started pointing toward evidence, that where evidence exists, using it, or where evidence doesn't exist, making sure that evidence is built.

And I think the way that is built is through the Federal Government saying, "This is what we want to achieve," and then local innovators say, "I will achieve this outcome," and they run their

intervention, but then it is tested by, again, economists and other academics who can bring that research rigor to the table.

So that is how I think about it.

Ms. SCHANZENBACH. And if I could just add a few more things.

One is recognizing that having a strong foundation of, you know, income support programs and Federal nutrition assistance programs really helps the local innovators have the space to do the work that they do best, which is understanding, you know, how to address the root causes of poverty. But they are much more stretched if there is a line around the corner, where everybody just needs sort of a basic amount of food.

And so, when we are building on top of, you know, strong basic programs, then we can do the innovation, we can do the studies, you know, we could have the White House conference where we share ideas and, you know, sort of, learn best practices and share knowledge.

Mrs. FISCHBACH. Thank you. I appreciate that.

And then just one other question, and I will throw it out to everybody. But where do you see the role of the private sector in some of this, I guess? Because we are talking a lot about the Federal Government coming in and doing different things, but there has to be a role for the private sector.

Dr. JAMES. Well, I would like to just add one thing to answer that question.

As a hospital, we realize that hospitals can't achieve these things alone. And so we actually have not achieved them alone. We have recognized that it requires multisector partnerships to be able to do this, and, you know, partnerships among not only hospitals—which is kind of unprecedented, but the hospitals in our city have invested together as anchor organizations that actually belong to a D.C.-based organization called Healthcare Anchor Network that focuses on building more inclusive, sustainable local economies—but also working with banks. You know, we have worked with JPMorgan Chase, for example, to create an ecosystem in an area that has traditionally been disinvested, to create opportunities for ownership of businesses and equity ownership in these businesses and this type thing.

And also philanthropy. You know, we also, you know, talk to, you know, people who are philanthropically oriented to help build this thing.

And government. I would say, city and State government as well, you know, we have worked with them as well. And, in fact, that program, that is what I just referenced about JPMorgan Chase. That is a multisector project that we are doing, and the city is very much a part of it. It is the Department of Economic Development, you know, from the city of Boston, for example, and other hospitals and people who are involved in career training and financial literacy for people.

So I would say multisector partnering, to answer your bigger question, multisector partnering is the best way to leverage resources and assets to achieve common goals.

Ms. CURRY. I would like to second what Dr. James said. It is really not about reinventing the wheel, because there are so many

small local places doing great things. So it is really about helping to amplify those strategies and structures that are already in place.

Ms. SCHANZENBACH. I had a few other things that the private sector plays in this space.

So, for example, in my work with the Greater Chicago Food Depository, I know that we send our trucks out to deliver food to the local food pantries. And then, on their way back, they stop by participating restaurants and stores that have fresh foods that they discard at the end of the day.

Well, they don't discard them anymore. They give them to us, and then we repurpose them, getting them out. So that is one great example.

Of course, lots of grocery stores make substantial donations to food banks, food pantries, especially when the expiration dates are getting close but aren't here yet. So, of course, the food is still safe.

But the grocery stores know what they need to do to keep the food moving. And they have been very generous. They have been a tremendously important partner in terms of making sure that people get fed.

Mrs. FISCHBACH. Thank you very much.

And, Mr. Chair, I yield back.

The CHAIRMAN. Thank you very much.

Mr. Perlmutter.

Mr. PERLMUTTER. Just quickly. I appreciate the questions that have been asked and the panelists' testimony today. And I am taking away from this two things—or several things. But a holistic view of the individual, the person and their family and what has got them in this position.

And, I mean, the Chairman has started off with a gigantic subject, which is hunger. And, in effect, we have expanded that in a number of ways beyond that discussion. But I am looking at it as a holistic kind of approach, housing and poverty, income, and food.

I agree with Norma, food insecurity kind of glosses over what I feel is the question of hunger.

So holistic view, holistic view of how to approach it with a Federal overlay, State and local government, private sector, individuals, charities, to try and as efficiently as possible bring relief here. So that is the second piece.

Ms. Schanzenbach, you raised Milton Friedman, who I never really put him in this category. And so I am kind of interested to ask you that, because I have always thought of Milton Friedman as there is no such thing as a free lunch, a pretty rough character who was not particularly—I never even thought of him in these terms of hunger.

So could you expand on that a little bit?

And, with that, I would like to yield my limitless time after that to whoever comes after me.

Ms. SCHANZENBACH. Yeah. You know, I really do promise I have my students read "Capitalism and Freedom." One of the last chapters is all about, how would you design an antipoverty program?

And he takes a step back and thinks about incentives and how do we make sure that as we are phasing out benefits—because we do have to phase them out eventually.

We call that the old iron triangle, that if you give them to everyone it costs a lot more money, and so you have got to phase them out at some rate. And so he thinks about what is the rate at which we should phase it out.

You might have heard of he called it the negative income tax. And in fact, during the Nixon administration they ran some real randomized controlled experiments on the negative income tax, found some really important findings from that, that it did some real good.

And then I really will say that a lot of our programs are based on that same sort of foundational way to design programs, and it works.

Mr. PERLMUTTER. Well, all I can say is you are a lot nicer than Milton Friedman. So you are putting a nice component to sort of his economic principles, where I think there are two things going on here. Milton Friedman would be more of a monetary politician. He just focused on particular incentives.

But there also has to be setting these goals and directing it in a fiscal way, which then can put some power behind the incentives, that this is the direction we want to go. And I know the Chairman's goal here is let's eradicate hunger. And it is going to take about everything we have got to do that.

And I know in a wealthy country like ours we should be able to do it. But it really is going to take a good look at the individual and a holistic approach involving all of government, the private sector, and hospitals, where there are good ideas.

So I am going to yield back to the chair, but if Ms. Scanlon wanted to grab my time or—I don't want to give it to Mr. Morelle, because he will use it forever. I will yield back to the chair.

The CHAIRMAN. So I should say to the witnesses, Mr. Perlmutter is kind of joking about his limitless time. But as you probably have figured out by now, the Rules Committee is a little bit different than other committees. In other committees, questions and answers are within 5 minutes, which is good and bad. It is good because you get the hearing over with. It is bad because sometimes you can't have the kinds of conversations that we are having here today. And I think these conversations are incredibly important.

And, again, the Rules Committee, every bill that comes to the floor goes through us. We are like, I don't know, like the Wizard of Oz, no one quite knows what we all do here. But the bottom line is that we bring everything together. And so we are the perfect committee to kind of head this effort up.

And, again, I go back to the White House conference. There are lots of different ideas that are being talked about here today. Ms. Curry talked about connecting the dots, which is incredibly important. It is hard to connect the dots in the system that we have, because we only talk about little bits and pieces of this, depending on what committee you are on.

And so that would be the hope of the White House conference. Similar to the select committee that George McGovern and Bob Dole were on, the White House conference could be that vehicle to connect the dots to bring all this together and to develop a road map that involves everybody. I mean, not just government, the pri-

vate sector, medical institutions, educational institutions, everybody. And so I appreciate that.

So I am now happy to yield to Ms. Scanlon of Pennsylvania.

Ms. SCANLON. Thank you so much, Chairman McGovern. As you know, I have been really looking forward to this hearing.

I am sorry. I am just pulling things up as I am bouncing between too many hearings. So I just need one second.

So I have had a fair amount of engagement in this area over time, working with community gardens and local food banks. I was on a school board where we were implementing the 2010 nutrition regulations for school breakfasts and lunches.

And I represent Philadelphia, which is the poorest of our large cities. And, therefore, I think the statistics prepandemic were that we had one in four people in our city were hungry. So this is a longstanding issue for the region that I represent.

Obviously, during COVID-19 our food banks have seen a huge increase—I think 60 percent is the figure that we see—a huge increase in need, with a lot of people having to turn to food banks for the first time ever.

Since the pandemic began, I have made a point of attending food drives, food distributions, and farm markets just about every week or weekend in our district. So I have been able to talk to a lot of our constituents as well as people who are doing what they can to try to meet this need. But, as Dr. James suggested earlier, for many people dependency on food banks has become a constant even prepandemic.

We have great local organizations that have been fighting hunger in the Philadelphia area, folks like the Greater Philadelphia Coalition Against Hunger, Philabundance, which began as an organization that collected food from corporations and other places that had excess food to distribute it, but now is our major food bank in the region. And then we have had Delaware County Human Services and Citizen Corps. Almost every weekend they have a food drive drive-thru where the local food banks come, open the back of their car, take what they need, and then go use it.

I have got a constituent, Desiree' LaMarr-Murphy, who runs a food pantry in her backyard every week for her neighbors.

So we are really grateful to all those folks who have stepped up, but we need to address the underlying issues, as we have been talking about here today. We need additional funding for the food banks. We need to make sure that the safety net is there and working when people need it.

And I am really encouraged by the way we have been able to implement programs throughout this pandemic, whether it was increasing SNAP benefits, providing summer lunches to students who wouldn't otherwise have access to food, expanding the child tax credit, and taking some of these other measures that I think do need to be made permanent.

So, obviously, as a school board member, I have had a strong interest in the school lunch, school breakfast program, what we can do to make sure that is more nutritious. And I am concerned about the fact that we saw some rollback in those regulations in the last couple years. But there are additional issues we need to introduce there.

And I am also interested in the WIC program. I am a member of the Black Maternal Health Caucus. And we know that the U.S. has such a terrible track record, much worse than any of our peer nations, with respect to maternal mortality. And I understand there are some things we could do with WIC that might help address some of those issues.

The good news is we have a base to work from, the work that was done 50 years ago, and programs like SNAP and WIC do exist and give us someplace to start, which is great.

Dr. Schanzenbach, can you talk a little bit about how WIC and the child tax credit may be helpful with respect to the issue of social determinants of health, maternal mortality, and infant hunger?

Ms. SCHANZENBACH. Yes. So we absolutely know that that early life period, so from in utero through age 3 or 5, is just extremely important. It is extremely important for brain development. Our number one priority, frankly, should be protecting people in that age range, especially in times of economic downturn.

And let me say clearly, we did an exceptionally poor job of that during COVID. We know that that is important and, nonetheless, we let rates of hunger increase more for families with kids.

But we do have programs. I am extremely excited about the potential for the child tax credit, which we think will halve child poverty next year.

And another feature of that which will be really useful is that it is paid out on a monthly basis. And so that means that when families sort of get into a bind at the end of the month, they are going to still have money. They don't have to wait until their next tax payment in February or March. So I think that is going to do some real good.

Now, let's talk about WIC for a minute. There is a lot, of course, to admire about this program, but I do think that it is in need of some modernization or some incentives, frankly.

So it does a fantastic job with making sure that infants in the United States have access to the formula or the breast milk that they need. Participation rates are very high. Something like 80 percent of infants who are eligible participate.

But where it falls short is both in those prenatal conditions, which we know that if maternal nutrition is adequate the baby is going to be born at healthier birth weight. There are all sorts of health problems down the road that get sort of headed off if mom is in good health.

And then, similarly, participation rates really drop off dramatically as kids get age 1, 2, 3, and 4, even though we know how important it is to protect kids in that age range from hunger.

And furthermore, there is this gap. So you age out at WIC on your fifth birthday. Sometimes you are not in kindergarten for another couple of months. And so there is just nothing, even though we know how preciously important this time is.

So I think it is in my comments in the record. It is past time to set up performance standards for WIC. And we can let States and local areas figure out how to address why is participation falling off so much. But some incentives I think will go a long way there.

Ms. SCANLON. Thank you.

I think you also wrote some about SNAP and the need to work on recalculating the amounts that are necessary to produce or to put healthy food on people's tables. Can you talk about that a little bit?

Ms. SCHANZENBACH. Oh, yes. Thank you for that question.

So we are in the midst of rethinking the Thrifty Food Plan. You might remember that Congress ordered the Department of Agriculture to take a look at the Thrifty Food Plan as part of the last farm bill, and they sort of dragged their feet a little bit on that.

So let me just sort of paint a little bit of a picture for you. Basically, no matter how hard they try, the Department of Agriculture can't figure out a way to just make the numbers add up, to sort of make you capable of purchasing a healthy diet for the amount of money that they have. And so they try.

And so my favorite example is that the Thrifty Food Plan calls for a family of four to drink over 20 pounds of orange juice per week every week, and to top that off with five more pounds of fresh oranges. I love orange juice, I am sure you do, too. That is about five times what families actually consume.

Similarly, the plan calls for more than twice the normal weekly consumption of milk, of potatoes, of rice, of bananas.

So it will go a long way to sort of have this Thrifty Food Plan a more reality-based plan.

Another one of my favorite examples is it assumes that it costs the same amount to feed a toddler as it does a teenager. And let me tell me you, I have two teenage boys in my house, that is empirically false. Teenage boys are a lot more expensive to feed.

I know that the Department of Agriculture is working hard on this, on let's relook at the Thrifty Food Plan and make it more based in reality. And I think that is going to go a long way to this goal that we have of ending hunger.

Ms. SCANLON. That sounds right. Having had teenage boys in our house, I could not agree with you more.

You mentioned, I think several people have mentioned the impact on academic performance for when children are hungry. And we have talked a little bit about in the K through 12 context.

But I have got 19 colleges and universities in my district, and I had not realized before getting into this line of work what an issue it is to have hunger on college campuses and the fact that most of our colleges now have to have a food pantry to keep people fed.

Have you looked at that issue at all?

Ms. SCHANZENBACH. I agree that that is extremely important. It harkens back to that 1968 documentary, "Hunger in America," that the chairman started by quoting from. I will always remember that one of the quotes from that was that the mind comes in second when the belly is empty.

And so, to be sure, we see that having access to SNAP, having more consistent access to SNAP, all of those things mean that kids do better in school.

So when it comes to colleges, there are just a lot of thorny issues around that. It is definitely the case that the college rules for SNAP are antiquated and just aren't reflecting the fact that many people are going back to college. It is not just 18- to 22-year-olds



who are in college anymore. A large fraction are over age 25. Even 10 percent, I think, are over age 40.

And so I do think that we need to take a careful look at do we have those right. I know that there was some change in some of the relief packages.

But we need to sort of take that on more systematically, because the last thing we want is for people not to finish their degrees, which can then be a path to sort of better jobs, more stability, because they can't feed their stomach in the very short run.

Ms. REYNOLDS. And if I could just add one point to that comment, is that there has been a growing body of evidence over the last decade on what it takes to get people to persist and to complete their college degree.

I think that there have been about six RCTs that show successful interventions that are working. And a common thread is helping college students, low-income college students deal with personal barriers, poverty obstacles that they are dealing with.

And so where we have done a great job is in, like, getting to the point of access. We just have so much further to go with persistence and completion.

And so much of it is because, again, if you were in poverty and you don't know how you are going to feed your child tonight and you are in school, education is going to be the first thing to go if you can't first take care of today's needs.

Ms. CURRY. I would like to build on that a little bit and just provide a little bit of perspective from the fact that, it is true, every school should have some sort of a food pantry when it comes to college education.

Because I think it is just ironic when you look at needing to focus that food really is medicine, but it seems as though it is easier for college students these days to have access to an Adderall prescription rather than some brain fuel from their local college food pantry.

So I think that really is something to look into.

Ms. SCANLON. Okay. Thank you.

Playing off the theme that food is medicine, I was going to direct a question to Dr. James.

I know at CHOP, Children's Hospital in Philadelphia, a few years ago they initiated a program, yet another PPP program for my congressional colleagues, but this one is the Prescription Produce Program. So trying to address nutritional needs of children by prescribing produce and other healthy foods to them.

I that related to some of the things you are doing in your program, Dr. James?

I think you are muted.

Dr. JAMES. Thank you. I am sorry.

I at least one of them for sure, and as well as the food pantry, because we have the Grow Clinic. And one of the things it does is prescribe the sorts of nutrition-heavy foods that children need to actually grow.

We have seen countless—every year we have a fundraising event—seen countless “look at me now” stories, from a picture of a little baby to a grown person in college even.

And part of what goes along with that program is not only providing people with access to those nutritional foods, but we have, as I was mentioning earlier, a teaching kitchen that actually helps people to prepare those types of foods, and actually not only in one way of preparing it.

We have the most diverse patient population in our city. And so there are ways of teaching people and orienting them to actually prepare these healthy foods in their own cultural sorts of ways as well.

So we first of all provide them with access to these nutritional foods, and then also help them with learning about how to prepare them. So it sort of runs the entire gamut.

Ms. SCANLON. One thing that kind of has masked some of the hunger issues in our country is we also have this obesity issue moving forward. Can you speak a little bit to how someone could be obese but not be getting adequate nutritional food?

I mean, we have seen in the school lunch context that as we rolled out healthier alternatives, it started to address some of the obesity issues, because kids were eating better and not eating so much junk.

Can you talk to that link?

Dr. JAMES. Obesity is complex. It is a really complex thing. First of all, what might be considered obesity in one culture may not be considered obesity in another culture.

And so we create these sort of standards by which we measure people. And in some healthcare settings, the honest truth, they judge people. And it is not really good, because the patients feel that.

I actually saw it, I saw a doctor tweet about that the other day, about how she herself was not enjoying being a doctor because of the perceptions people have about obesity. And she considered herself that, I guess.

So I think it is that, that is first of all. I mean, I actually once did a study on that in our emergency department, asking people whether or not they considered themselves obese, first of all. And I know I am not getting to your answer—your question yet, but I will.

We were asking people whether or not they considered themselves obese, and then we measured their BMIs and things like that. And there were huge discrepancies in what people considered as obese and not based on culture.

And the other thing I asked people was would they ever be interested in exercising, learning about health and fitness and this type thing. And 85 percent of the respondents said they would absolutely be interested in those things if they could just manage the stress in their lives first. And those things were all focused on, like, food insecurity, housing insecurity, lack of resources to be able to even prioritize their health.

And so a lot of the things that people have access to, to eat, to answer your question, they are just things that aren't things that add nutritional value. They may be things that just pack on calories. They may be things that are just like heavy in like carbohydrates, heavy in sugars, and this type thing.

And, listen, I have always had this notion in my head, actually it is a mantra, and it is, given any opportunity, barring things like with the exception of mental illness and substance use disorder, given any opportunity, people will not choose suffering. And so there is always a reason for these things. But we just have to understand and take the opportunity to understand what the reason is, just by asking people themselves.

Ms. SCANLON. I suspect you may agree with a pediatrician in Philadelphia who wrote an op-ed a little over a year ago. He said that a friend asked me the other day what would do the most to improve the health of the children he sees in his clinic, and he said, raise the minimum wage.

And it speaks to these other issues, the fact that people have so much on their plate and they can't afford the housing or the medication, and it is just this cascade of things, including food insecurity. So I have found that something I cite quite a bit.

Going back to Dr. Schanzenbach, one of the things, you were mentioning reducing barriers and access to nutritious food. And that is something we tried to work on over the summer, trying to make the ties between farm markets and our local populations, making sure that people could use SNAP and EBT at the farm markets, that folks could get deliveries from the farm markets.

Are there other things in that reducing barriers to access that we should be looking at?

Ms. SCHANZENBACH. I think sort of besides expanding access and farmers markets and things like that and delivery—both of those I think are pretty first order—another is, about a decade ago the Department of Agriculture ran a randomized controlled trial, so really top-quality evidence, about what happens when we give people a price break when they buy fruits and vegetables. And so we will give them 30 cents back for every dollar they spend.

So recognizing that cost of these have been increasing disproportionately, lo and behold, maybe to no one's great surprise, it increased the likelihood—or increased the amount of fruits and vegetables that people buy.

I think that is more than ripe for primetime, and I would love to see us implement that sort of on a large scale through the SNAP program.

Ms. SCANLON. Ms. Curry, you have done a lot of work around school food programs, and I spent some time in the trenches on that one as well, whether it was trying to make sure that kids who were using the free and reduced lunch and breakfast didn't feel stigmatized, making sure that the quality of the food was good, et cetera.

Can you speak to what you are seeing in that realm and how we could do better?

Ms. CURRY. Yes, absolutely.

So it is so interesting, speaking about obesity, Oakland actually has high obesity rates and high rates of food insecurity. And it seems so counterintuitive, but they are definitely linked. And it is because healthy food is more expensive than the other things that people have access to.

And so I think what you were speaking to is great with the incentivizing. The 30 cents back for every dollar I think is a great thing to implement.

But what we have found to be really helpful for us to change that is to, working with our—getting these local organizations like ourselves to work with the local farmers to actually bring the produce to the schools and the different school districts and to the people in the communities that way, and just kind of have this direct-to-consumer model I think has been very helpful for us on the ground.

And we find that people, they want the healthy foods. They just don't have access to them or can't afford them. And so kind of bridging that gap I think has been really helpful, in our eyes, and we have found people to be really grateful for the help.

Ms. SCANLON. You also had some interesting statements in your statement about philanthropy cannot solve everything, and I have certainly been concerned about that, attending food drives where the pantries that show up at those food drives are dependent on whatever happens to come in that day.

Can you speak to that a little bit?

Ms. CURRY. Absolutely. So you are saying that people receiving whatever comes in that day. Yeah, absolutely. We are completely dependent upon people volunteering and showing up to help and to really be boots on the ground. And people kind of take what they can get, and that is the sad truth of it.

But we have been fortunate that we are here in California and have had some amazing, like, local farmers and dairy providers come and help.

And we have also implemented having our local hospital, Kaiser Permanente, have a huge help. And I have found that to be extremely helpful from both a mental health perspective for the community and nutrition.

And so I would encourage us to figure out how to connect other local nonprofits with their local hospitals, because I feel like it makes a huge difference in amplifying.

And I think awareness is a huge thing, too. A lot of people don't realize that the help is there. And so figuring out how to raise more awareness about the help that is available to the community I think is really important. And for us, partners like Kaiser and our local food bank have really, really helped in doing that.

So, again, I hate to repeat myself, but really connecting those dots on the small things has been so important for us from the ground level up.

Ms. Scanlon. And I think that goes back to the barriers issue, and particularly when we have had to rely so much on internet and not everybody has access.

But that would keep me going on for a lot longer. So thank you very much, and I will yield back.

The CHAIRMAN. Thank you.

Before I yield to Mr. Raskin, I just want to ask unanimous consent to put into the record a statement from Luis Pedraja, who is the president of Quinsigamond Community College in my hometown of Worcester, Massachusetts.

[The information follows:]



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## Testimony from QCC President Luis G. Pedraja, Ph.D to Congressman Jim McGovern Concerning Campus Hunger

Video Link: <https://www.qcc.edu/media/presidents-message-congressman-jim-mcGovern-campus-hunger>

### Transcript

Congressman McGovern, thank you for this opportunity to provide a testimonial to share my thoughts, and those of Quinsigamond Community College as you begin your hearings to examine ways to combat the hunger crisis.

At Quinsigamond Community College, our students are hungry. Prior to the COVID-19 pandemic, a 2018 study done by the Wisconsin HOPE Lab found that 49% of students had low or very low food security and went hungry on a regular basis, 11% were homeless and 54% were in an insecure housing situation. Shockingly 7% of students experienced hunger, housing and homelessness together, all three, while 66% experienced one of these basic needs insecurity. And the pandemic has only compounded these concerns.

To address the issues of hunger on our campus we opened a Food Pantry and Resource Center in 2018, to help feed and support those students in need. When the pandemic struck, the need became dire as those students, along with hundreds of others required food to feed not only themselves, but also their families that depend on them for these basic needs. They needed emergency funding to allow them to pay for basic necessities such as rent, medication or Internet access so that they could continue their studies. We knew we had to act fast.

QCC quickly mobilized to establish an Emergency Aid Fund to provide these essentials, and, although in response to the pandemic the College no longer provided in-person services, we found a way to ensure that healthy food was available to our students in need. For the last 13 months, we have operated a weekly drive-through/contactless food pantry to help mitigate the food insecurity our students are experiencing. We partnered with the Worcester County Food Bank and each and every Wednesday a team of College employees and volunteers drives to the Food Bank to pick-up two tons of food, which is completely distributed by the end of the day. We regularly serve 40 – 50 students per week, with the majority of students having four or more family members who are depending on them for food. We are seeing an increased need for hygiene products and diapers, as many students have no other way to access to these vital and expensive necessities.

I'm proud that our operation makes a difference in the lives of over 200 people per week, but there's still more support we can provide. It seems there is never enough for those in need. To date, 512 students have signed up to use the food pantry and that number continues to grow steadily.

One student, and soon to be graduate, Andy, has used our food pantry regularly this semester. One of the things he said that stuck with me is that it can be really hard to succeed if you're hungry. "When you eat better, you feel better, and can focus to get better grades and be successful," he said. Can you imagine sitting in a

classroom trying to study to better yourself with an empty stomach? I can't, but it's the reality many of our students face.

Even as we move back to normalcy from the pandemic, we believe we will continue to serve more students each week and that the need will continue to grow. Many of these students are parents/mothers, BIPOC or other marginalized populations, who have been disproportionately affected by the pandemic as we well know. As I'm sure you are aware, Statewide Black, Latinx, and LGBTQ+ college students disproportionately experience food insecurity at rates of 52, 47, and 46 percent respectively. Student parents also experience at higher rates of food insecurity at 53 percent. The statistics are sobering and should be alarming.

While Quinsigamond Community College has made a significant difference in the lives of our students, we could be doing so much more. We do not receive any state funding to support our Food Pantry. In fact, there is no state-funded support for college students. Meanwhile, 37 percent of public university students in Massachusetts experience food insecurity. The QCC Food Pantry is funded by grants to our QCC Foundation, partnerships with the Worcester County Food Bank, and our Foundation's grassroots fundraising efforts. It is run by volunteers who are college administrators, faculty, staff and Foundation Directors, and even students who help out.

For as much as we are trying to do to help our students, it is just not enough. More must be done to address the hunger that has plagued our country for far too long. This is not a new issue; however, it is one that has been exacerbated by the pandemic and one that we can no longer ignore.

In order to solve this challenge once and for all, there needs to be a Federal solution and a strategy to end hunger. Existing programs, such as the National School Lunch Program and SNAP benefits are a start, but they only go so far. We need to ensure that those in need are able to fully take advantage of these programs, and that barriers that keep them from accessing these programs are completely removed. We have found that continued communication and assistance to help students access these benefits helps, but there is so much more that can and must be done.

Thank you for your time and attention to this extremely important issue. With your support and the support of congress, I look forward to the day when college students can focus on their educations without having to wonder where their next meal will come from. Thank you.

The CHAIRMAN. He wrote to tell me how students are facing food insecurity today at levels obviously compounded by the COVID pandemic. And let me quote. He says:

“Prior to the COVID-19 pandemic, a 2018 study done by the Wisconsin HOPE Lab found that 49 percent of students had low or very low food security and went hungry on a regular basis, 11 percent were homeless and 54 percent were in an insecure housing situation.

“Shockingly, 7 percent of students experience hunger, housing and homelessness together, all three, while 66 percent experience one of these basic needs insecurity, and the pandemic has only compounded these concerns.” End of quote.

So nobody is immune from this crisis and we have to act.

And by the way, this statement was submitted through the Rules Committee’s new online portal at [rules.house.gov](https://rules.house.gov). I want to encourage anybody who is watching this today to take a moment to log on and share your story, any research you have, or whatever you think we should know as we continue this work.

And, again, I think the conversation has been really superb, but it all points to the same thing: We have a hunger problem in this country. And it involves not just one program or not just the government. It involves all of us.

And, again, part of what we are trying to do here is to highlight some of the challenges, but also move toward, again, connecting the dots, as Ms. Curry says, because I think that is how we solve this.

This is a big problem. It is going to require some big thinking. And we have to get everybody who has a role together and figure out what our road map is going to be.

So, having said that, I am now happy to yield to the gentleman from Maryland, Mr. Raskin.

Mr. RASKIN. Thank you, Chairman McGovern, and thanks for convening this excellent discussion.

And I want to express my appreciation to the panelists for their really terrific contributions.

My congressional district in Maryland is in certainly the top 25 percent of congressional districts in terms of wealth, in Montgomery County, Maryland, in Frederick County, and Carroll County. But I have been very focused on this issue, and we have seen some terrible outbreaks of hunger and poverty over the course of the COVID epidemic.

And one way of seeing it is with a group that I have worked with for a long time called Adventist Community Services of Greater Washington, which is not far from my house. They basically went, during the course of the first several months of the crisis, they started serving ten times the number of people as they had seen a year before.

And then whole new groups arose. In our school area, we call it the Takoma Park Middle School Cluster, a new food support group was founded by my friend Wendy Kent. They started by serving 33 families a month, and they went to serving thousands of meals a month, because the demand was so overwhelming, with people skipping meals and not able to feed their families nutritious lunch and dinner.

So it is a serious problem even in areas that sounds to you like they might not have a problem, like Montgomery County, Maryland.

The question that I want to ask, given this amazing outpouring of human compassion and solidarity that we saw, not just in Montgomery County but in Frederick County and Carroll County and throughout, is whether we should continue to depend on that.

In other words, do we want to work with and mobilize these networks that have formed in our area around school clusters, or is that a manifestation of the failure of our broader food systems and a failure of the government?

So I am just curious as to how you integrate the emergence in civil society of efforts to transfer grocery gift cards and canned goods and fruits and vegetables from farmers market directly to people who are hungry versus trying to think of it as a more systemic issue.

And I don't know, Dr. Schanzenbach, maybe we could start with you.

Ms. SCHANZENBACH. Yeah. You know, great questions. And it was certainly heartening to see just the overwhelming response when needs surged so much.

I do think that we will want to continue to nurture these networks, but the expectation and hope is that, as the economy continues to improve, as we sort of fix some of the shortcomings of SNAP, just the pressure will be taken off of those.

And so then we can really turn to thinking about some of the more fundamental causes of why you are having trouble making ends meet, what can we do to be more sustainable here.

But I do think, of course, we want local organizations, we want grassroots people to be part of the solution. I think we are going to need them to be part of the solution.

Mr. RASKIN. Yeah.

Ms. SCHANZENBACH. But they are going to be better on top of SNAP.

Mr. RASKIN. Well, and, Ms. Curry, I wonder if you would reflect for a moment about the dynamics of the kinds of things that have happened in my community, and I am sure it is not unique across the country.

It is wonderful to be part of food drives where people are bringing food, people are bringing canned goods, people are contributing money. There have been, like, drive-thrus where people come up, we hand them bags of groceries, and so on.

Is that ultimately what anti-hunger initiatives should look like in America, or do we want something that is more systemic and more structural and more sustained to be taking place?

And what are the dynamics in terms of how people feel about it, both the people who participate in giving and the people who participate in receiving? Is it better to have that kind of face-to-face thing? Is it embarrassing? I am just curious.

Ms. CURRY. Right. Right.

I definitely think that programs like ours and many others should definitely continue going forward with the added benefit of the strengthened SNAP program.



But I would say I haven't seen embarrassment, as you said. I have seen more graciousness and gratefulness from a family perspective, especially during this time.

And what happened here was a pandemic. So we had to do what we had to do and get things to people the way that we needed to get them as fast as we could. And so that model really worked for us.

And with our partnership with the World Central Kitchen, who has implemented this same program in many different places, it just works, and it has that back-end benefit of helping the hospitality industry as well. And so that part of things has been really great structurally.

But I think systemically, absolutely, it would make more sense to have more structure there. But I think that there is a world where both things can live, because we are not going to—until we see this completely end, I feel like we are going to need all of the help that we can get and then some.

And when this pandemic ends, we are not going to see, unfortunately, this go away right away. If anything, I think it will get worse, a little bit worse, before it gets better, because we will be in that rebuild stage.

So I think it is really important to have strong forces behind the hunger initiative to make sure that we are taking care of everyone until we get to a place where we know that the SNAP and WIC programs that are put into place are truly working, if that answers your question.

Mr. RASKIN. Yes. And I want to thank you for what all of you are doing. I want to thank Adventist Community Services in my area, and I want to thank Wendy Kent from the Takoma Park Middle School Food Support Cluster, and I want to thank everybody who has stepped up at this moment.

And let's just hope that we will be able, through these different legislative initiatives, to strengthen the overall resiliency of our nutrition network in the country.

I yield back, Mr. Chairman.

The CHAIRMAN. Thank you very much.

I want to ask unanimous consent to insert into the record a letter from the Food Bank Coalition of Massachusetts in support of today's hearing and the need to convene a White House Conference on Food, Nutrition, and Hunger, and our goal to end hunger in the United States by 2030.

[The information follows:]



April 28, 2021

Chairman Jim McGovern  
House Committee on Rules  
H-312 The Capitol  
Washington, DC 20515

Dear Chairman McGovern,

We, the Food Bank Coalition of Massachusetts (FBCMA), are writing in support of today's hearing and your overall effort to convene a White House Conference on Food, Nutrition, and Hunger and end hunger in the United States by 2030. Over the past year, the food banks have responded to a historic level of need, which has both shined a spotlight on food insecurity and created a renewed urgency for action.



**MERRIMACK VALLEY FOOD BANK**  
Lowell, MA  
www.mvfb.org

According to Feeding America, Massachusetts had the highest increase in food insecurity in the country in 2020, with 1 in 8 people and 1 in 6 children affected. FBCMA's network, which includes 1,000 food pantries, meal programs, shelters, and mobile markets, served an average of 64% more individuals last year compared to 2019.



**The Food Bank of Western Massachusetts**  
Hatfield, MA  
www.foodbankwma.org

The pandemic has taken a devastating toll on our families, but it has also produced temporary policy solutions that offer a permanent path forward. We support the significant strides that the Biden administration and USDA have made to date, including the American Rescue Plan, boosts to SNAP and P-EBT, and the rescinding of the previous administration's public charge rule.



**THE GREATER BOSTON FOOD BANK**  
Boston, MA  
www.gbfb.org

FBCMA recommends the following actions for reducing food insecurity in Massachusetts and across the country. We also recommend that throughout the policymaking process, BIPOC individuals and those with lived experience are part of both the planning and decision-making.

- USDA adoption of the Low-Cost Food Plan in determining SNAP benefits, or better yet, a food cost plan that reflects the real cost of healthy food that nourishes families.
- Minimize the "cliff effect" by extending the time frame households can continue to receive benefits and/or reduce benefits gradually over time.
- Allow senior citizens, people with disabilities, and unhoused people to use their SNAP benefits to purchase hot foods.
- Invest more funds to support local farmers.
- Continued funding for BIPOC farmers.
- Connect local farmers with people experiencing food insecurity through school meals and USDA distribution programs.
- Create a national communications strategy to end the stigma around food insecurity and accessing federal nutrition programs.
- Subsidize childcare and pre-kindergarten so that all women and single parents have more flexibility and support to enter the workforce.



**WORCESTER COUNTY FOOD BANK, INC.**  
Shrewsbury, MA  
www.foodbank.org

Returning to pre-pandemic levels of food insecurity is unacceptable – we need to solve this problem once and for all. The pandemic has showed us that food banks cannot solve hunger alone through more donated and purchased food. Only federal programs such as SNAP and unemployment assistance can scale up to address a crisis like we saw over the past year. We need federal policy solutions to truly address the root causes of hunger.

Thank you for being a long-time champion and leader on the issue of ending hunger. We look forward to being continued partners in this effort.

Sincerely,

Amy Pessia  
Executive Director  
Merrimack Valley Food Bank

Andrew Morehouse  
Executive Director  
The Food Bank of Western Massachusetts

Catherine D'Amato  
President and CEO  
The Greater Boston Food Bank

Jean McMurray  
CEO  
Worcester County Food Bank, Inc.

The CHAIRMAN. I am now happy to yield to Mr. Morelle.

Mr. MORELLE. Thank you, Mr. Chairman, first of all, not only for convening this hearing today, which is so important at this point in our Nation's history, but your long history of working on this. And I am very, very grateful to you for your leadership and to all the witnesses who have stayed now through a couple of hours-plus answering our questions. And I think the questions have been great. I think the subject is important.

I actually was going to ask something about hunger, but I have been inspired by the chairman's call to talk about this in a bigger way. And I was also inspired by Ms. Curry's story about Christina, I think she said the young woman's name is. So if I can just take a moment.

Four years ago I was the majority leader of the New York State Assembly and we had just come through a bruising State budget battle. We pass our budget, adopt it in April. And what I was frustrated by was how many different groups, well-deserving, well-meaning, came to ask for money. And I represent Rochester, New York, upstate New York, second-highest child poverty rate in the country, sadly.

But I was reflecting on my frustrations. There were so many people, sometimes in the same space, asking for State funds. And I was thinking about, boy, we are doing so well. All these groups would come and say, we get so much return on our investment. If you invest a dollar, you get three dollars back in avoided cost.

And I thought, all these services are great, all these organizations will claim to be so successful, but in some ways we are not helping people. It is just people are getting worse. Our situation in our community was getting worse. And I thought it is like the organs of the body are doing well, but the patient is dying.

And so I was haunted, too, by a story, and this is the story part. My wife was an English language arts teacher in seventh grade. And we were near the end of the school year this time of year, and she had come home talking about this boy Dasani. And Dasani had been one of her favorite students, 12 years old, a lot of personality, very smart, but there was some issues in Dasani's life.

And she came home one day—and she had talked about him a lot, so I knew who she was talking about. She said, “Dasani got suspended from school today.”

And I said, “Oh, I am sorry to hear that. What happened?”

She said, “Well, he got in a fight with some other students because they were teasing him. He has been sleeping on the playground and sneaking into school buildings at night rather than going home.”

And I said, “Gee, that is unfortunate. Why? Why would he be doing that?”

And she said, well, his older brother, who my wife had also taught, had been killed in a gang-related shooting, and the mom—she was a single mom—was having mental issues dealing with her son's death and the violent way in which he died.

So I said, “What is going to happen to him?”

And she said, “I don't know.” And she never saw him again.

So I was haunted by that story and haunted by what had been this bruising State budget battle. So I convened in my office at the

time the local United Way, my two major hospital healthcare systems, and the Rochester City School District, which had all kinds of challenges. It is an urban district, very, very poor achievement rate.

And I said to them, I don't understand why, as adults, well-meaning, caring adults, with a lot of services, why we have these terrible results and why we don't integrate social, health, and educational services. Why a classroom teacher doesn't know that a child that they have and their family, the fact their family have housing issues, have food insecurity.

When you go to discharge folks from the emergency room at our hospitals, I would hear the emergency room attendants tell me, "We didn't discharge the person, not because of a medical reason. We don't know what is going to happen to them and they are on the precipice of falling apart."

So I challenged these four or five people gathered around my room.

So 4 years later, I just want to talk about what we have done in Rochester, New York. We have now 50 organizations that meet every month for several hours. I have work groups with hundreds of people. We have a staff of about six, seven, it continues to grow. Because I convinced the State of New York to allow me to start creating a pilot program in Rochester to start integrating services, health, education, and welfare, not to create a single program. There are plenty of silos. It is just the silos aren't connected in any meaningful way.

So we have been at it for 4 years. We are about to enter into a big agreement. We are funded by the State of New York, gave us \$15 million to integrate services.

So we have built a shared language protocol, an ecosystem. We have gotten all these different agencies in the health, social, and educational space to agree to share data with one another. And we are building, again, no new services. It is really about alignment and integration.

But out of that, what we hope to build—and we have got pilots we are about to implement—a holistic, human-centered design, with a big lens towards racial equity. We have an Equity Review Board that looks at everything. Even the algorithms we are building with IBM, who is our selected vendor, we brought in a company to look at the algorithms to make sure there is not racial bias in the algorithms. We have a huge community engagement piece to this.

But the frustration—and this really gets to what the chairman was talking about—is when I described it—part of the value I bring to this—so I co-chair this with another longtime friend who is a member of the State Board of Regents and is in the healthcare space.

And so I bring these folks together and I spend hours on this every month. And the real kind of reason I am there is I don't know that much about healthcare policy or educational policy or housing or hunger. But they will come to meetings, if then the majority leader of the assembly convenes them or now the Congressman convenes them.

And so what I do is I troubleshoot. When one of the hospitals is thinking maybe they are going to design something that deals with social determinants, I called the head of the hospital. I said, "You have been in these meetings, you know this is important, you are committed to this collective work." So they will go and make sure that people are brought in, and we have continued. That is why we have hundreds of people now working on work groups.

So we are on the cusp. It is really hard. I mean, we talk about this in rooms like this, virtual or otherwise. And it sounds easier than it is, but I know all of you know how really difficult it is. You deal with egos. You deal with programs that are designed for 10- to 12-year-olds, but then when you become 13 you might still be hungry and you might still be homeless, but you are no longer in that program. So we don't have really good funding streams.

But the worst part this—and, Jim, you mentioned this, so that is why I am getting so animated about it—is if I weren't in that room I am not sure it would work well in Rochester, New York, because I sort of say I am the muscle in the family, I make sure everybody is at the meeting.

Now they have gotten to the point after 4 years where they work together. There is faith. There is trust. We are all part of this belief system that we are going to change the world and we are going to have the first fully integrated health, social, and educational services. And the hospitals talk to social.

And there will be no what we call warm handoffs, and no one will fall through the cracks. You are at one settlement house and then your family moves, and now no one knows what happened to you. Whatever information about you while you were at the settlement house was great, except you have moved to a new neighborhood and no one knows who you are and no one knows what interventions have happened in your life or your family's life.

So I relate this not because I am pessimistic. I am very optimistic. I mean, we are doing some things. We have consulted with San Diego 2-1-1, which is doing some great things. We know about the project in Fort Worth, Ms. Reynolds, that you talked about.

But I guess the question that I think we should all sort of be contemplating is how to build—and maybe it is through—when I talk to—I will just say this one other thing, then I will get to the question. Sorry.

When I talk to the folks in the Ed and Labor Committee staff, of which I am a member, or I talk to other folks in public policy and I say to them, "We really need to break down barriers and bring people together in a holistic way," and I think everybody sort of intuitively says, "Boy, that is really what we are all trying to do."

But the way we design things in government and public policy makes it almost impossible. I am going to have a fight tomorrow with the State of New York about some requirements on how we enter into this agreement with our integrator, because they just don't—they helped me invent the program, they came up with the funding, and they still don't know how to do this because they are stuck in the old way.

So I guess the question is, maybe less for right now but something to think about and help us with, is how to really have a seri-

ous conversation about true integration. That those silos that we have built, well-meaning people over decades and decades because there was a problem they wanted to address, how do we break it down? How do we create regional or State approaches that really worry about a community but really at the end of the day worry about the individual and the families?

Because for all the other things that we do, if we are not—and moving people from crisis and the fragility that poverty puts on people to—I heard the word “self-sufficient.”

I don’t want to get people self-sufficient. I want them to thrive well beyond self-sufficiency, so they are thriving, they don’t fall back into poverty, they don’t fall back from—they are out of the program for 2 weeks. They get a flat tire. They lose their job because it is the third time they have been late for work. They are now back in poverty again.

So we have got to do much more than just getting them over some arbitrary line, the poverty line. We have got to get them in a whole different place.

So sorry for the rambling, Mr. Chairman. I really apologize for that. But this is something that I and so many people here in town have dedicated themselves to. But it is tough. It is a slog to even get people to think creatively about, how do we break this down, how do we truly get to integrated, holistic solutions?

With that, I am going to shut up. And maybe I can just ask each of you to just offer a little thought about things that we could do to make that better.

The CHAIRMAN. Why don’t we begin with Dr. James.

Dr. JAMES. Mr. Morelle, I just want to really congratulate you on this really upstream, transformational way of thinking, really focusing on root cause. I want to thank you for not accepting the status quo but believing it can be better and being willing to push that.

And then I like the notion of pushing toward equity. And here is the thing about equity that I have discovered, is that equity is really tricky. I like the way that you kept emphasizing well-meaning people. We are, indeed, well-meaning people, well-meaning.

And even as well-meaning people, when we don’t or if we are not able to recognize inequity when we see it, even when we might be inadvertently participating in it, it is hard to create something that reflects equity, because we don’t know what inequity looks like. And there have been some recent examples of that, for example. So it takes a lot to actually focus on equity first.

And so I would say that in this city right here the hospitals have been working together really, really well, especially since 2019, when we did a community needs health assessment together. And then we created—what emerged from those needs assessments became our community health improvement plan. These are things that are required by the Affordable Care Act every 3 years.

And so in achieving something that you are actually talking about right now our goal and our aim was to push toward equity.

For our own hospital, one of the first things we did when we decided that we would choose equity over charity exclusively was to look inside ourselves, look at our policies and programs and out-

comes to see where we might be inadvertently participating in things that reflect inequity.

And to nobody's surprise, of course, we found things, because that is what we wanted, because that is the sort of information we needed and insight we needed to be able to choose a path that reflects equity.

But what I have found, particularly working in groups with others, other organizations, other hospitals and things, is as we are creating transformational types of initiatives, what I have seen is that oftentimes you propose something and then people will sort of like undo it, unravel it, take parts of it away until they get it back to a place where they are comfortable, and that is generally a place of inequity.

And so it is really hard, it is a challenge, it is a challenge to get people to, like, shift their mindset on this thing. But what you have to do sometimes is draw the line.

And in the beginning, I didn't realize what was happening. I couldn't understand why people weren't getting it, why were they pushing against this thing that clearly was a transformation and would take us to a different place. But I realized that it is inequitable, but they don't recognize it as such. And so they are comfortable in this space of inequity, the status quo.

And so that is when we really started to do things like, honestly, as recently as this week, Monday, like drawing the line and saying to people: This is what is happening here. You probably don't recognize it, but I want you to realize what is happening here. This is what you are doing. And I know you are well-meaning and you don't mean to do this, but this is not working and we have to push beyond this.

And so, I mean, that is what I would say. And I would just encourage you please not to give up on it and not allow others to take it back and lose the opportunity to create and capture value in each and every human being you encounter, because that is where the transformation lies and that is where the changes in outcomes and data happen.

Mr. MORELLE. Thank you.

Ms. Reynolds, I don't know if you had any comments. You looked like you wanted to say something.

Ms. REYNOLDS. I do. I just have a few quick points, or three points, really.

One, just congratulations on that focus on silos and breaking those down. There is a huge problem in the industry at every level, and I so appreciate that.

My biggest thought on that, which is kind of point number two, is I think what is really needed in this space is that we become extremely person-centered. Who is the end user? Who is the person struggling in poverty? Because we have silos at the Federal level, we have silos at the community level, and we often, coming from a large multiservice organization, we have silos within those organizations.

And I used to say all the time at Catholic Charities, it is my job to make the accounting team and compliance team's work extremely difficult, not easy. Because what was often so tempting is you got a new funder to give you something or a government grant

or whatever it may be, and so you started a new program, a/k/a a new silo, for a client to come into. And so instead of it being the headache of accounting and compliance, it shifted to the client, and that shift has to change.

And then the last thing I just wanted to note is, do remember, even though busting down silos, as you do that, take it the step further and, even with all the well-intentioned organizations you are pulling together, build evidence about, are what are they doing really working.

I know when we built evidence at Catholic Charities Fort Worth with the new WEE is a program of theirs but not sure this is the right one WEE at LEO, there was so much I thought, I had a hunch as a social worker was working and, frankly, it really wasn't. And so having that evidence, that causal evidence, really can make a difference.

And you should be really proud in your district, because LEO has studies going with the city of Rochester on the earned income tax credit program as well as Action for a Better Community and Catholic Family Support Center, all on intensive case management to move the needle on poverty. So you guys are already off to an amazing start there.

Mr. MORELLE. And I will say, Catholic Family Center, Action for a Better Community, the city of Rochester, all part of our systems integration work.

And you make a really good point, which is people forget what we are trying to do. And trying to get the best practices is tough, because—I hate to say this, it pains me—sometimes poverty is big business for some people. And they are good. “We are like good where we are. We are fine. It is good.” Just it is the wrong thing and it doesn't focus on the outcomes that we need to focus on.

So anyway, I appreciate everything people have done to contribute to this and to all of your work. And, hopefully, we will be able to meet again offline or at a different venue.

But thank you, Mr. Chairman. I will yield back.

The CHAIRMAN. Let me just say, Dr. Schanzenbach or Ms. Curry, I don't know if they want to respond to your—are you all—are we all set or—

Mr. MORELLE. I didn't want to impose, but I would love to hear if they have any comment.

Ms. CURRY. Yeah, I will say something.

First of all, I think what you are doing and have implemented already is just so incredible. And I just, like, as a mom and an empath in general, just your story of your wife and Dasani, it is just heart wrenching, and it makes me feel like I just wonder if there was something that could be done. You know what I mean?

We raise our children and tell them every single day: You are unique, you are special, you are an individual. But then the healthcare and the nutrition and the plans that are put in place for them just aren't special or unique. They are just very broad, and everybody is kind of thrown into a bucket. And you are right, I think people need to be addressed on an individual level.

So I wonder if there was some sort of database with all of these local organizations that you put together, if there was some database that they all could access to see people's charts and their med-



ical history and their mental health history and have something that is accessible in each community, still on a confidential level, but just so that it could be seen. I wonder if that might help start change.

Because I do think about somebody showing up to the hospital and not wanting to discharge them because you don't know what they are going to do, it is true. And you don't want to have to ask the question because nobody wants to unpack their past again and go through their history and their record.

Mr. MORELLE. I don't want to interrupt you, but that is a great question. One of the things we do is there is going to be a dashboard that brings together your health [inaudible] and social. But the permission will be granted by the individual so that no one will see the information that they are unwilling to give.

But that is part of building this shared data ecosystem and the shared language, so that a hospital worker knows what the housing specialist is talking about because we have built this shared language protocol.

And we also share the same—there is, like, several domains, and we have all agreed on the empirical data which would say this person is in crisis around housing or food or proper age-appropriate development from a behavioral health point of view.

So that is really important. And, yes, one of the things that will make this work is everybody, basically the adults who touch the lives of this child or adult, could be a senior citizen in crisis, that they all have common data points that they are working off of and this dashboard which—but, again, because of privacy issues, it would be activated on someone's smartphone or however that individual regulates who has access to their information and their data. But it is a great point.

Ms. CURRY. Yeah, I think that is great, and then it allows each organization to address each person's needs as they come through and they are able to filter through who needs what.

So I think that is great. So I feel like the model you are building out then is great, and it is just about implementing it into different communities.

Mr. MORELLE. Yes. Thank you.

The CHAIRMAN. All right. Let me ask unanimous consent to insert in the record a letter from Defeat Malnutrition Today calling for action on the national level to combat older adult food insecurity and malnutrition, which is, sadly, a growing problem.

[The information follows:]

## defeat **malnutrition** today

April 28, 2021

### **Testimony of Defeat Malnutrition Today on “Ending Hunger in America: Challenges, Opportunities, and Building the Political Will to Succeed”**

Chairman McGovern, Ranking Member Cole, and Members of the Committee:

Defeat Malnutrition Today, a coalition of more than 100 organizations and stakeholders dedicated to combating older adult malnutrition, commends your hearing today, “Ending Hunger in America: Challenges, Opportunities, and Building the Political Will to Succeed.” We also salute you, Mr. Chairman, for your powerful commitment to this issue over many years.

Hunger in America is indeed a growing problem, and one little-discussed consequence of hunger and food insecurity can be malnutrition.

Prior to the covid-19 pandemic, malnutrition (also known as poor nutritional status) was already a growing crisis among older adults in the US. In fact, [one in two older adults](#) either has malnutrition or is at risk for malnutrition. For older adults, protein malnutrition and loss of lean body mass are significant problems even among individuals who may be overweight or obese. A [report](#) by the Congressional Research Service documented that “malnutrition affects 35 percent to 60 percent of older residents in long term care facilities and as many as 60 percent of hospitalized older adult patients in the U.S.” (Our [National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update](#) further describes the impact and consequences of malnutrition among this population.)

The issues of older adult food insecurity and older adult malnutrition have been on the rise during the pandemic. Approximately [7.3 percent \(5.3 million\)](#) of older adults aged 60 and older were food insecure in 2018. Rates of food insecurity have now become [substantially elevated](#), with Black and Latinx families facing disproportionately high rates. We do not have precise statistics on older adult malnutrition during the pandemic yet, but poor nutrition because of food insecurity tends to correlate with increased malnutrition. Therefore, there is an increased amount of work that needs to be done to combat these issues.

As you know, Congress has taken some positive steps during the pandemic to provide funding and flexibility for older adult nutrition programs. Most recently, the [American Rescue Plan Act](#) contained important funding and policies impacting older adult malnutrition, including another \$750 million in emergency funding for Older Americans Act nutrition programs, an extension of the 15 percent increase in Supplemental Nutrition Assistance Program (SNAP) benefits and \$37 million for the Commodity Supplemental Food Program, which provides food boxes to older adults. A [New York Times article](#), “At Last, Aid for Senior Nutrition That Offers More Than Crumbs,” goes into detail about the benefits of this legislation for older adults.

However, more needs to be done at the national level. USDA Secretary Tom Vilsack has recently stressed the importance of “nutrition security” as opposed to food insecurity. Vilsack has [repeatedly said](#) that it is as important to improve the way Americans eat as it is to make sure they have enough to

eat in general. Authors from Tufts University, Georgetown University Law Center agree with this term in a [new JAMA article](#). We also believe that is a good model to move forward with.

Some further federal policy actions that could be taken this year to impact nutrition security and malnutrition for older adults:

- *Provide increased regular appropriations for older adult nutrition programs.* Older Americans Act nutrition programs and USDA nutrition programs suffer from one major defect: they do not have enough funding or support to handle the caseloads and demand for their services, leaving many people in need without access to these programs. We encourage you to ask the Appropriations Committee for more funding for these programs.
- *Pass the Medical Nutrition Therapy Act.* Currently, Medicare beneficiaries only have access to coverage for medical nutrition therapy provided by registered dietitian nutritionists if they have a certain limited range of conditions. The Medical Nutrition Therapy Act, on the brink of being reintroduced in this Congress, would add many relevant conditions and diseases to this list, including malnutrition. We encourage you to support the MNT Act.
- *Encourage and fund nutrition research in advance of the 2025-2030 Dietary Guidelines for Americans.* The next iteration of the Dietary Guidelines for Americans (DGA) will contain an enhanced focus on older adult nutrition. However, it will be impossible for the DGA to reach solid, evidence-based conclusions for older adults' dietary patterns without encouraging and funding nutrition research immediately so that studies have a chance to be completed and reviewed in advance of the 2025 evidence review. We encourage you to ask the Appropriations Committee for nutrition research funding, and we also encourage you to advocate for HHS to release their plan for focusing on older adult nutrition, as called for in a [November 2019 GAO report](#).
- *Add a malnutrition electronic clinical quality measure to hospital inpatient quality reporting programs.* The Centers for Medicare & Medicaid Services (CMS) has a program which tracks the quality of medical services that Medicare beneficiaries receive when they are in the hospital, known as the inpatient quality reporting program. One proposed composite quality measure would provide for screening all older adults for malnutrition at admission, assessing those found to be at risk of malnutrition, recording a diagnosis of malnutrition, and developing a nutrition care plan to follow the patient as they transition to community or long-term care. We encourage you to advocate for CMS to add this measure to its inpatient quality reporting program.

Thank you for considering our testimony, and we look forward to working with you.

The CHAIRMAN. And I also ask unanimous consent to insert into the record a letter from the National Education Association emphasizing the importance of providing healthy school meals to all students at no charge to them.

[The information follows:]

April 27, 2021

The Honorable James P. McGovern  
U.S. House of Representatives  
370 Cannon House Office Building  
Washington, DC 20515-2102

Dear Congressman McGovern:

On behalf of the 3 million members of the National Education Association, who teach, support, and nurture students in 14,000 communities across America, we submit these comments about the importance of providing healthy school meals to all students, at no charge to them, for the record for your April 28 hearing on ending hunger in America. During the pandemic, Congress and USDA have effectively created a short-term universal school meals program to meet unprecedented levels of hunger. We know that unacceptable levels of food insecurity existed prior to this crisis, and will persist long after. By making healthy school meals universal, free, and permanent, we can go far in addressing childhood hunger, and so much more.

**Universal school meals would accomplish the following:**

***Support learning and improve health.***

Ensuring that all students—no matter what their family income is or where they live—receive fresh, healthy school breakfast and lunch will help energize and prepare them for school, regardless of whether they are learning in person or remotely. The research bears this out. Students who participate in school breakfast programs attend school more regularly, behave better, perform better in the classroom, and achieve more in school, according to the [Food Research & Action Center](#) (FRAC).

Not only do school meals support student achievement; additional studies have found that students are eating healthier school meals than ever before. A [study published recently by JAMA Open Network](#) found that the nutritional quality of school food surpasses the nutritional quality of food students get elsewhere—and the quality of school meals greatly increased following passage of the Healthy Hunger-Free Kids Act of 2010. Healthy school meals place students on the path toward developing lifelong healthy eating habits that could generate long-term health care savings for our nation.

***End the shame and stigma that students often associate with free school meals and lead to higher participation in the program.***

Many students need a nutritious breakfast and lunch at school but do not participate in the program because they are embarrassed, especially as they get older and become more aware of their circumstances relative to other students. In fact, although 30 million students qualified for free or reduced-price meals in 2019, on an average school day, only 21.8 million participated in the school lunch program, and only 12.5 million ate school breakfast, according to FRAC. Universal school meals for all students would eliminate any stigma around the program, and therefore encourage participation.

Universal school meals would also reduce the “lunch shaming” that results from local district policies

that single students out for accumulated unpaid meal charges. Some districts take meals away from these students, or replace them with sandwiches or other alternatives that make the students' circumstances painfully obvious.

***Help schools save money and reduce the paperwork required to certify recipients.***

Healthy school meals for all students would lift the burden of unpaid meal debt from schools, and relieve them of complicated and burdensome paperwork required to certify students. We also know that many students actually need school meals but may not qualify for them. Universal school meals would enable food service workers to spend more time on preparing and serving healthy meals, and less time on doing the paperwork necessary to make sure students qualify to receive meals.

Universal school meals would also result in an overall cost savings to schools due to economies of scale: Meals actually cost schools *less* per student when *more* students participate in the program, according to a study by the [Milken Institute of Public Health](#) at George Washington University.

Finally, America—the wealthiest nation in the world—should not means-test children for food. We can do better. The pandemic brought into sharp focus the depth of food insecurity in the United States, and it also demonstrated that our nation's food service workers have been valiant in their dedication to providing meals to students in all communities, even under the most challenging circumstances. We must build on this knowledge and provide all students with healthy school meals at no charge to them, building a solid foundation for growth and learning, cultivating lifelong healthy eating habits, and dramatically reducing childhood hunger.

Sincerely,

Marc Egan  
Director of Government Relations  
National Education Association

The CHAIRMAN. Let me now yield to the gentleman from California, Mr. DeSaulnier.

Mr. DESAULNIER. Thank you, Mr. Chairman. Really, thank you for a terrific hearing. Thank you for your passion about this subject matter.

And I also want to thank all of the panelists and invite you to the San Francisco Bay area, to Oakland. I had the pleasure of—Ayesha, I think you used to be a constituent, I am told, when you lived in Walnut Creek, California.

But my wonderful friend and neighbor, Barbara Lee, who represents Oakland, we have done a lot of things together in the 80 corridor, in Richmond, California, and we have really done some good work. And I would encourage you to come out here. Good partnerships with the nonprofits, the Bay Area Partnership amongst them.

And in that regard, like Mr. Morelle, when I was in my previous life in the State legislature in California, at the request of the Bay Area Partnership, I headed a task force that was bicameral where we went around the State of California to look at nutrition issues for kids in particular.

So if we are going to deal with hunger—I appreciate how much time we have spent on this—is that we could focus generationally.

And having had another career as a restaurant owner and been engaged many years ago, owning a restaurant in Berkeley, with school gardens and a colleague/competitor, Alice Waters, at Chez Panisse. And I would invite you all to come to the Martin Luther King Middle School in Berkeley, of which the Vice President and I have talked about. Having grown up there, she is very familiar with these programs. But that was about letting kids have the tools.

So I remember being on this task force in a disadvantaged community in South Central L.A. as we went around the State talking to young persons on after-school programs—that we funded, by the way, in a bipartisan way. Then Governor Schwarzenegger was very supportive of these.

But I asked a young man who had been in gangs why he was spending his time in after-school programs out in the garden, learning to cook and learning about nutrition, not just food. And he said, “When I go home, my mom is a single mom, and I get to teach her how to bake bread from scratch with the ingredients I bring from the school in South Central L.A.”

So that to me is another anecdotal story that really informs us about how we can make generational change.

Mr. Chairman, I think, to go to your comments and Mr. Morelle’s comments, in our hearing yesterday with Secretary Buttigieg that you referred to, when I mentioned these silos—and it is like I have to go to therapy when we start talking about it, having been involved—but if we could be focused on the clients with performance standards.

And we can look at other public health models. Teen pregnancy. This country did a great job of informing young people, particularly in disadvantaged communities. So we dropped those for the betterment of everybody.

So we can take those models, focus on the client, and I think we can really start to move the dial.

So to Ms. Curry, we have programs that work. And I am all for starting new programs. But as we looked at this, look at what the chairman of the Appropriations Committee was able to do just in the child credit and the earned income tax credit. We have got all kinds of research that shows that by doing those together, we already have the infrastructure, we have lots of benefit from that.

Similarly, we have infrastructure in this regard. And I know in the Bay Area, and I am very familiar with these programs, I have a high school in East Bay, Pittsburg High School, it is a disadvantaged community. I have been out there multiple times. Every Friday before COVID, every product, even to those students, came from a farm within 50 miles of that school, in an urban area, granted, closer to San Joaquin Valley.

These are all farm-to-fork nutritional foods that give big value. And to see young people in a community like that to respond and have that value generationally I think is really where we turn the dial in the long term, Mr. Chairman.

So maybe any of the panelists, just to respond to that, how we can focus on the child and how we can support programs that already work in communities.

And I would love, Ms. Curry, I know your work and your passion. Some of your husband's teammates once teased me at an event when you lived in Walnut Creek that your husband might want to run for Congress. And I said, "I am more worried about your wife." But I think I would be supportive.

So if you could respond to that. Your experience informs so much of this. And I would add my experience. And we partnered with multiple superintendents of education.

And then for my colleagues, my predecessor who chaired the Education and Labor Committee in the House, George Miller, for 40 years was so instrumental in this.

So we have got a lot of history is what I am trying to get at. Let's bring these programs to scale and really show that they can work, but also have performance standards and let the community be active partners with that.

Ms. Curry.

Ms. CURRY. That is exactly what it is. And when we launched Eat. Learn. Play. it was the July right before that pandemic hit that next January, February, and so we had to be boots on the ground and learn very, very quickly.

But what we came to realize was that the infrastructure was there and that there were amazing organizations doing amazing things. And it really was about bringing people together to let people know, "Hey, so and so is providing produce over here, and this organization is helping to scale jobs over here. How do we bring them together and have this all make sense?"

And so really you are right, the infrastructure is there, and it is about that awareness and the amplification of all of the amazing things that are going on so that everybody can help one another out in the community.

And that is really what we do with Eat. Learn. Play. And we have seen that the model works. And we have a very scalable



model, I think, with a lot of facts and evidence to back it up. So I would love for anybody here on this call today to reach out to my team and I to hear more about it.

But I agree with you, the structure is there. It is just how do we amplify it.

Mr. DESAULNIER. I am looking forward to getting the chairman to leave Worcester, Massachusetts, which he loves dearly and I spent 4 years of my life, to come out to the Bay Area and see these programs.

Mr. Chairman, unless another panelist wants to respond, I just want to thank you again. And, lastly, promise, we can save so much suffering but also save a lot of money. We go upstream and help these kids, they are hitting performance standards throughout their lives, and their kids are going to be significantly improved, whether it is educational retention or their physical and emotional health.

Thank you, Mr. Chair. Unless any other panelists wanted to quickly respond, I know we are near the end of the hearing.

The CHAIRMAN. All right. Okay. Before I yield to Ms. Ross, let me ask unanimous consent to put into the record a statement from the Root Cause Coalition in support of today's hearing.

[The information follows:]



ACHIEVING HEALTH EQUITY THROUGH CROSS-SECTOR COLLABORATION

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April 28, 2021

The Honorable James P. McGovern  
Chairman  
Committee on Rules  
U.S. House of Representatives  
H-312, The Capitol  
Washington, DC 20515

Dear Chairman McGovern:

On behalf of The Root Cause Coalition (TRCC), we write to offer our enthusiastic support of the Committee on Rules' efforts to end hunger in America. We deeply believe that the Committee's hearing entitled "*Ending Hunger in America: Challenges, Opportunities, and Building the Political Will to Succeed*" is a much-needed step towards addressing long-standing health inequalities in our nation.

As a coalition of cross-sector organizations committed to achieving health equity, TRCC is grateful for the Committee's bold decision to focus on food insecurity. As you well know, access to nutritious food is central to achieving health equity and is a basic human right. We believe the Committee on Rules can accelerate substantive progress towards ending hunger and we are especially grateful for the Committee's effort to highlight conditions that persist outside the traditional scope of health care.

As always, thank you for your leadership and your continued attention to health and economic inequalities. We stand ready to support your effort towards mutual goals of achieving health equity for every American.

Sincerely,

Barbara Petee  
Executive Director  
The Root Cause Coalition

Thomas Dorney  
Director  
The Root Cause Coalition

The CHAIRMAN. I am proud to say that I have worked with this coalition since day one. Barb Petee, the executive director, has been a friend and important partner in my work to end hunger. Tom Dorney, the director, worked for our late friend, John Lewis. I think of John often, and I am so grateful for Tom's work. And I am looking forward to working more with Barb and Tom as this project moves forward, and I appreciate their support.

And now I would yield to Ms. Ross.

And thank you, Ms. Ross. I know you have been very patient and you have been in other hearings. The floor is yours.

Ms. ROSS. Well, this is an important issue, and it is worth all of our time, not just today but going forward. And I want to thank the chairman and the ranking member for their bipartisan leadership on this issue.

For the panelists—and I will not take more of your time, I know what it is like to sit for 3 hours and look straight ahead and be attentive.

I do want to raise an issue, after I tell you a little bit about my State, that I would like to add to the bucket of systemic issues that the chairman hopefully will get a White House conference on.

I am from North Carolina. In North Carolina, more than 13 percent of households are food insecure, which is higher than the national average. Every night in North Carolina almost 600,000 households don't have enough to eat. Thirty-eight percent of the households receiving SNAP have children. One in seven North Carolinians struggles with hunger and one in five children. And almost a million children in North Carolina are at the risk of going to bed hungry every night.

And then, of course, we have problems in the school system. But in North Carolina, nearly 60 percent of the students enrolled in the public schools qualify for free and reduced-price lunch.

And I know that we have touched on a lot of these issues throughout the last couple of hours, so I am not going to ask you to revisit them. But I am asking you to think about this in a different lens, and I will just tell you a very brief story.

I, too, was a State legislator. I remember going to the neonatal intensive care unit at one of my hospitals, which was known as one of the best neonatal intensive care units for having premature babies do better and eventually do okay.

And I said to the doctor, "Well, this is wonderful, what you are doing, but what could we do to prevent these children from being born premature in the first place?"

And he said, "Respect women. Respect the mothers."

And so I really think that fundamentally, since so many people who are food insecure are women with children or elderly women who don't have retirement income, that one of the ways to remedy this problem is to have economic equality for women.

We know that when women earn a fair wage they are going to invest it in their families first. We know that so many women live longer than men, and they don't have a pension, and they don't have that retirement security, and that is why they are food insecure.

So I want to ask you, because we have got four pretty diverse women here, if we lift women up financially—and we just passed a pay equity bill on the House floor—will this help with hunger?

Ms. SCHANZENBACH. Absolutely, without question. Women's economic empowerment has really driven a lot of our growth as a Nation. I edited a book a few years ago called "The 51 Percent," which is about women's economic activity, and I am going to send it to you right away.

You are absolutely right that women face a disproportionate amount of hunger, of poverty, of food insecurity at all ages of the distribution, especially those elderly, but then younger women with children.

There is a lot that we can do. And I agree with you that certainly issues around building that human capital, that childcare, elder care options, and opportunities for education will really go a long way.

Ms. ROSS. Thank you.

Does anybody else have anything to add?

Ms. CURRY. I 100 percent think that that would help. You know, I watched my mom growing up work 12-hour days, sometimes 15-hour days, 6 days a week, never to have time for herself and always to take whatever it was that she was bringing in and give it back to us kids. So I 100 percent think that that would help bridge that gap.

I mean, as a mom, like any mom on this call knows, that whatever is coming in, it is going straight to the kids, I mean. So I think that that would definitely help, if women were respected in that way a little bit more—a lot more.

Dr. JAMES. I, too, agree—1,000 percent actually—because I think, just as the previous two speakers just stated, I mean, women are always sacrificing. They are always thinking about their families first, always thinking about their children first.

And I would say, even in the work world, I am not so sure that women receive the kind of respect that they should. There is wage inequality.

In the academic world, like in medicine, you don't see women rise to the ranks of profession and things like that at the rate that men do, and it is because they are making sacrifices, making their families first.

But they should not have to lose out because they are raising their families. They often get made to start all over again when they take time out for maternity leave and these types of things.

But I think women are natural entrepreneurs, to be honest with you. I mean, raising your family is a bit of an entrepreneurial kind of endeavor if you really think about it.

And also, during COVID, on a social level, women were impacted more than others in terms of things they had to give up to take care of the family staying at home, the kids can't go to school, all these various different things.

So thank you so much, Ms. Ross, for raising that.

Ms. ROSS. Thank you.

Ms. REYNOLDS. And if I could just say, they all said it beautifully, and I concur. And also a special thank you to Chairman

McGovern and Ranking Member Cole for having four women testifying today before this hearing.

Ms. ROSS. So, Mr. Chairman, I just want to put that on the table for one of the issues for your conference, which I pray will happen soon.

And with that, I yield back.

The CHAIRMAN. Well, thank you very much.

And before I yield to Mr. Cole for any final comments, I just want to make sure that you all have the opportunity to share a few brief words if there is anything that we have missed.

Let me just say, Ms. Curry, I want to make it a point to come out to California. Hopefully we will bring others out to see your incredible program.

And, Dr. James, I want to bring people up to see what is going on at Boston Medical Center.

And we will go to Northwestern and Notre Dame. Those are two schools, when I applied for college, I couldn't even get into the cafeteria, never mind be accepted to attend those schools. But, interesting enough, George McGovern got his Ph.D. at Northwestern, so there is a connection there.

But let me just begin, Dr. Schanzenbach, why don't I begin with you. Any final words? And then we will just go around, and then I will yield to Mr. Cole for any closing remarks.

Ms. SCHANZENBACH. I just want to thank you for this, for both of you, for convening this hearing.

Ending hunger is something that we as Americans can do, and it absolutely should be a bipartisan effort. And so I look forward to continuing to be part of that and working with you all.

The CHAIRMAN. Thank you.

Ms. Reynolds.

Ms. REYNOLDS. Well, thanks to all of you for having me today at this hearing.

Chairman McGovern, you are welcome any time to Notre Dame. And I know our university, one of the things I love so much about it is in our mission statement it talks about a disciplined sensibility to approaching issues of poverty and injustice and inequity. So this is an issue we as a university just care so much about, and so to continue to be a part of that in any way, we would love to do.

I also just want to note, I think a major to-do coming out of this is for LEO to do a research project on Ms. Curry's amazing project, so we can build evidence, so when the point comes to it, all of you as policymakers will scale up what she is doing across the Nation.

That is it for me.

The CHAIRMAN. Thank you.

Ms. Curry.

Ms. CURRY. I guess I just want to say thank you for this amazing, productive meeting. It is my first time being in a room like this, and I have learned so much, but realize there is so much work to do.

So I really hope that that next step of getting everybody in a room and connecting those dots and having a big, giant meeting of the minds to figure out how to really tackle and resolve this issue happens. I really hope it happens, and I feel confident that it will.

So just thank you for having me here today to speak on what I have seen in the community.

The CHAIRMAN. Thank you.

Dr. James.

Dr. JAMES. I, too, just want to thank everyone, and thank you, Chairman McGovern, for inviting me here today and for the privilege to be here with the panelists, as well as the other Representatives.

I am so hopeful because I have listened, I have learned, and there is so much opportunity I see that is in front of us, and I don't think we are starting from square one.

I too, am trying to imagine this conference, this White House conference, and what that could do in the way of transformation.

So thank you to everyone. I really, really am grateful for this opportunity.

The CHAIRMAN. And now I will yield to the birthday boy, Mr. Cole, for any closing remarks he may have.

Mr. COLE. Well, thank you very much, Mr. Chairman.

I actually will be part of the escort party for the President tonight, so I will try to put a plug in for your White House conference. I am sure it will help a lot.

But I do want to thank you very much for the hearing.

I want to thank all of our witnesses. They were all spectacular, well chosen.

I appreciate your insights. Much more profound. I just appreciate the work that each of you is about and how you have dedicated your time and your careers and your interests and your energy to things that are truly important in making life better for every American.

And who knows, Mr. Chairman, we get that conference, you may not have been able to get into Northwestern or Notre Dame, but I bet you could snag an honorary degree.

So thanks again. And thank you particularly, Mr. Chairman. It is a good hearing. It is an important topic. And thank you for your passion.

More importantly, thanks for not being a flash in the pan on this issue but somebody who has literally spent a career on working and advancing these causes. It is something that we are all proud of in this committee in a bipartisan sense. Your leadership here is much appreciated and I think will make a meaningful difference in the years ahead.

Yield back.

The CHAIRMAN. All right. Well, first, I thank the gentleman for his kind words, and all the members of the committee, and the witnesses, too. This has been over 3 hours. And so I appreciate you being part of this.

And as I mentioned in my opening, hunger, ending hunger has been a focus of much of my time in Congress, and I really want us to step it up and go to the next level here where we actually think out of the box, we reimagine how we combat hunger, and we do something meaningful about it that actually ends hunger in this country.

This hearing I think is an important first step. And there will be a lot more hearings and briefings and site visits. But this is a first step.

But I would like to leave with just a couple of points.

First of all, we have a hunger problem in this country. There is not a congressional district in America that is hunger-free. And as I said at the beginning, I am ashamed of that fact. We all should be ashamed of that in a country with all of our riches.

And if you have ever met a hungry child—and I, unfortunately, have met way too many in my lifetime—it breaks your heart. Because it doesn't have to be. And people are hungry who are young, people are hungry who are old, everything in between.

MAZON, which is a Jewish response to hunger, reminds us that there are many members in the military who are defending our country who are hungry as well.

But the thing is that hunger is real, but it is also a solvable problem. That is what makes it so frustrating. It is not like that there is no way to solve it. There is. We just have to choose to solve this problem together and make it a political priority.

Second, the people who are hungry, who are dealing with hunger, deserve respect. They deserve dignity. And that starts by listening to them and not talking at them.

We have all been meeting leading up to this, and we will have hearings with people who are dealing with the challenge of hunger right now, who have lived experiences.

The bottom line is these people are not caricatures. They are individuals. They are our neighbors. They are our friends. Some of them are our family members. And between work, school, volunteering, and taking care of loved ones, they have a schedule that would make any one of us on this panel—I mean, on this dais—blush.

Being poor is hard work. Struggling with hunger is hard work. And these people, they do it while trying to figure out where their next meal is going to come from and how they are going to put food on the table for their families.

And I know that developing this road map to end hunger sounds hard. And as we talked here today there is all of these different things that we need to consider and aspects that need to be put on the table.

But you know what? What is harder than solving this is being hungry. And so not knowing how you will feed your kids, having to choose between food and medicine, that is hard.

And we can end hunger in this country. So please join me in this effort. You are the first panelists in our effort here. We hope that we can rely on you for additional information along the way. If you have ideas, please get in touch with us. Hopefully, we will visit some of the programs that were talked about here on site. Follow our work in the Rules Committee.

And to those who are listening, give us information, go to our web page. Because it is going to take an “all hands on deck” approach to end hunger.

Again, we are doing this with the intention of trying to persuade the Biden administration to do a conference. The last conference on this issue was 52 years ago. And actually the President at the time

was Nixon. And my last name being McGovern, I am actually saying something nice about Nixon. I can't believe it. But in any event, as imperfect as that conference was, it produced a lot of results.

The final thing I am going to say is that, and I think everybody here made this point, when we talk about ending hunger we are also talking about promoting nutrition. Ending hunger is not just about filling somebody's stomach up with whatever. It is also about making sure that we are promoting nutrition. And so that is another key factor here.

So I, again, am grateful to everybody. Thank you so much.

And with that, the hearing is adjourned.

[Whereupon, at 3:22 p.m., the committee was adjourned.]





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April 26, 2021

Representative James P. McGovern  
 Chairman, The Committee on Rules  
 U.S. House of Representatives  
 H-312 The Capitol  
 Washington, DC 20515

**Re: Rules Committee Hearing Examining the Hunger Crisis in America**

Chairman McGovern:

Thank you for your work on food insecurity in the United States and for holding a Rules Committee Hearing on the hunger crisis in this country. We appreciate your leadership in this area and look forward to working with you on policy initiatives to help patients in Northern New England and across the country.

Dartmouth-Hitchcock Health (D-HH) is one of the most rurally-located academic medical centers in the country. We recognize that food security and dietary quality are key factors driving health outcomes among children and adults in both rural and urban settings. The rate of food insecurity in our region has nearly doubled since the onset of the COVID-19 pandemic, bringing healthy food access to the forefront for our rural communities. Even before the pandemic, food insecurity affected rural communities at higher rates compared to urban areas across the country.<sup>1</sup>

D-HH is New Hampshire's only academic health system, committed to providing all of our patients with high quality care. We serve a regional population base of 1.9 million people in New Hampshire, Vermont and across New England, providing access to more than 1,400 primary care doctors and specialists in almost every area of medicine. The health system includes Mary Hitchcock Memorial Hospital, our flagship hospital in Lebanon and part of Dartmouth-Hitchcock Medical Center, as well as member hospitals in Lebanon, Keene, New London and Windsor, Vermont. Mary Hitchcock Memorial Hospital is classified as both a Rural Referral Center and Sole Community Hospital and three of our member hospitals are rurally-designated critical access hospitals.

In addition to our member hospitals, the health system includes the Norris Cotton Cancer Center, one of 51 NCI-designated comprehensive cancer centers in the country, the Children's Hospital at Dartmouth-Hitchcock, the Visiting Nurse and Hospice Association for Vermont and New Hampshire, and 24 ambulatory clinics throughout New Hampshire and Vermont. Dartmouth-Hitchcock trains nearly 400 residents and fellows each year and performs world class medical research in partnership with the Geisel School of Medicine at Dartmouth. D-HH is the largest private employer in New Hampshire with over 13,000 affiliated employees throughout the region.

<sup>1</sup> USDA, Household Food Security in the United States, 2019 ; Internal D-HH data, 2021.

Recognizing the importance of food and nutrition for the health of our communities, even before COVID-19 underscored this need, we began implementing a **Food is Medicine strategy**. Our Food is Medicine approach is centered on identifying food insecurity, referring patients to nutrition supports, and hosting healthy food provision and nutrition services. We have implemented several new services to help address food and nutrition needs, narrowing an important gap in health care prevention and treatment.

As a key first step, we are implementing a **standard screening tool** in our primary care clinics to systematically screen for social determinants of health, including food security, building on past experience with patient assessments. With the support of strong community partnerships, we have six **Food is Medicine** programs currently offered with additional services under development:

1. We provide **emergency shelf stable food bags** to food insecure patients in our clinics. This program served approximately 1,000 individuals with 600 food bags in its first year and continues to grow. This program is offered in partnership with a local food pantry, the Upper Valley Haven, and serves patients in pediatrics, adult primary care, the emergency department, and obstetrics and gynecology.
2. We provide fresh, **organic farm shares for pregnant women at risk for substance use** on a weekly basis during the growing season. This program, supported by the Dartmouth College Organic Farm, is now in its third year and reaches about 15 women at risk each week. Farm shares provide a valuable source of free, nutritious food during a period of high nutritional demand, supporting women's wellbeing during the prenatal period.
3. We are currently piloting **healthy food prescriptions for pediatric patients** and their families. Patients who screen positive for food insecurity or are otherwise identified by their care team as having a need are referred to the Community Health Worker in the Children's Hospital at Dartmouth-Hitchcock. The patient's family receives a food prescription for a selection of healthy foods, including ample fresh produce, tailored to the household's dietary needs. Food prescriptions are packaged and provided by the Upper Valley Haven, where families are also connected to additional resources. This pilot program provides transportation support to help overcome a crucial barrier to food access for rural families.
4. We established a **Farmacy Garden** on our medical center campus in partnership with Willing Hands, a local food recovery and distribution organization. Our Farmacy Garden includes a 6,000 square foot garden and an orchard of 50 fruit trees and shrubs. The Farmacy grew over 500 pounds of produce during its second growing season in 2020. Over 200 volunteers contributed approximately 400 hours at the Farmacy in its first two years. Now in its third season, the Farmacy provides an opportunity for physical activity, a way to connect with the food system, and a respite from the clinic for garden volunteers, many of whom are D-HH employees. Produce grown in the garden supports Willing Hands' distribution network, supporting access to fresh fruits and vegetables for over 60 nonprofit organizations serving the region's food insecure populations.
5. We have a **Culinary Medicine** program that is on the cutting edge of service delivery and research. Directed by Dr. Auden McClure, the Culinary Medicine program designs and offers cooking classes that teach basic skills and nutrition education to enable long lasting dietary change. During the pandemic, we offered several courses and cooking demonstrations virtually. Part of a national teaching kitchen collaborative, research is integrated into culinary programs to contribute to the evidence base for teaching kitchens as a nutrition and health intervention.

6. Finally, in 2019 we conducted a pilot of a **rural Medically Tailored Meals** program for patients with congestive heart failure. Evidence from MTM programs, primarily from urban areas, shows promising results for reducing health care utilization and improving health outcomes. Our rural population faces unique challenges in food access and service delivery. We partnered with a local senior center and the existing meals on wheels service to create and deliver meals to patients. This small pilot demonstrated that MTM was both feasible and acceptable, and that sustainable funding models are needed to support these programs in rural areas.

These efforts represent a starting point to address food insecurity and nutrition in our region. Our population faces a high risk of food insecurity with limited transportation options to access food and nutrition supports. We are committed to improving health and wellbeing in our communities and aim to continue integrating Food is Medicine approaches into patient care and treatment. We look forward to working with you to help develop impactful, sustainable strategies toward ending hunger in America.

Sincerely,



Chelsey Canavan  
Community Health Team



Sally Kraft, MD, MPH  
VP, Population Health

Diane Whitmore Schanzenbach is Director of the Institute for Policy Research at Northwestern University. She is an economist who studies policies aimed at improving the lives of children in poverty, including education, health, and income support policies. Her work traces the impact of major public policies such as the Food Stamp Program, school finance reform, and early childhood education on children's long-term outcomes. She is the Margaret Walker Alexander Professor in the School of Education and Social Policy at Northwestern.

Schanzenbach was formerly the Director of the Hamilton Project at the Brookings Institution, an economic policy initiative that promotes policies to enhance broad-based economic growth. She graduated magna cum laude from Wellesley College in 1995 with a BA in economics and religion, and received a PhD in economics in 2002 from Princeton University. She is a research associate at the National Bureau of Economic Research, a nonresident senior fellow at the Brookings Institution, and a research associate at the Institute for Research on Poverty at the University of Wisconsin-Madison. She is an elected member of the National Academy of Education and the National Academy of Social Insurance.

### Truth in Testimony Disclosure Form

In accordance with Rule XI, clause 2(g)(5)\* of the *Rules of the House of Representatives*, witnesses are asked to disclose the following information. Please complete this form electronically by filling in the provided blanks.

Committee: Rules

Subcommittee: \_\_\_\_\_

Hearing Date: 4/28/21

Hearing Title \_\_\_\_\_ :

**Ending Hunger in America: Challenges, Opportunities, and Building the Political Will to Succeed**

Witness Name: Diane W. Schanzenbach

Position/Title: Professor, Northwestern University

Witness Type:  Governmental  Non-governmental

Are you representing yourself or an organization?  Self  Organization

If you are representing an organization, please list what entity or entities you are representing:

\_\_\_\_\_

#### **FOR WITNESSES APPEARING IN A NON-GOVERNMENTAL CAPACITY**

Please complete the following fields. If necessary, attach additional sheet(s) to provide more information.

Are you a fiduciary—including, but not limited to, a director, officer, advisor, or resident agent—of any organization or entity that has an interest in the subject matter of the hearing? If so, please list the name of the organization(s) or entities.

I am on the Board of Directors of the following organizations:  
 Greater Chicago Food Depository  
 Food Research and Action Center  
 Chicago HOPES for Kids

Please list any federal grants or contracts (including subgrants or subcontracts) related to the hearing's subject matter that you or the organization(s) you represent have received in the past thirty-six months from the date of the hearing. Include the source and amount of each grant or contract.

n/a

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n/a

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- I have attached my curriculum vitae or biography.

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(C) The disclosure referred to in subdivision (B)(ii) shall include— (i) the amount and source of each Federal grant (or subgrant thereof) or contract (or subcontract thereof) related to the subject matter of the hearing; and (ii) the amount and country of origin of any payment or contract related to the subject matter of the hearing originating with a foreign government.

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Rules

Thea James, MD, is Vice President of Mission and Associate Chief Medical Officer at Boston Medical Center (BMC). She is the Director of BMC Violence Intervention Advocacy Program and Associate Professor of Emergency Medicine at Boston University School of Medicine. Dr. James has primary responsibility for coordinating and maximizing BMC's relationships and strategic alliances with local, state, and national organizations to foster innovative and effective models of care that are essential for patients and communities to thrive. Integrating upstream interventions into BMC's clinical care models are critical in achieving equity and health.

Dr. James' passion is domestic and global public health. Dr. James served on the Massachusetts Board of Registration in Medicine 2009-2012 as chair of the Licensing Committee. As the Supervising Medical Officer on the Boston Disaster Medical Assistance Team under the Department of Health and Human Services, Dr. James has deployed to New York City post 9/11; New Orleans after Hurricane Katrina in 2005; Bam, Iran after the 2003 earthquake; and Port-Au-Prince, Haiti after the 2010 earthquake.

Globally, she and colleagues have worked with local partners in Haiti and Africa to conduct sustainable projects. She is a member of the Board of Directors of Equal Health, an organization that supports sustainable medical and nursing education systems in Haiti.

She was awarded the Boston Public Health Commission's 2008 Mulligan Award for public service; the Suffolk County District Attorney's 2012 Role Model Award, and the Schwartz Center 2014 Compassionate Care Award. She received The Boston Business Journal Healthcare Hero Award in 2012 and 2015. The Boston Chamber of Commerce awarded Dr. James the Pinnacle Award in 2015 and she was a 2019 Massachusetts Public Health Association Health Equity Champion. In 2020, Dr. James received the American College of Emergency Medicine Lifetime Achievement Award; a History Maker Award from The History Project; and the inaugural Thea James Social Emergency Medicine Award from the American College of Emergency Physicians.

A graduate of Georgetown University School of Medicine, Dr. James trained in Emergency Medicine at Boston City Hospital, where she was a chief resident.

**Truth in Testimony Disclosure Form**

In accordance with Rule XI, clause 2(g)(5)\* of the *Rules of the House of Representatives*, witnesses are asked to disclose the following information. Please complete this form electronically by filling in the provided blanks.

Committee: Rules

Subcommittee: \_\_\_\_\_

Hearing Date: 04/28/2021

Hearing Title :

Ending Hunger in America: Challenges, Opportunities, and Building the Political Will to Succeed

Witness Name: Dr. Thea James

Position/Title: Vice President of Mission and Associate Chief Medical Officer

Witness Type:  Governmental  Non-governmental

Are you representing yourself or an organization?  Self  Organization

If you are representing an organization, please list what entity or entities you are representing:

Boston Medical Center

**FOR WITNESSES APPEARING IN A NON-GOVERNMENTAL CAPACITY**

Please complete the following fields. If necessary, attach additional sheet(s) to provide more information.

Are you a fiduciary—including, but not limited to, a director, officer, advisor, or resident agent—of any organization or entity that has an interest in the subject matter of the hearing? If so, please list the name of the organization(s) or entities.

N/A



**Please list any federal grants or contracts (including subgrants or subcontracts) related to the hearing's subject matter that you or the organization(s) you represent have received in the past thirty-six months from the date of the hearing. Include the source and amount of each grant or contract.**

\$35,766 from NIMHD in 2020. "Effects of the Supplemental Nutrition Assistance Program on racial/ethnic and disability-based healthcare disparities." PI: Cook. BMC is a sub-grantee to AltaMed Health Services Corporation.

\$253,642 from USDA in 2020. "Fresh Connect." PI: Silverstein.

\$76,739 from USDA in 2021. "Comparing a shortened household and food security measure to the 18-item gold standard." PI: Poblacion. BMC is a sub-grantee to Tufts University, Friedman School of Nutrition Science and Policy.

**Please list any contracts, grants, or payments originating with a foreign government and related to the hearing's subject that you or the organization(s) you represent have received in the past thirty-six months from the date of the hearing. Include the amount and country of origin of each contract or payment.**

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Heather Reynolds is the Managing Director of the Wilson Sheehan Lab for Economic Opportunities (LEO)—an anti-poverty research lab at the University of Notre Dame. Heather is an expert speaker on poverty and nonprofit strategy, and she served as the CEO of Catholic Charities Fort Worth for 14 years before joining the LEO team.

Inspired by Notre Dame's vision to be a force for good in the world, Heather leads LEO to be that vision in action as the lab works to reduce poverty through evidence-based programs and policies. From her years in the field as a service provider, Heather knows first-hand the challenge of serving people without evidence of what is most effective for helping them escape poverty. Being at LEO gives her the chance to ease this challenge for others, helping social service organizations pair their work with passionate academic researchers at Notre Dame, allowing them to discover, prove, and scale their impact.

Heather received her BA in Social Work from Texas Christian University, her MS in Social Work from the University of Texas at Arlington, and her Executive MBA from Texas Christian University.

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Committee: Rules

Subcommittee: \_\_\_\_\_

Hearing Date: 04/28/2021

Hearing Title : \_\_\_\_\_

Ending Hunger in America: Challenges, Opportunities, and Building the Political Will to Succeed

Witness Name: Heather Reynolds

Position/Title: Managing Director, Wilson Sheehan Lab for Economic Opportunities at the University of Notre Dame

Witness Type:  Governmental    Non-governmental

Are you representing yourself or an organization?    Self    Organization

If you are representing an organization, please list what entity or entities you are representing:

The Wilson Sheehan Lab for Economic Opportunities at the University of Notre Dame

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No

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None

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New York, NY 10005  
t 212 334 0333

#### AYESHA CURRY

Renowned restaurateur, chef, 2x New York Times best-selling author, philanthropist, television host and producer, and entrepreneur Ayesha Curry is a true multi-hyphenate who is building an empire. Featured on the prestigious 30 Under 30 List by Forbes Magazine and one of the faces of Covergirl cosmetics, her accessible approach to cooking and passion for entrepreneurial innovation has made her one of the most sought-after experts in food and lifestyle, with over 10 million avid social media followers and subscribers.

This year, Curry released her second New York Times national bestseller cookbook [The Full Plate: Flavor Filled Recipes for Families with No Time and A Lot To Do](#), on September 22nd. Her cookbook launch was highly successful and was included in both NPR's 'Best of the year list' and Amazon Kindle's 'Best Cookbooks of 2020'. The Full plate followed her first 2016 national bestseller [The Seasoned Life](#).

Additionally, Curry partnered the Meredith Corporation to launch her first ever quarterly lifestyle magazine titled *Sweet July*. After noticing a lack of publications owned and operated by women of color, Curry wanted to create a magazine that celebrates diversity and inclusivity. Each issue covers a range of topics such as wellness, fashion, fitness, beauty, entrepreneurialism, and food with over 20 recipes in the first issue. The inaugural issue released on Apr 21, 2020 and has quickly grown a digital following of over 70K. The second issue was a special holiday issue and was released on October 30th. The third and most recent issue was the "Rebirth Issue" and released February 12, 2021.

In July 2019, Curry along with her husband, launched their family-founded charity Eat. Learn. Play. with a mission to end childhood hunger, ensure universal access to quality education and enable healthy active lifestyles. Eat. Learn. Play. creates a new model for communities and families to come together with a commitment to unleash the potential of every child and pave the way for amazing kids and bright futures. Since COVID began, they have served more than 16 million meals and have been able to partner with 132 locally owned restaurants, putting 868 restaurant workers back to work. Curry is also an ambassador for No Kid Hungry, an organization working to end childhood hunger.


In 2020, Curry launched her own production company, Sweet July Productions, which will focus on creating content centered around food, family, faith, and female empowerment. The production company announced a first-look deal with eOne for unscripted television and has multiple other projects in the works. On the television side, it was recently announced that Curry will host and executive produce the first season of Fremantle's hit comedy game show TATTLETALES alongside her husband Stephen Curry. The show, which will stream on HBO Max, is a reboot of the beloved 1970's series and will bring together celebrity couples to reveal hilarious insights about their relationships through fun challenges and games. Also on the television side, Curry recently teamed up with Ellen DeGeneres on a new Ellentube digital series, *Fempire with Ayesha Curry*, in which she uses her wisdom and business expertise to help female entrepreneurs of all ages achieve their goals of building their own "Fempire." The digital series premiered on November 13, 2019. Previously, Curry served as executive producer and host of ABC's competition show *Family Food Fight*. The series took homestyle cooking to a new level as families squared off with their most prized family recipes in hopes of impressing a panel of culinary experts including Curry, and world-renowned chefs and television personalities Cat Cora and Graham Elliot, to take home the \$100,000 prize. Robert Lloyd from the Los Angeles Times said he was "moved by the mix of traditions and cultures, in an arena where respect is paid, difference is a virtue, and anyone can win." Curry began her television career hosting her own series, *Ayesha's Home Kitchen*, on the Food Network, and she has also appeared as a judge on hit Food Network shows such as *Chopped Junior* and *Guy's Grocery Games*.

As a restaurateur, Curry teamed up with iconic, award-winning chef Michael Mina, to create *International Smoke*, a restaurant concept featuring elevated barbecue dishes from around the globe. There are multiple locations currently open to the public in San Francisco, Del Mar, and most recently a Las Vegas location which opened its doors at the MGM Grand in January 2020. There are plans to open several more throughout the next few years. *International Smoke* received a Michelin Plate recognition by Michelin Guide in the first ever California edition.

Curry resides in the San Francisco Bay Area with her three kids, Riley, Ryan and Canon, and husband, Stephen.

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Subcommittee: \_\_\_\_\_

Hearing Date: 04/23/2021

Hearing Title : \_\_\_\_\_

Ending Hunger in America: Challenges, Opportunities, and Building the Political Will to Succeed.

Witness Name: Ayesha Curry

Position/Title: Co-Founder, Eat. Learn. Play.

Witness Type:  Governmental  Non-governmental

Are you representing yourself or an organization?  Self  Organization

If you are representing an organization, please list what entity or entities you are representing:

Eat. Learn. Play.

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