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# NUTRITION AND HUMAN NEEDS

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HEARINGS  
BEFORE THE  
SELECT COMMITTEE ON  
NUTRITION AND HUMAN NEEDS  
OF THE  
UNITED STATES SENATE  
NINETIETH CONGRESS  
SECOND SESSION  
AND  
NINETY-FIRST CONGRESS  
FIRST SESSION  
ON  
NUTRITION AND HUMAN NEEDS

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PART 7—DISTRICT OF COLUMBIA

WASHINGTON, D.C., APRIL 15, 16, AND 17, 1969



Printed for the use of the Select Committee on Nutrition and Human Needs



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## NUTRITION AND HUMAN NEEDS

WEDNESDAY, APRIL 16, 1969

U.S. SENATE,  
SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS,  
*Washington, D.C.*

The committee met at 10:11 a.m., pursuant to recess, in the Tivoli Theater, 14th Street and Park Road NW., Washington, D.C., Senator Edward M. Kennedy presiding.

Present: Senators Kennedy, Cook, Pell, Percy, and Dole.

Staff members present: William C. Smith, staff director and general counsel; Kenneth Schlossberg, professional staff member; and Clarence V. McKee, professional staff member for the minority.

Senator PERCY (presiding). I am pleased to call to order the second day of the second series of field hearings being held by the Select Committee of the U.S. Senate on Nutrition and Human Needs.<sup>1</sup>

I think it is of interest to you to know why we are holding hearings out in the field. We could bring witnesses in from all over the country and hold hearings in the Chambers or hearing rooms of the U.S. Senate.

This committee, however, felt it essential to go out into the field in various parts of the United States to visit communities, to talk with residents, who might feel much more at ease in their own community, their own neighborhood, and feel perfectly free to testify against, sometimes, the austerity, or more imposing hearing rooms in the Senate Office Buildings.

The first hearings were held in Florida. Yesterday we visited the food stamp certification center in the District, at 122 C Street. We visited the Shaw redevelopment area, where we called on residents in their homes, the Upper Cardozo area, a privately sponsored lunch program for the elderly at St. Stephens and Incarnation Church, and a District school to observe a school lunch program in operation there.

I don't think poverty is anything new to the members of this committee, and for the benefit of the residents in this area, I should tell you that we are deeply interested on behalf of all Members of the Congress because for the most part the Members of the Congress grew up during the great depression days of the 1930's.

I can't speak on behalf of all my colleagues, other than to say that all of us are deeply concerned. In varying degrees, all of us were deep-

<sup>1</sup>The first day, Tuesday, April 15, was a District Field Tour by the committee. They visited the food stamp certification center at 122 C Street; the Shaw redevelopment area; the upper Cardozo area; a privately sponsored lunch for the elderly at St. Stephens and Incarnation Church; and a District school to observe at first hand a school lunch program in operation. A more detailed account of this tour will be found in the appendix on p. 2353.

ly affected. I don't think I will ever forget the day my father lost his job in the 1930's, and didn't have employment, steady employment, for 7 years. I will never forget when the telephone was taken out, when we lost our Ford automobile, when we moved, time after time, and finally ended up with a family of five with one bedroom and my brother and I for 3 years shared a dining room and had no closet to even hang our clothes in.

I will never forget the humiliation when we finally had to call for relief and have a relief truck drive up. For 7 or 8 months, once a week, that truck would bring food parcels up to us, all of us in the family hoping the neighbors wouldn't see, and yet not knowing how many other neighbors were also taking handouts from the Government. Thank heavens we had them. I don't know what we would have done without them.

But I think what our whole process is now is to try to find a way to humanize welfare, to try to get away from the helping hand and try to give, not just a handout, but a helping hand that will remove degradation and humiliation from welfare, that will recognize there are inequalities of opportunity in this country. To the greatest extent we can, we want to remove that inequality.

But all of us want to take people from a condition of welfare and have them stand on their own two feet, and that is the kind of an undertaking and study that we are trying to perform right now.

This morning, we are pleased to have panelists, three series of panels, and we will try to move as expeditiously as we can so that you can give your testimony.

You are free to say anything that you want to say.

The first panel will be headed by Mrs. Marjorie Harris, chairman, legislative subcommittee, District Food Stamp Advisory Committee, who did accompany us yesterday, and she will have with her neighborhood residents from this community, Mrs. Marty Green, Mrs. Mosella Johnson, and Mrs. Dolores Fisher.

We will be pleased to hear from you at this time, Mrs. Harris.

**STATEMENT OF MRS. MARJORIE HARRIS, CHAIRMAN, LEGISLATIVE SUBCOMMITTEE, DISTRICT FOOD STAMP ADVISORY COMMITTEE, ACCOMPANIED BY MRS. MARTY GREEN, MRS. MOSELA JOHNSON, MRS. DOLORES FISHER, AND MRS. ETTA HORN**

**HUNGER IN D.C.**

Mrs. HARRIS. I appreciate the opportunity to appear before you today. I am appearing not as an individual, but on behalf of the Food Stamp Advisory Committee on the District of Columbia. The committee was organized in July of 1965. It consists of 40 members representing 18 community organizations. It has been our task to study the operation of the food stamp program here and to recommend improvements in it.

We are not doctors or nutritionists. We cannot speak technically of diet deficiencies. But we do know our city, its streets and its people. We know hunger is gnawing away here in the Nation's Capital. We know babies are dying here because they and their mothers are malnourished. The shocking evidence of this is the fact that the District

of Columbia, seat of the most powerful and richest nation on earth, has been shown in a study several years ago to have the highest rate of infant mortality in the country, except for the State of Mississippi.

We know that children are beginning school already badly or hopelessly retarded in their mental development because their families could not afford to feed them adequately during the first 3 or 4 critical years of their lives. Thousands upon thousands of our older citizens, barely subsisting on meager monthly stipends, go without adequate food for days and weeks on end, growing weak and ill and, in too many cases, finally dying.

#### FAILURE OF FOOD STAMP PROGRAM

These facts, by themselves, are shocking and tragic. Unfortunately, they are made even more shocking and more tragic by the fact that a Government-sponsored food assistance program, the food stamp program, which pretends to help these poor people feed themselves is a failure to most of them.

We estimate that conservatively over 100,000 persons would be eligible for the food stamp program in the District of Columbia. At this moment, only some 30,000 persons are certified to participate, and of those only some 26,000 are actually using the stamps.

According to the Welfare Department's own estimate, only about 39 percent of all its public assistance cases are participating in the food stamp program—30 percent of those on old age assistance, 23 percent of those on aid to the blind, 48 percent of those receiving aid to dependent children, 32 percent of those receiving disability aid and 25 percent of those on general public assistance.

We can only guess at how many not on public assistance, not receiving any financial help, are eligible for the program but not taking part in it. We do know that as of last December only some 10,000 not receiving public assistance were buying stamps. There are many more than 10,000 poor in the District of Columbia.

#### COSTS OF FOOD STAMPS COMES LAST

Why is this program failing to help feed the hungry?

First and foremost, food stamps simply cost too much money. The purchase of food stamps should be lowered so that no one pays more than 17 percent. Let's look at some case histories of families who cannot afford to buy the stamps but who desperately need help.

In most cases, people are paying so much for rent and heat and light, they do not have enough cash left for food stamps or clothes or transportation or emergencies—and emergencies afflict the poor more frequently than anybody else.

If families do scrimp to save the cash for the stamps, then they must often decide not to pay the rent or heat bill that month. They must decide that their children cannot have shoes and warm clothes in the winter. Without shoes the children cannot go to school and without warm clothes they become ill with coughs and colds. These are impossible, destructive choices for families to make.

And, if they do make sacrifices to buy the stamps, they still do not get enough to feed themselves adequately for a month. They still go

hungry for a week or 10 days at the end of every month. Let's look at a comparison of what is recommended by the Department of Agriculture in its low-cost food plan and what is supplied by the stamps. If you will turn to the back, or take a look at table 1,<sup>1</sup> there is a sample family.

Sample family: A mother in work training program, weekly income of \$54 or \$216 per month, four children.

*U.S. Department of Agriculture low-cost diet plan—monthly costs*

Mother, age 39.....	\$29. 20
Girl, age 14.....	32. 70
Boy, age 13.....	35. 60
Boy, age 11.....	30. 40
Boy, age 8.....	30. 40
<b>Total</b> .....	<b>158. 30</b>

This same woman received \$102 worth of food purchasing power with her food stamps, based on family size income and monthly income. This is \$56.30 less than what is recommended in the USDA low-cost table and represents one-third less food.

The fact of the matter is that the food stamp program has chronic periods of hunger built right into it. So what sense does it make for a family to deprive itself of basic necessities besides food when the stamps still don't provide enough for them to feed themselves?

#### VARYING NEEDS OF AGE GROUPS

One of the reasons the stamps don't provide enough is that they make no allowance for the different needs of different age groups. The Agriculture Department knows that a 14-year-old eats more than a 4-year-old. But the food stamp program ignores this basic fact of life. Special allowance should be built into the program for children of different age groups.

We mentioned the infant mortality rate earlier. It is obvious that we have a special problem here. The Welfare Department recognized this and for a time was granting a special allowance for pregnant women and nursing mothers so that the food stamp program would be more attractive to them. The Department of Agriculture ordered the Welfare Department to do away with that allowance.

We mentioned the special problems of our older citizens, many of whom have health difficulties that require them to maintain special and more costly diets without which illness and death is almost certain. The Welfare Department recognized this problem and for a time was granting a special allowance for the elderly with health problems.

The Department of Agriculture ordered the Welfare Department to stop doing that. We confess we cannot think of what purpose will be served by these restrictions except the saving of a few dollars. Certainly the health and well-being of the persons on the receiving end of this program will not be served.

#### HYGIENE-SANITATION NEEDS

Another reason people will not participate in this program is that it prevents them from buying basic items for personal hygiene and

<sup>1</sup> See table 1 on p. 2193.

general sanitation. If they purchase the stamps, then they have no cash left for bath soap, detergents, scrubbing powder, toilet paper, toothpaste, and mops among others. In other words, the food stamp program tells people that if they want to eat, then they must give up washing or brushing their teeth or washing the clothes that they probably can't even buy.

At this point, we would like to call the committee's attention to some of the problems which occur when the food stamp program meets the public. The first and most serious problem is the certification system itself.

#### CERTIFICATION DIFFICULTIES

When the food stamp program first began, there were only a few places where people could go to get certified for the stamps. The lines were long and thousands of people were turned away to come back another day. Recently the Welfare Department opened a number of decentralized offices throughout the city. Unfortunately, the lines are still long and people are still turned away. Nobody knows how many people who desperately needed this program never came back.

At times the situation with the lines became so bad that if somebody wanted to be sure of getting seen on a particular day, they would have to get to the certification office at 5:45 or 7 a.m. Anybody who came after 8:30 a.m. or 9 was simply too late.

We feel that if the number of certification officers cannot be increased, that the decentralized offices should be eliminated. I should repeat "eliminated."

The idea of the decentralized offices is good, but presently they are so understaffed that they are ineffective and create frustration.

If the Welfare Department cannot strengthen its service, perhaps the program should be placed under "separate management." To turn away as many customers as you serve, gives food stamps, welfare, and the neighborhood centers a bad name. Word of mouth by the thousands who have not been able to get certified may be doing more to keep this program from working than anything else.

#### ADMINISTRATIVE ABUSE

The second problem is how people, if they are lucky to be seen for certification, are treated. We have heard of many cases where people have felt they were abused. It is not easy to ask for help. It takes courage to go to an office and tell a stranger personal facts about income, medical expense, and family arrangements. If the food stamp program is one of dignity, the customer must be treated with dignity at all times.

#### PUBLIC ASSISTANCE RECIPIENTS

That particular point I would like to repeat. If the food stamp program is one of dignity, the customers must be treated with dignity at all times.

Perhaps the single greatest failure in the certification system concerns public assistance recipients. We have already shown what a low percentage of recipients are taking advantage of food stamps.

This is especially hard to understand, considering that all recipients of public assistance are automatically eligible for the program.

Caseworkers are supposed to inform each public assistance recipient that he is automatically eligible. Apparently they do not do so. If they are informing them, then they are not doing a very good job of selling the program.

#### RECERTIFICATION

A third problem is recertification. Now persons who are employed must be recertified every month, persons receiving statutory benefits such as veterans pension and social security must be recertified every 6 months, and those with no income or irregular income must be recertified each month.

Certification officers spend so much time recertifying old customers that they do not reach enough new customers.

Provision should be made for construction workers and other workers with irregular incomes. Because the food stamp program is based on regular income, those who do not have a fixed income cannot be put on the mailing list for food stamp certificates.

Persons with irregular and no income apply in person each month, adding to already long waiting lines. Approximately 1,000 cases are assisted each month in this minimum purchase requirement group.

#### FREE FOOD STAMPS

Recognizing that the food stamp program was set up to stop hand-outs, to give the customer a chance to invest his own money in the purchase of food, we must face the fact that there are still people who have no money to invest. These people—and there are many of them—often need food immediately. For them the income-based food stamp plan is not adequate.

Food stamps, even in the zero income range, cost from 50 cents to \$3. For these people food stamps must be free. I repeat, for these people food stamps must be free.

In the District we also believe four emergency food banks, one located in each quadrant of the city—Southeast, Northeast, Northwest, and Southwest—should be set up to meet these needs.

#### CONSUMER EDUCATION

More consumer aides are needed to teach people how to shop, how to budget, and to give food demonstrations. Aides could make neighborhood visits, contact elderly shut-ins, and explain the program. Consideration should be given to the development of benefit aides who would be trained to explain the wide range of Government programs, such as food stamps, medicaid, et cetera. It is just as important for the customer to understand the program as it is for him to participate.

Senator KENNEDY (presiding). Thank you very much, Mrs. Harris, for your testimony.

(The material presented by Mrs. Marjorie Harris follows:)

STATEMENT OF THE DISTRICT FOOD STAMP ADVISORY COMMITTEE BEFORE THE  
SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS APRIL 16, 1969

PRESENTED BY MARJORIE HARRIS, CHAIRMAN, LEGISLATIVE SUBCOMMITTEE

Gentlemen, I appreciate the opportunity to appear before you today. I am appearing not as an individual but on behalf of the Food Stamp Advisory Committee of the District of Columbia. The Committee was organized in July of 1965. It consists of 40 members representing 18 community organizations. It has been our task to study the operation of the Food Stamp Program here and to recommend improvements in it.

We are not doctors or nutritionists. We cannot speak technically of diet deficiencies. But we do know our city, its streets and its people. We know hunger is gnawing away here in the nation's capital.

We know babies are dying here because they and their mothers are malnourished. The shocking evidence of this is the fact that the District of Columbia, seat of the most powerful and richest nation on earth, has been shown in a study several years ago to have the highest rate of infant mortality in the country, except for the state of Mississippi.

We know that children are beginning school already badly or hopelessly retarded in their mental development because their families could not afford to feed them adequately during the first three or four critical years of their lives.

Thousands upon thousands of our older citizens, barely subsisting on meager monthly stipends, go without adequate food for days and weeks on end, growing weak and ill and, in too many cases, finally dying.

These facts, by themselves, are shocking and tragic. Unfortunately, they are made even more shocking and more tragic by the fact that a government sponsored food assistance program—the Food Stamp Program—which pretends to help these poor people feed themselves is a failure to most of them.

We estimate that conservatively over 100,000 persons would be eligible for the Food Stamp Program in the District of Columbia. At this moment, only some 30,000 persons are certified to participate, and of those only some 26,000 are actually using the stamps.

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Why is this program failing to help feed the hungry?

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The fact of the matter is that the Food Stamp Program has chronic periods of hunger built right into it. So what sense does it make for a family to deprive itself of basic necessities besides food when the stamps still don't provide enough for them to feed themselves?

One of the reasons the stamps don't provide enough is that they make no allowance for the different needs of different age groups. The Agriculture Department knows that a fourteen year old eats more than a four year old. But the Food Stamp Program ignores this basic fact of life. Special allowance should be built into the program for children of different age groups.

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We confess we cannot think of what purpose will be served by these restrictions except the saving of a few dollars. Certainly the health and well-being of the persons on the receiving end of this program will not be served.

Another reason people will not participate in this program is that it prevents them from buying basic items for personal hygiene and general sanitation. If they purchase the stamps then they have no cash left for bath soap, detergents, scrubbing powder, toilet paper, tooth paste and mops among others. In other words, the Food Stamp Program tells people that if they want to eat then they must give up washing or brushing their teeth or washing the clothes that they probably can't even buy.

At this point, we would like to call the committee's attention to some of the problems which occur when the Food Stamp Program meets the public.

The first and most serious problem is the certification system itself.

When the Food Stamp Program first began there were only a few places where people could go to get certified for the stamps. The lines were long and thousands of people were turned away to come back another day. Recently the Welfare Department opened a number of decentralized offices throughout the city. Unfortunately, the lines are still long and people are still turned away. Nobody knows how many people who desperately needed this program never came back.

At times, the situation with the lines became so bad that if somebody wanted to be sure of getting seen on a particular day they would have to get to the certification office at 5:45 or 7 a.m. Anybody who came after 8:30 a.m. or 9 was simply too late.

We feel that if the number of certification officers cannot be increased that the decentralized offices should be eliminated. The idea of the decentralized offices is good but presently they are so understaffed that they are ineffective and create frustration.

If the Welfare Department cannot strengthen its service, perhaps the program should be placed under "separate management." To turn away as many customers as you serve, gives food stamps, welfare and neighborhood centers a bad name. Word of mouth by the thousands who have not been able to get certified may be doing more to keep this program from working than anything else.

The second problem is how people—if they are lucky to be seen for certification—are treated. We have heard of many cases where people have felt they were

abused. It is not easy to ask for help. It takes courage to go to an office and tell a stranger personal facts about income, medical expense and family arrangements. If the Food Stamp Program is one of dignity, the customer must be treated with dignity at all times.

Perhaps the single greatest failure in the certification system concerns public assistance recipients. We have already shown what a low percentage of recipients are taking advantage of food stamps. This is especially hard to understand considering that all recipients of public assistance are automatically eligible for the program.

Caseworkers are supposed to inform each public assistance recipient that he is automatically eligible. Apparently, they do not do so. If they are informing them, then they are not doing a very good job of selling the program.

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Certification officers spend so much time recertifying old customers that they do not reach enough new customers.

Provision should be made for construction workers and other workers with irregular incomes. Because the Food Stamp Program is based on regular income, those who do not have a fixed income cannot be put on the mailing list for food stamp certificates.

Persons with irregular and no income apply in person each month adding to already long waiting lines. Approximately, 1000 cases are assisted each month in this minimum purchase requirement group.

Recognizing that the Food Stamp Program was set up to stop handouts, to give the customer a chance to invest his own money in the purchase of food, we must face the fact that there are still people who have no money to invest. These people, and there are many of them, often need food immediately. For them the income based food stamp plan is not adequate. Food stamps, even in the zero income range, cost from 50 cents to three dollars. For these people, food stamps must be free. In the District, we also believe four emergency food banks, one located in each quadrant of the city—Southeast, Northeast, Northwest, and Southwest, should be set up to meet these needs.

More consumer aides are needed to teach people how to shop, how to budget and to give food demonstrations. Aides could make neighborhood visits, contact elderly shut-ins and explain the program. Consideration should be given to the development of benefit aides who would be trained to explain the wide range of government programs such as Food Stamps, Medicaid, etc. It is just as important for the customer to understand the program as it is for him to participate.

TABLE 1.—*Sample family a mother in work training program—weekly income of \$54 or \$216 per month—four children*

U.S. DEPARTMENT OF AGRICULTURE LOW COST DIET PLAN—MONTHLY COSTS	
Mother, age 39.....	\$29. 20
Girl, age 14.....	32. 70
Boy, age 13.....	35. 60
Boy, age 11.....	30. 40
Boy, age 8.....	30. 40
Total .....	158. 30

This same woman received \$102 worth of food purchasing power with her food stamps, based on family size income and monthly income. This is \$56.30 less than what is recommended in the USDA low cost table and represents one-third less food.

TABLE 1-A.—COST OF FOOD AT HOME ESTIMATED FOR FOOD PLANS AT 3 COST LEVELS, JUNE 1968, U.S. AVERAGE<sup>1</sup>

	Cost for 1 week			Cost for 1 month		
	Low-cost plan	Moderate-cost plan	Liberal plan	Low-cost plan	Moderate-cost plan	Liberal plan
<b>FAMILIES</b>						
Family of 2:						
20 to 35 years <sup>2</sup> -----	\$16.70	\$21.10	\$25.80	\$72.40	\$91.60	\$112.10
55 to 75 years <sup>3</sup> -----	13.60	17.70	21.10	59.30	76.40	91.40
Family of 4:						
Preschool children <sup>4</sup> -----	24.20	30.70	37.20	105.10	133.10	161.30
School children <sup>5</sup> -----	28.20	35.90	43.80	122.30	155.30	189.80
<b>INDIVIDUALS<sup>6</sup></b>						
Children:						
Under 1 year-----	3.20	4.10	4.50	14.00	17.60	19.60
1 to 3 years-----	4.10	5.20	6.20	17.90	22.40	26.70
3 to 6 years-----	4.90	6.30	7.50	21.40	27.40	32.70
6 to 9 years-----	6.00	7.70	9.50	26.00	33.20	41.20
Girls:						
9 to 12 years-----	6.80	8.80	10.20	29.60	38.00	44.30
12 to 15 years-----	7.50	9.70	11.70	32.70	42.10	50.70
15 to 20 years-----	7.70	9.70	11.40	33.30	41.80	49.50
Boys:						
9 to 12 years-----	7.00	9.00	10.80	30.40	38.80	46.10
12 to 15 years-----	8.20	10.70	12.70	35.60	46.40	55.10
15 to 20 years-----	9.50	12.00	14.40	41.00	51.80	62.30
Women:						
20 to 35 years-----	7.00	8.90	10.70	30.50	38.60	46.30
35 to 55 years-----	6.70	8.60	10.30	29.20	37.10	44.60
55 to 75 years-----	5.70	7.40	8.80	24.80	31.90	37.90
Pregnant-----	8.40	10.40	12.30	36.30	45.10	53.10
Nursing-----	9.80	12.00	14.00	42.20	52.10	60.80
Men:						
20 to 35 years-----	8.20	10.30	12.80	35.30	44.70	55.60
35 to 55 years-----	7.60	9.60	11.70	32.80	41.50	50.60
55 to 75 years-----	6.70	8.70	10.40	29.10	37.50	45.20
75 years and over-----	6.30	8.30	10.00	27.20	36.10	43.40

<sup>1</sup> Estimates computed from quantities in food plans published in Family Economics Review, October 1964. Costs of the plans were first estimated by using average price per pound of each food group paid by urban survey families at 3 income levels in 1965. These prices were adjusted to current levels by use of Retail Food Prices by Cities, released by the Bureau of Labor Statistics.

<sup>2</sup> Persons of the first age listed up to but not including the second age.

<sup>3</sup> 10 percent added for family size adjustment. For derivation of factors for adjustment, see Family Food Plans and Food Costs, USDA, HERR No. 20.

<sup>4</sup> Man and woman, 20 to 35 years; children 1 to 3 and 3 to 6 years.

<sup>5</sup> Man and woman, 20 to 35 years; child 6 to 9; and boy 9 to 12 years.

<sup>6</sup> Costs given for persons in families of 4. For other size families, adjust thus: 1 person, add 20 percent; 2 persons add 10 percent; 3 persons, add 5 percent; 5 persons, subtract 5 percent; 6 or more persons, subtract 10 percent.

TABLE 2.—*Mother of six receiving \$227 Public Assistance payment. Her monthly shelter cost includes*

Rent-----	\$105.00
Gas heat-----	55.00
Electric-----	12.00
Water-----	3.30
<b>Total-----</b>	<b>175.30</b>

A hardship allowance permits shelter payments over 30 percent of the income to be deducted brings her net income to \$119.80. She pays \$54 for \$108 worth food stamps. However, the sum of \$175.30 and \$54 is \$229.30, which is \$2.30 more than her monthly income. If she paid her shelter bills and bought food stamps, she would have no cash remaining for clothing and transportation and other necessities for a family of seven.

TABLE 3.—Family of 10. Father earns \$58 take home pay as trash truck driver.  
The shelter costs are

Rent -----	\$ 80.00
Electric -----	19.00
Heat -----	55.00
<b>Total -----</b>	<b>154.00</b>

Shelter hardship deduction brings the \$232 monthly income down to \$147.60. The family would pay \$66 for \$128 worth of food stamps. The total shelter and food stamp cost is \$220, leaving a cash surplus of \$12 for other costs—clothing, transportation, etc.

Senator KENNEDY. I have some questions, but I think before we get into the questions, I would like to ask whether any of your panelists would like to make any comments at all at this time, and then perhaps we will get into some of the questions.

VOICE. Thank you very much.

Senator KENNEDY. I know you have been introduced previously, but if you will please identify yourself.

#### INADEQUACY OF FUNDS

Mrs. HORN. I am Etta Horn.

We are pleased you are in the Nation's Capital to find out what is really going on, but we are sorry that none of you thought to come to the organization which is made up by poor, where you could really hear it like it is, from the nitty-gritty.

Senator KENNEDY. We hope you will tell us like it is.

Mrs. HORN. I am going to tell you.

The food stamps in this city is outrageously rotten. We who get food stamps, and I buy them each month, and I have found out I am not getting the amount I am rightfully due. I pay \$80 a month. I only get \$114. I am supposed to be allowed \$150. I am being cheated out of that.

Then, whenever the mothers here go to the store——

Senator KENNEDY. Could you on this point tell us how you are eligible for \$150, and you are getting \$114? How are you being cheated?

Mrs. HORN. Under the food stamp guidelines of the Agriculture Department, I am supposed to be getting that amount, but there is not enough money for them to be able to give to us this way. We are under the level of the District of Columbia. They are not able to give it, so what we get is \$114. That is the way I am getting.

Senator KENNEDY. That is because of the inadequacy of funds that are available?

Mrs. HORN. Yes.

#### PRICE RAISING ON STAMP DAY

The next step, when we poor families in the city go to buy food stamps, we then go to the stores, who then have raised up their prices, and our food stamps do not last the whole month. It only lasts the first 2 weeks. The next 2 weeks, we are still on the hungry list.

## COST OF STAMPS A HARDSHIP

Now, food stamps should be free, because, one, they should be lowered, and then they should be free for persons who do not have any money at all.

When a person walks into the food stamp department, they are told, "You are eligible for food stamps." They then get the food stamps, and then they are told to go find money to pay for them.

We don't have money to pay for food stamps. Maybe I have it, because I am on welfare, but there are persons who are going through this process and are going back home hungry, because they have no way of being able to pay for them, the food stamps.

They are not given a resource to go to a place where they can be given money to pay for them.

I went into the welfare department and a person had been given food stamps, and all they had to pay for them was 50 cents, and they were not able to find a place that could give them 50 cents to get something for food to eat, and when I had the social worker to call to the different agencies that are set up in this city to help us with persons that need money to pay for food stamps, they then said, "You are not Catholic, are you?" and the person said, "No," and then they said, "We can't give you the 50 cents."

They couldn't get it from the Salvation Army, who said they didn't have any money, and this person had to do without food. This is what is going on in this city.

## SCHOOL LUNCH

To get to the school lunches, there are thousands of children in need of school lunch every day. They are not getting it. They refuse to accept it, because when the mother goes down and signs her child up, and she finds out her children will be eating food each day at lunch, the child finds out he must get a ticket, this segregates him from the rest of his classmates, and he chooses to go hungry.

We say, don't give a ticket. If a child is in need of food from a school, this child should have a chance to walk into the lunchroom, and he should have—the person at the counter should not have to be asking him for a ticket.

Children have pride, and one of the ways to keep them with dignity and pride is not to give them a stamp that they are poor. This is an identification tag.

On the next: Persons are turned away, as Mrs. Harris stated. If they don't get there early in the morning, they can come there the next day. Three and four days we have known persons to walk into the Welfare Department to receive free food stamps and are being told, "Baby, you didn't get here early, so we can't give you any food."

We say, "We are very glad you are here," but when you went to a school that it was already given out that you were coming, we say you should have walked into the school and said, "I am here," and not let everything be beautified for you.

Thank you very much. [Applause.]

Senator KENNEDY. Would you like to make any kind of comment?

Mrs. GREEN. I am Mrs. Green, and I am chairman of the Food Stamp Committee of Citywide Welfare Rights.

Before I start with the written testimony that you have, I would like to give a case that will support what Mrs. Horn has just said.

One of our members has not received a check from the welfare department for the month of April, and this is the 16th of April now.

Senator KENNEDY. If you could bring that microphone over, it would be better.

Mrs. GREEN. As I was saying, she has not received her check for the month of April.

Since she is standing, I would like for her to present her case to you herself, because we feel that this particular case is being repeated throughout the city. It is a terrible thing, and this is Mrs. Legrand.

Mrs. LEGRAND. I am Mrs. Legrand, and I have three kids, and I haven't received my public assistance check yet for April.

I went down to apply for emergency food stamps, which was Monday. I am sick also. I went to the hospital Sunday night around 11 o'clock. I got back home at 2 o'clock Monday morning. I was supposed to be down at the welfare department, they told me to be there at 7:30, because I had two children to take to the hospital at 12 o'clock Monday.

I wasn't feeling good, but I got up and went down to the welfare department. I got there 5 minutes after 7. I sat there until 11:30 and I got up to go in and get waited on, and I got my emergency food stamp card, but to get my food stamps, they told me to borrow \$2 to pay for my food stamps, which I was borrowing food from the first of the month until Monday already, and I had done borrowed from anybody, and I didn't have any money to pay for the food stamps, but still I had to go out and borrow \$2 before I could get food stamps.

The food stamp card that they gave me was made up wrong with a mistake on it, and the bank told me I couldn't get the food stamps, and I had to borrow another \$2 to pay for it.

I just got my food stamps to get food for my children yesterday, and I have three small children. That is my case.

#### COST OF STAMPS

Mrs. GREEN. Miss Thompson, the Director of the Public Welfare Department of the District, will tell you that no survey has been conducted in the District to see how many hungry people there are. I am telling you that no survey needs to be taken, because if there were only one hungry person in the District, that would be one person too many.

In fact, though, there were 1,916 families hungry in December of 1968, based on the Welfare Department's own report.

Of the 8,932 families that were certified in December, only 7,016 could in any way afford to purchase the stamps.

The dictionary defines hunger as a feeling of discomfort, pain, weakness and uneasiness caused by the need for food. The key words here are "a need for food." We on the poverty level have a great need for nutritious food. Malnutrition is the lack of essential food nutrients that are necessary for normal growth and health.

We are full in the belly, but our bodies are dying, because these nutrients are missing in our diets. Starches will fill the stomach, but will not satisfy the desire or need for nutritious foods.

We are going hungry and dying because we cannot afford to purchase the food stamps as the program is now set up. A family of four children and one adult, my family, cannot afford to purchase \$100 worth of food stamps for \$68, if we then, too, have to buy clothing, personal and household needs, pay rent, pay utilities, out of a monthly income of \$199.

The Department has allowed us, graciously, \$3.57 a day for five people. There is \$1.19 per meal. That is 24.6 cents per person per meal. This is hunger.

If Senator Eastland, farmers, and others can receive subsidies of hundreds of thousands of dollars not to produce produce, why then can't we, the poor, be subsidized not to produce hunger?

Many of us, when we go to the food stamp certification office, are in dire need of food. We cannot afford to pay the 50 cents to \$3 to redeem the certificates.

Some have no monthly income, but must find some way to get the money in order to eat. Hunger is prevalent in the District, because we are experiencing discomfort, pain and weakness from sicknesses that require special diets which we cannot afford. The supplementary food program that is planned is not good enough.

Nothing is good enough that will take care of some of the people and not all of them. We are suffering from malnutrition and hunger, because we are expected to live for sustained periods of time on money that is way below the Agriculture Department's own standard minimum for a temporary period of time.

For example, the Department of Agriculture says a family of four needs \$107 worth of food per month. The food stamp program requires that in order to get that \$107 worth of stamps, the net income must be between \$300 and \$329.99.

If the net income is zero, then although we need \$107 worth of food, we can only get 52.

It must be pointed out that if the net income is \$1 over, then we are considered over income and not qualified. This is Government-guaranteed hunger.

There is hunger because people have to go to the certification office two, three, even four consecutive days if they are not there hours before the office opens in order to be certified.

#### RECOMMENDATIONS

The question now arises, "What can be done to improve the program?"

One, people should receive the amount of food stamps that their family needs, regardless of how much money they can afford to pay.

For those people in the poverty level, those making \$3,200 for a family of four, or less, food stamps should be free.

Two, more certification officers in more decentralized offices. This will enable more people to be seen on any given day and eliminate the need for having to go to the main office before dawn to be processed in the same day.

Three, applicant should be able to be certified on signature alone, and not have to bring rent receipts, proof of income, written child statements, medical bills and utility bills.

Senator McGovern's recommendation that the food stamp purchase price be brought closer to the national average expenditure of 17 percent of income for food, instead of up to 60 percent, should be enacted.

Five, food stamps should be available more often than once a month, and should be redeemable for cash in case of emergency.

Six, there should be regulations passed to require stores accepting particular food stamps to clearly price their merchandise, and not increase the prices in the ghetto stores on the first of the month when low-income and welfare people do their major shopping.

Seven, the administration of the food stamp program should be given to another agency, one that would be more interested in a program that would be beneficial to the people, and not as in the case of the Department of Agriculture, primarily concerned with farm production and employment and soil conservation.

And the only agency that can administer an effective program is the poor mother and father, who now have to listen to their children's pitiful cries of hunger.

Eight, fair hearing procedures should be set up to take care of those who wish to appeal the decision, either because they were denied certification, or they feel their payment is more than what they can afford.

Nine, the free school lunch program should be revised to provide free hot lunches for all children. The present program discriminates against low-income and welfare children.

In some schools, they are giving different colored meal tickets, in some, different lunches, and in some they must get into different lines. Is it any wonder that children would rather not eat lunch than to let their schoolmates know their parents can't afford to pay for lunch for them?

Our children don't want to be laughed at any more than yours.

Senators, you and your fellow Congressmen eat lunch in ritzy Capitol Hill restaurants, plates laden with nutritious foods. You return to your homes to very well-balanced meals day after day.

Can you, Congress, afford to let the poor parents of this country give less to their children? The poor have not known before. We have been children in the wilderness of Government-guaranteed hunger. We are now serving notice that no longer will we see our children suffer from hunger and malnutrition and do nothing.

The war on hunger has just begun. [Applause.]

Mrs. JACKSON. Good morning, Mr. Chairman. My name is Mrs. Frieda Jackson. I am the mother of 10 children, a welfare recipient.

I am a member of the welfare committee, and we feel that the food stamp program should be revised. People should receive free food stamps. These people should receive food stamps according to their needs, rather than their income. Due to the high rate of rent, it is difficult for us to pay rent and receive precious food stamps in the same month. Some pay one month's rent and some buy food the next month, and being under the circumstances due to constant threats, household and personal needs cannot be received with food stamps.

This is as important to our health as eating.

Our children need food. Our children cannot read and learn and spell and be American citizens like they should be unless they have food. My 10 children, when they go to school, if I buy them food, they

don't wear clothes. If I buy them clothes, they don't eat food, and as the lady said once before, talking about free food, this is all good. This is wonderful, but all the children that are eligible for free food don't get it.

My kids have been sent home many a day, and I go to school, and when I get there, they are crying because they had no lunch. They were told to dust off the blackboard, and they were 5 minutes late getting to the lunchroom and the food was all gone.

Our schools need more food, as our homes need more food. [Applause.]

I was speaking only for my children, but I classify myself at the age of 33 as the mother of the neighborhood. Why? I will explain it to you.

In my neighborhood, the neighbors too much don't know me, and as I say, I am in the win program and I go to get a couple of extra dollars and a little education, because without education it is hard to get along in this world, and also to encourage my children.

But being the mother of the neighborhood for myself, not from the people, I have many children come to my house because they are hungry. They don't say they are hungry, mind you, and their mothers don't want them to say it. But when my children sit down to eat beans and cornbread and fatback, my children eat it, and the children who don't know me cry to eat the same thing, and even though I don't have enough, I share and do without to give to them. And then mothers wonder why do they come to my house. [Applause.]

I would like to tell you why. They come to my house because, and I can name some, but I won't, that steal food from the Safeway to eat, and their mothers are working. But they don't eat because their mothers don't make enough.

So I preach to them, as I am saying to you, "Don't steal. When you are hungry, come to my house."

So while these kids are hungry, you feed them, you can afford to, and thataway they can learn in school. They won't lay their heads on their desks and go to sleep because they are hungry. They won't stay from school because they are ragged, and because their bellies are warm and feet are warm. They will make it out here.

They will be good citizens. You won't have so many thieves and crooks, and this world will be better to live in. [Applause.]

So I am asking you for the benefit of my children and all the others. [Applause.]

#### INADEQUACY OF SCALE

Mrs. JOHNSON. Good morning. My name is Mosella Johnson. I am a welfare recipient. I am also a chairman of one of the local welfare rights organization groups, and I am here along with other ladies to do the best I can in the testimony toward the hunger that is going on in our city.

I didn't write out a testimony, because I feel as though I don't have to put on paper what I live with every day. [Applause.]

I have here in front of me right now five food certificates that I have been receiving since December. I have been unable to purchase them because of the higher cost, and because everyone knows that the grants

are inadequate. This I understand, but I cannot understand why the children—I have to have five certificates right here that haven't been purchased.

I went down to the department of food stamps 2 weeks straight, asking them if they could not lower the cost, could they divide the cards into two separate cards, and this way I could buy one card one month, and pay bills on the other card.

I was denied this right. They are asking me to pay \$84 for my food stamps, which in turn I received \$116 worth of coupons. My grant will not permit me to do this. I have been buying food stamps, and the way I bought these food stamps is through my neighbor.

She is hungry just like I am, but in her case she pays \$80 for food stamps, which they give her two separate cards, \$40 each. This is the way I have been buying food for my kids. I pay 40, she pays 40. We get \$61 worth of food. There are four children. \$61 worth of food cannot feed myself and four children, because, first of all, we don't want to hear the point that there are different ones on diet, which I am on diet. I have nerve trouble, and high blood pressure, and now they are considering my heart.

As it is, I cannot live on this diet and feed my children for \$61, because I am not going to feed them diet food. I have to go to different organizations. The first thing they ask you is, "Did you receive your grant for the first of the month?"

"Yes." "Well, I am sorry, we can't help you."

I didn't give up. I went to a church and talked to the priest and asked him to help me get some food for my children. He gave me a food gift certificate to go to the Safeway, which is \$7. OK, how long can \$7 feed five people?

This is no good. The children are hungry. I teach my children, if they want something to come and ask for it. This is what is causing the children to go out into the streets. Just as she says, they steal. I don't want my child to steal.

When I preach to them and tell them, "Ask for what you want, you go and ask for it just like the free lunches in school." My child—this is the beautiful truth, and I am talking it from my point of view. This is something I know.

I had to go to school for it. My child was embarrassed because of the fact that he was pointed out in a different line to go and get his lunch. He, in turn, sold his ticket to another boy and took 25 cents to go and get his food, because he was ashamed.

The kids laughed at him. "Your mother is too poor to afford to buy your food," and this hurts.

I feel that the department can do better, and because of this, we are asking you, we are beginning to fight for it, and we are willing to fight to the end. I am out here every day as chairman of the group. I see this around me.

I visit the people who are working with me. I see the needs for them. I am not only speaking for my part. I am speaking for everyone, and I am hoping that you will all take this into consideration.

Help these poor people, not only the kids along. There are older people that need the same help we have. I have been on welfare, I have taken training, I went to work, but I had to get back on welfare be-

cause of sickness, and I feel that it is my right that I can have a decent meal for my children.

All of my bills are behind because of the fact that I am not going to see my child hungry when I know that there are a few pennies so that my children can eat, if nothing else.

If I take this money and buy food stamps, it will cause another embarrassment. I can't rob Peter to pay Paul. Paul is going to get tired of me robbing him.

First, I look up and a utility is cut off, and second, we are sitting out in the street. Take my children and put them in Junior Village? I don't think it is fair.

I am a mother taking care of my children. Please give us our rights. [Applause.]

Senator KENNEDY. I think you have all made an extremely compelling case about the workings and functions of the food stamp program; certainly as it applies here in the District. I feel that based on your observations and your own very personal experiences about the shortcomings and the inadequacies of the food stamp program itself. The fact that it really works to the disadvantage of the poor since you are allowed assistance based on your ability to pay for stamps instead of your need for stamps. The less funds that you have allocated to purchase food stamps because of your own financial situation, the less you are going to eat and the less your children are going to eat.

When, actually, those with the most limited kinds of budgets, which have the heavy kinds of stress on them in terms of rent, electricity, and clothing for the children, certainly ought to be able to have a minimum kind of assurance of adequate kinds of food intakes.

I think the most impressive part of the testimony in listening this morning was really the humiliation and the indignity that is experienced by those who are participating in this program.

This is something which we can talk about, the facts and the lines and the certifications, all those kinds of procedures which very definitely should be modified. The program has to be adjusted and changed, and I think under Senator McGovern and those who have been most active in this committee have seen, in their extensive travels around the country, the technical inadequacies of this program.

But I think what has been singularly impressive to me this morning, which has been stated so well by these panelists, are the personal indignities and humiliations of persons who want to participate in these programs.

There is no room for that under any kind of program, and there is no room for it in our society. This has been a forceful reminder for us here this morning.

Mrs. GREEN. I want to say that I think Senator Talmadge has made a recommendation that people who get less than \$80 a month receive free food stamps.

I think the committee as a whole should recommend that not only those who receive \$80 a month, because they should be on welfare if they receive that small amount of money, but those people who are in the poverty level, \$3,200 a year, those people should receive free food stamps.

Senator KENNEDY. Senator Percy?

Senator PERCY. Mr. Chairman, Senator Javits, who is the ranking Republican on this committee, is unable to be here, but he has asked I present a very brief statement.

He says:

I am greatly disturbed with the amount of money allocated to food assistance programs, the shocking conditions of hunger and malnutrition which have shovled the conscience of our prosperous Nation toward a major increase in Federal spending. Yesterday's answer is by no means the final answer in terms of money or its equivalent in food, and I am confident we will find a way to deal with the problem more realistically.

I am still hopeful that the President will come up with new initiatives. I also will continue to seek new initiatives with my colleagues on the select committee. However, mere innovation is not enough. Major spending in addition to new ideas is needed to bring food to the hungry and to educate them in the basics of nutrition.

Mr. Chairman, you mentioned the indignities and the humiliation of the poor, and before your arrival this morning, I mentioned the humiliation that my father, mother, brothers and sister had as the relief truck would pull up to our door.

We have gone a long ways since then, but the testimony here this morning is clear evidence that we have a long, long ways to go, and that we have to really apply the same kind of thinking to constructing a better life for mankind here on earth, when we have the technology to explore space or blow ourselves up. [Applause.]

I would like to ask questions relevant to possible exploitation and the indignities of agencies, first, relating to Government itself, the second relating to retailers who possibly, the implication is, exploit; and the third to the so-called slum landowners.

#### ADMINISTRATIVE ABUSE

First, I would like to ask Mrs. Harris what she means when she says on page 4 of her testimony that:

People have felt they were abused, and it is not easy to ask for help when they go into a Government agency set up for their benefit, and to ask for certification under the food stamp program.

Who abused whom, and in what way?

Mr. HARRIS. I would like to speak not only to that point. I am going to come back to the food stamp program, and go a little bit further than that to explain to you that I have been classed on, by looks, as a middle-class person. I came from a family of 18, my mother passed away when I was quite young, and we happened to be reared, also, on a farm.

I ploughed a mule when I was 6 and I drove a tractor when I was 10, and I am not too proud to say this. I said all that to say this: Even though I know that I come from a family of this number, such a large number, and I left my hometown at the age of 16 and I came to the District, I was looking for a—I had a model in mind, in my own mind, and the model I was looking for I have not found yet.

The reason I said that, people that go to the Food Stamp Certification Office to be certified for food stamps so often are treated wrong in the beginning.

The person that greets them, you know, they give them this thing about, "All right, take the number, sit down, wait your turn."

This is like 8 o'clock in the morning—5:30 in the morning—you come back around 11 o'clock, you still haven't been called, 1 o'clock you still haven't been called. You sit down and wait your turn.

Each time you are told, "Sit down, wait your turn," as though they were doing the people a favor. I don't like this, not for me, or for anyone. If the Government has a program that is supposed to be feeding them, they shouldn't be treating them this way.

Well I say—let me look over this statement here.

When I say it takes courage for a person to have to go into the certification office to apply for food stamps, one may sit and say, you know, "If I go, do you think they will help me? I am going to have to tell them about my own personal self." And they have to come to a decision.

So they say, "OK, I am going." Once they tell them all about their personal business and everything, at the same time they are being looked down upon, you know, as though, "I got mine, you got yours to get." [Applause.]

Mrs. GREEN. This disturbs me. This disturbs me mentally, and it really disturbs me because I feel if I was mistreated this way, right at this time, I would feel like doing something that I would not want to do. Here, again, you may have a person standing in a line wanting to be certified and mistreated, and a person goes and pop one in the mouth and immediately they are wrong, arrested, they got a guard sitting around, "Sit down, take your turn. OK, you can go in."

Who wants to be treated this way? If they have a program in the District of Columbia that is supposed to be for the people, let the people be in the program. If it is not going to be effective, eliminate it, and find something else to put in the place of that program.

Senator PERCY. Mrs. Harris, could I ask you this question?

As I see it, the most efficient thing the U.S. Government does is collect taxes [Applause.]

Mrs. HARRIS. Right.

Senator PERCY. We make it real easy for people. We send out forms, we mail them to their homes, there is assistance available throughout the course of the working week. You don't have to stand in long lines. You can find out when the lines are not long, or you can go to your own private counseling service and get help in filling out form 1040.

Would it be possible to distribute forms and applications through the neighborhoods? Could we use neighborhood organizations?

Mrs. HARRIS. This is what I have been asking.

Senator PERCY. And have people go to their own counselor, their minister, and then turn these forms in, having been certified, having been attested to, and having been more accurately filled out than they could be waiting in the confines of a Government office.

Mrs. HARRIS. This could be done. I have been asking for it since March 1968, and I haven't been able to get it done yet. And I have been told, "I am going to do this and that for you," and nothing has been done.

Just to get a poster in order to make the food stamp program more effective in the District of Columbia, sometime in March 1968, I sent

the letter to the food stamp office to get the poster made to post in the community and advertise the food stamp program. They could come to me and I would explain to them.

I am going back to the testimony, and I don't want to look for it. I could explain to the people how the program works, and the person can then understand what they are participating in.

In turn, they may tell their neighbor. I haven't got the poster yet. That is a year and some months, you know, ago.

I have repeatedly asked that a certification officer be sent to my office to help certify the people. I haven't gotten that. We have asked that volunteers do these forms.

"No, they can't. You must have it up here. If you don't have it here, forget it."

I am the coordinator for the benefits office. I have beat my head against a brick wall, going out in the community, seeking families and finding them, that need the food stamp program. I explain the program, and take them physically—

Senator PERCY. I am going to ask that all of you, in answering questions, respond as briefly as possible. You would all be good senatorial candidates because you give good speeches, but so we can get to all of you and so I can turn this over to our colleagues, just briefly answer the question.

We have gotten down to the nitty-gritty already. You have been up against the Government for 10 years. That is not long by our standards.

But in this procedure to make it better and less humiliating for people, you are going to colleagues in this committee, and we can move this along faster.

#### EXPLOITATION BY FOOD STORES

Let's move to the retailers. There has been a question by Mrs. Marty Green, and the comment is made that the food stores raise their prices in the ghetto stores on the first of the month when low-income and welfare people do their major shopping.

Now, this is a serious indictment of retailers.

Mrs. GREEN. It is true.

Senator PERCY. Can you give us names, can you give us indications of where these stores are, and can all of you put together the names of stores who do this, give us accurate testimony as to how this is being done?

We could collect the information from you somehow. We would like this certified to the greatest extent possible, because we suspect this may be done in ghettos all over America, not just in Washington, D.C., and if so, we want to move in promptly on that.

Can you amplify that?

Mrs. GREEN. Definitely. Safeway. Poor people can't afford to buy steak, no matter what the sale price is. We buy chicken, pork, ham, in the meat, you know. This is April.

For the last week in March when poor people—you know, people who are on food stamps have no money, chickens were on sale for 29 cents a pound. The first week in April, chickens were on sale, I think it was 49 cents a pound.

This is one example that I know of, because this is the only thing that we did check. A lady checked and told me about it.

I know another. I started to participate in the food stamp program in March of this year. I didn't buy too much the first of the month. The middle of the month, Safeway had their dollar food sale. This is basically when we are running out of money, you see.

Now, I buy a lot of canned corn, because my kids like it, you know. It is two cans for 43 or 45 cents, something like that. This is the cheaper Safeway brand.

At the middle of the month—

Senator PERCY. I think that is enough of an illustration.

Mr. Chairman, I would suggest that we devise some mechanism where the staff can collect as much evidence as possible.

I would like to say in this instance, though, that there are two sides to every story. I have called on retail stores in ghetto areas, now, in seven or so cities. The story is very much the same. The cost of doing business there is much higher, because of the poverty and low-income nature of the people in the community, theft is much higher in ghetto stores than any place else.

Men and women who have children hungry at home are going to get food somehow, and if they can't get a job, they are going to get it at the store, and that increases the cost. [Applause.]

They say they can't get insurance because of the potential of riot. This increases their costs. But, also, if we have evidence here of exploitation, taking advantage of the poor, then we have got to move in on that, and we are going to find a way to do it, either an appeal to conscience, or some other compulsion, and Government can act when there is exploitation.

#### SLUM HOUSING

Quickly, I would like to move to the area of slum housing.

I was interested yesterday in going around, Mr. Chairman, to find the very high cost of rents. One apartment with eight children in it, was \$195 a month, and it was a pigsty. It was terrible. Nothing had been done in that apartment to repair it, in the 3 years that the family had apparently lived there.

We found another apartment where the rent was less, \$80 a month, but the heat was \$50 a month, and the temperature never got above 60 or 65 in the real cold weather. Why? There were so many holes in that apartment that it was like a sieve. You were heating the whole neighborhood, and you had to keep the heat high.

In another area we found an apartment. The woman at the realtor when I called up said:

No, she has never failed to pay her rent. She has even paid it, I know, when the children were hungry. Because she would be evicted otherwise, and there would be another family that would have to move into that very decrepit apartment.

We tried to call the owner of that apartment, and I demanded to know why they had not filled up the ratholes, got the toilets to work, and had hot water on. I have a report this morning, I am happy to say, that this morning for the first time two plasterers and a general repairman showed up at 7:30 this morning. They are plugging the holes, they are setting rat traps in the alley behind the buildings,

and with the spotlight of attention on them, something is going to be done.

Now, we started a program in Chicago years ago called "Call for Action." We have now prosecuted 3,600 cases. You have got to have some degree of community action, I think, to stamp out this exploitation where a realtor will take a building, will not put a dime back in to repair it, will earn 25 and 30 percent on their investment, and exploit and extort from the poor, and the Government for the most part is paying the cost. [Applause.]

We recognize these conditions exist. We intend to do something about it, and the testimony we have had has been exceedingly helpful.

Thank you very much, Mr. Chairman.

Mrs. GREEN. May I add one other word, please?

Senator KENNEDY. Briefly. We have two other panels. We want to be fair to everyone who has something to say.

#### HOME RULE

Mrs. GREEN. I just want to say in response to what Senator Percy said. Had you, Senator, not made that call, the lady would probably not be able to live in the conditions. We in Washington don't have Senators who are going to come to our house and see the conditions. This is another thing that would be helpful, if you, the members of the committee, would help us to push for home rule so that we would—  
[Applause.]

Senator PERCY. I recognize that. I want to discuss with Mayor Washington how to set this up. All we did in Chicago was work in connection with a local radio station, and we told the slum owner unless he got a repairman over there, we would publish his name and address and the offenses and the housing ordinances that he was breaking.

Many times at city hall it is not cleared up either, but we can find a way to do it, and we did.

I want to yield all the rest of my time this morning because of the undue amount of time I have taken so far.

Senator KENNEDY. Senator Pell?

#### WELFARE REGULATIONS

Senator PELL. I am grateful that this hearing has been held. I think the testimony has been singularly eloquent. I was particularly struck with the eloquence of Mrs. Jackson's testimony.

One question I have—and I look forward to the response here, and later on to the response of the welfare people—is, how strictly enforced is the man-in-the-house rule when you are on welfare? Does this mean that your husband cannot be at home?

Mrs. HARRIS. If a man is out of a job and he lives at home, he does not receive welfare. He can go into training. I don't think he is even entitled for that now, but on the man-in-the-house rule, that is one phase. But on the man-in-the-house rule, when a mother is on welfare and receiving help, the man-in-the-house rule on that phase, if they see a man around the home, which we had investigators, and still do, that was thrown out in the District of Columbia.

But the one you are asking about is when a father is in the home, does he receive help in any kind of way from Welfare? No.

Senator PELL. Would the family?

Mrs. HARRIS. If he is not with his family, his family receives help.

Senator PELL. Mrs. Jackson, in your own case, you cannot have your husband around when you are on welfare, is that correct?

Mrs. JACKSON. The answer to that is correct, but I think it is unfair to the mothers, because if the children can have men in their homes sleeping with their mothers and can't have their fathers, it looks bad. I think it is more efficient to have the father in the home to bring up the children, rather than a strange man.

I have no man in my home. I raised my kids by myself, and it is very difficult.

But I tell you this: If it wasn't for the Welfare not helping my husband, and had went on and helped my husband, he would be in the home as of today.

But because they turn down the women with their husbands, they have no husbands, and they walked out on them, and when the men make a little income, as they do, they can't support their families. Therefore, they leave their wives and throw them on welfare.

It is unfair to the wife, and definitely unfair to the children.

Senator PELL. If this regulation were changed, would you be able to maintain a better home for your children?

Mrs. JACKSON. Again, as I say, if the husband was there, I think it would be more sufficient, but giving the proper income to support the children.

Senator PELL. Right. But in your case, do you feel your husband would be back living with you if the regulations were different?

Mrs. JACKSON. I definitely do, and I think my home would be a much better home.

Senator PELL. Thank you.

Senator KENNEDY. Senator Cook?

#### FREQUENCY OF STAMP PURCHASE

Senator COOK. Mrs. Horn, you talked in terms of higher prices by store owners at the first part of the month. You also suggested many people could not afford the transportation money to go down and get the stamps.

Mrs. HORN. Yes.

Mrs. JOHNSON. Prices being so high, and I stated, when I go in with this lady and I buy one of her cards, I do not do my marketing on the first of the month. I know the prices are high. I buy enough food to carry us for a few days until the price goes down, and then I do my marketing.

Mrs. HARRIS. We will get you the facts on the stores, and how we are being exploited the first of the month.

Senator COOK. But the fact does remain, if we could change the system, it would help.

Mrs. HARRIS. Yes; it would help.

Mrs. JOHNSON. I am not able to go to the store at all times. I send my children to the store with the certificates. If I send my child for

two items, the store owners are disgusted with these coupons. They are supposed to give you a slip for the amount of change. Instead of that, they will ask the child, "Why don't you buy 30 cents of candy to clear this up?"

This is what has been done at one of the stores to my child. I called the lady back and said, "It is my money. If it is a penny, give it to me, because I need it for something else."

This is what is happening to these coupons.

#### SCHOOL LUNCH HUMILIATION

Senator Cook. Mrs. Johnson, you were talking about the system employed in the schools. It also seems we have made the commodity distribution program a total failure. Thousands of people throughout the United States have to stand in line for hours in order to obtain food for themselves and their families.

The programs are buried in redtape, a pink copy for this, a yellow copy for that, and it's the needy and their children who suffer. Would you agree with this statement?

Mrs. JOHNSON. Yes; I was embarrassed when my child didn't have lunch. He was afraid to tell me when I asked him what happened. He told me finally that he gave a boy the school ticket because he was tired of the children teasing him.

He asked the boy to hold the ticket and the boy got in line, because he was hungry. The lady who has the program knows the boy was not Tyrone. She picked him out.

The principal called me about that. Tyrone told me, "Mom, the boy gave me a quarter because I was tired of the children laughing at me because I have to stand on this side. They go straight on in and get their hot lunches. I stand on a different side and wait for my lunch."

I went up and talked to the principal concerning this.

He took my child down to the cafeteria himself, because I was waiting for him to take him to the dentist from school, and he carried him on through the line and asked me did I have time to wait for him to eat his lunch and then take him on to the doctor.

This is how he got around to get away from this humiliation he was going through.

Senator Cook. The principal could break the rules, but the children can't?

Mrs. JOHNSON. The principal did not break the rules that particular day, only for one reason, because the child had a dental appointment at 1 o'clock, and it was almost 1 o'clock and he hadn't received his lunch, and going to a dentist, I didn't know how long we would be sitting there.

This is the reason he did it.

Senator Cook. Didn't the principal also do it because you were there? Let's really face the facts. If you weren't there and the child had to go to the dentist, the child would have to get his blue card and would still have to wait?

Mrs. JOHNSON. Probably, yes.

Senator Cook. Didn't he break the rules because you were there? It wouldn't happen the next day when you were absent, would it?

Mrs. JOHNSON. No, I am not there.

Senator COOK. It is a situation of building humiliation for young children.

Mrs. JOHNSON. True.

Senator COOK. Mrs. Harris, don't a lot of people come away from the Certification Office feeling as if the people they talked to felt it was their food they were giving away?

Mrs. HARRIS. Yes.

FROM THE FLOOR. They don't give it to you, either. [Applause.]

Mrs. HARRIS. Here is a Government program that is supposed to be taking the place of the other food commodities they were distributing, and it is supposed to be in existence for the people that need it, and yet the people in the system itself are building humiliation right within the system, and mistreating people, with greeting them in the beginning, you know, just coming into the place, and this is not at one particular office. It is all over the District.

Senator COOK. How many of you participate in the food stamp program, of the five?

(All raise hands.)

Senator COOK. Do the funds to buy the stamps come from your welfare check?

(Chorus of yesses.)

Senator COOK. Doesn't it seem strange to you that we are buying \$116 worth of stamps for \$84? In essence what we are doing is taking \$84 out of the local welfare program and we are giving it to the Federal Government for the stamps. [Applause.]

And in probably 85 to 95 percent of the cases all over the country, the amount of money that is really paid to get the stamps, is really local government money that goes to the Department of Agriculture. It is a vicious circle!

Let me ask the lady who had all the cards, are you continuing to get the cards so you don't go off the program even though you can't afford the \$84?

Mrs. JOHNSON. I am getting them every month, and I spoke to the lady and I told her to send the stamps in the month of December. If I saw where I was able to afford them, I would buy them. I am sure they know when we buy them.

I said if I didn't purchase the stamps, "don't send them any more, because you know I am not able to buy the stamps," but each month, as you see there, from December to April, they have been sending them. But when I was talking to her down there, she told me that if I didn't purchase the stamps within 3 months, if I missed them 3 consecutive months, they would not be sent out any more.

Well, I have five right there. So it is the Department that is doing this.

Senator COOK. I thought possibly you are staying on the program and continuing to get them so that you wouldn't go off it.

#### FIXED COSTS FIRST

Mrs. JOHNSON. I told her to close the case, because I knew I was not able to afford to pay \$84 for the stamps because of the other bills. I pay \$75 a month for rent, plus all of my utilities.

Right now, I have a gas bill for \$121. I have 5 days to get \$77.14 in, or they are going to disconnect my gas, right now, and this is because of the fact that there is an empty apartment underneath me. It has been empty since September, and I am heating the whole building.

I keep my heat on 90, 24 hours a day. I live in the 100 block of Q Street, and this is just back of where you all were yesterday.

This is a ghetto area, there are ratholes, and all of this stuff. I have to put up with it. I go to the rent agency, they will tell me, "Well, I will give you a certain amount credit for your rent."

In return, I get a notice from them, with me paying the gas bill, they tell me that my rent is behind, because of the fact of them trying to make me believe that they are giving me a certain amount of money on the gas bill.

Then they tell me that my rent is maybe \$300 behind and all of that. I can't live with this. Where would I get \$77 in the middle of the month to pay for a gas bill?

Senator COOK. Let me ask you this. Do you have plenty of people to see whether you are doing this right or that right? How many building inspectors have you had to come around to look at your apartment?

Mrs. JOHNSON. I have called the Health Department and the rent people so many times. I asked them to barricade all this filth that is left in the place and nail the place up. They nailed part of the place up. The rest of it was open for the whole winter.

Senator COOK. You never had a city building inspector?

Mrs. JOHNSON. Whoever they were, they were inspectors, that is all I know.

Senator COOK. No improvement as a result of it?

Mrs. JOHNSON. "Well, I will get on your landlord right away. I will send someone out right away."

They send someone out and nail a pasteboard over the window. The next day it is down. My heat runs 24 hours a day to keep my poor children warm. This gas does not run without electric. That is the way it runs.

The electric bill runs \$33.

Senator COOK. Would you say the city inspection department was pretty much of a failure?

Mrs. JOHNSON. Sure they were. Otherwise, it would be corrected.

FROM THE FLOOR. I would like to know one thing. This food stamp card thing, if you don't get that card the first of the month and use it, you don't get any the next month, and if they are talking about ratholes, you start with National Capital Housing first. [Applause.]

#### INCOME MAINTENANCE PROGRAM

Senator DOLE. Mrs. Harris, I have just one question.

You testified in your statement that apparently the food stamp program itself has been a failure. On Monday of this week this committee had testimony from Mr. Heineman, who is the Chairman of the President's Commission on Income Maintenance, in which he suggests that perhaps, rather than to multiply the problem by spending more money on a program that has been a failure, that perhaps we should look

to cash outlays to people and let them have what he called freedom of choice.

Now, since this panel indicated that the food stamp program is not working well, what alternative do you suggest?

Mrs. HARRIS. If you would do away with the food stamp program and not consider free food stamps, I would most certainly like to see that cash could be issued to families and that a lot of this redtape and a lot of this stuff not be built into that particular system, and that it would be administered so that maybe someone from your committee, or somebody from somewhere, I don't know where, would keep a look-out, you know, on that particular system to see that people are being—that are actually receiving what they should for the number in the family and that there not be added to, and I would like to really stress this—that there not be attitudes built in with this particular program.

I would not like to see that this program be placed under any part of the Welfare Department. I do not want the Welfare Department to have anything whatsoever to do with the program. [Applause.]

Senator DOLE. I think you suggest in your statement the creation of some new agency to administer the program. It occurs to me as just one member of this committee that it might be less costly and less bureaucratic and there would be less redtape and with freedom, if an income maintenance program were adopted. As Senator Percy and others have pointed out, we are talking about an integrated problem, not just housing or maintenance. You can be fat and happy and still live in a rathole and not be satisfied.

Would you rather we simply increase the welfare payments you receive, and let you determine what you do with additional money?

Mrs. HARRIS. I would agree with that, that welfare recipients' checks could be increased so that whatever the Department would be asking for for the recipients themselves to purchase the food stamps with, but at the same time, I am concerned not only with the recipient, but with every hungry family in the District of Columbia, that the program, regardless of who participates in it, that it is administered properly, and that the Welfare Department has nothing to do with it, and that the attitudes be carefully watched over, and that the program work effectively, really to everybody that is entitled, and that can benefit from it.

Senator DOLE. But in the cases where they were also welfare recipients, it seems to me this might reduce administrative costs. The money saved by this procedure might be used for the benefits of the recipients instead of for someone who is administering the program.

Mrs. HARRIS. I would agree with that.

#### ADMINISTRATIVE COSTS

Senator DOLE. The problem is that we all recognize that money is tough to obtain, from a Government standpoint. When we spend 30 or 40 percent for administrative costs, that means 30 or 40 percent of the program, or whatever it may be, that the recipients can't receive. Rather than create another new program or another bureaucratic level, it might be well to improve the existing levels and use the added cash to help the recipients.

Mrs. HARRIS. I agree with that, as far as the recipient and putting the money back in there, but at the same time I am thinking of a man who is underemployed—

Senator DOLE. There are special cases where it would not work.

Mrs. HARRIS. There are special occasions where you have men who do construction work, when the winter months cause a hardship on the family, and you have men underemployed, and you have people who have no employment.

We have to take into consideration all areas where people need sufficient food.

Senator DOLE. Thank you, Mr. Chairman.

Senator KENNEDY. Senator Cook has a final question.

#### STAMPS FOR OTHER NECESSITIES

Senator COOK. Do you feel that the list of available commodities or the stamp program should be increased? For instance, do you feel that soap and detergents and things like that should be allowed—

Mrs. GREEN. I would agree for that. For the sake of God, I can't understand why it wasn't built in in the beginning, when you have welfare recipients receiving  $x$  dollars a month for rent, and that goes back to 19—whatever—zero—and you have the total living costs here, and they talk about \$75 or \$40 or \$50 for food stamps, and you have eight to 10 children, people just cannot live like this.

Senator COOK. It is just as important that the facilities around him be clean, and the plate he eats off be clean? [Applause.]

Mrs. GREEN. Right. Children have to be clean, regardless. You have to brush your teeth, or when you get to be 9 or 10 years old you are toothless, from now on.

Senator KENNEDY. I want to thank all of you very much for your appearance here. You have been very frank and very eloquent in expressing yourselves and responding not only in your initial testimony, but to the questions, and I think that—

FROM THE FLOOR. Mr. Chairman, you didn't let the people say anything that are not on welfare. We have just as tough a time as anybody, and our salary is very low.

I have been sick for a year, and I went up there, and the lady gave me those stamps 1 month. The next time I went back, she said for \$50—for \$50 worth of stamps, I had to pay her \$40, and I didn't have the money. I had to pay some bills.

I work, and everyplace I go to work, I am too old. I am a Republican like Mr. Percy, and we believe in working 'til we die. [Applause.]

FROM THE FLOOR. My mother worked until she was 84. I am going to a training school now. Everything is too old, too old. I went out to Westinghouse last evening, and I paid \$5, and you know what happened? I am too old. I am over 65.

My mother worked until she was 84, and she looked younger than I do, and could run faster and better.

We believe in work.

My husband—I just want Senator Percy to see. [Applause.]

Senator KENNEDY. I didn't know Senator Percy brought his own witnesses.

FROM THE FLOOR. That's my income—they hear me, the whole place here.

I have \$134 a month to pay.

Senator KENNEDY. We have to be in order here.

FROM THE FLOOR. That just shows you how they take out everything after they give it to you. [Applause.]

Senator KENNEDY. We appreciate your statement.

We will have our next panel. We have panels that are speaking. We appreciate the frankness and responsiveness.

We will now move to the next panel.

Mrs. GREEN. I have one last question. We would like to see before we come to the end of the day that people in the audience be able to ask questions to the Department of Agriculture, which is built within my testimony, and that I have here.

Senator KENNEDY. They are not here today.

If you would write down whatever questions you have, and give those to us.

Our next panel will be Winifred Thompson, District Director, District Department of Welfare; Albert Russo, Deputy Director, and John Saunders, manager, food stamp program.

Miss Thompson, you have some testimony here. The hour, unfortunately, is moving along. If we would include your testimony in its entirety in the record, and if you felt that you could summarize it, I think it would be helpful. If you want to summarize certain parts of it and read others in the record, that is fine.

If you prefer reading through the whole statement, we will be willing to abide by those wishes.

We want to hear the witnesses here, and for those who have to depart, we would appreciate their departing quietly, and give these witnesses a chance to be heard.

**STATEMENT OF WINIFRED G. THOMPSON, DIRECTOR, DISTRICT OF COLUMBIA DEPARTMENT OF PUBLIC WELFARE; ACCOMPANIED BY ALBERT RUSSO, DEPUTY DIRECTOR; AND JOHN SAUNDERS, MANAGER, FOOD STAMP PROGRAM**

Miss THOMPSON. I will extract certain portions that have not been highlighted up to the present time. I will not read the testimony.

(The prepared statement follows:)

**PREPARED STATEMENT OF MISS WINIFRED G. THOMPSON, DIRECTOR, D.C. DEPARTMENT OF PUBLIC WELFARE**

Mr. Chairman, I welcome the opportunity to speak before this Committee. I know from reading of your efforts in the rural South that the problems you encounter here in the District of Columbia will be different. They are, however, no less compelling because there are many families in the Nation's Capital whose income is below the poverty level.

Workers in Welfare and related fields agree that hunger and the effects of inadequate diet are prevalent in the District of Columbia. Unfortunately, however, there have been no studies in D.C. which give us hard facts as to the extent of hunger and malnutrition. We must rely on estimates based primarily on practical experience and impressions.

It is estimated by the Department of Public Health that more than 122,000 persons are eligible for Medicaid. These persons are also eligible to participate

in the Food Stamp Program because of the similarity of eligibility requirements with respect to income. These are persons who live in, or near, the threshold of poverty. Some are employed irregularly or not at all. For the 15,176 cases representing 39,530 persons on public assistance, the grants are unquestionably inadequate. They are based on 1957 living costs, with the exception of rent which represents 1953 costs. For the information of the Committee, budget standards have been updated and are included in the 1970 budget requests which will be before the Congress this month. 1970 budget requests will permit paying 85 percent of the updated standards. The goal is to reach 100 percent of the new standards by 1971.

From our best information, there are approximately 42,000 families and 40,000 individuals whose annual incomes are less than welfare budget standards. In the District of Columbia there is no provision for supplementation of income.

Many of these low-income families pay exorbitant rent for inadequate, unsafe and unsanitary housing. During bitter cold winter months, the raw weather often determines how much of a limited income must be spent for food, when heat and heavy clothing are vital necessities and oftentimes must have the highest priority.

I am hopeful that knowledge gained in the administration of the Food Stamp Program in this city during the past few years may be of some value to the Committee.

The Food Stamp Program was introduced in Washington in July, 1965. It was set up according to the 1964 Food Stamp Act which mandates that the programs must be administered by state welfare agencies.

In the District, the Plan of Operation is based on procedures worked out by the Department of Agriculture and the Welfare Department with the approval of the District Commissioners. The objectives of the program are to raise the nutritional level of low-income families by increasing their food purchasing power and to promote the agricultural economy of the nation.

Before the enactment of the Food Stamp Program, the Welfare Department in the District acted as administrator of the Surplus Food Program of the Department of Agriculture for eight years. As many as 30,000 persons participated in this program each month during the period from 1957 to 1965.

The Surplus Food Program did not and was not intended to provide a balanced or nutritious diet. It did supplement diets with foods which were being over-produced on our nation's farms. These foods were mainly carbohydrate and, as such, did little to eliminate certain diet deficiencies common to low-income groups.

There were a number of problems involved in the Surplus Food Program. The foods were bulky and difficult to store. They were awkward for recipients, particularly the elderly, to transport. Some who used the program considered it no more than an unappetizing handout.

Certainly, recipients and administrators agree that the Food Stamp Program is preferable to its predecessor.

In the District, eligibility requirements for the Food Stamp Program are easily met. Participants must live in the District. They must have cooking facilities and they must be responsible for buying and preparing their own food. The final requirement is a low income—one which cannot exceed a maximum set by the Department of Agriculture and generally approximating the levels of our Public Assistance grants.

Persons who participate in the Food Stamp Program fall into three groups—those who receive Public Assistance, those with a low income and those with no income. Because the Food Stamp Program is based on income, those with no income cannot be put on a permanent mailing list. The handling of this group takes a great deal of time each month. Persons in this group are generally those in emergency situations, awaiting a new job or pending Public Assistance approval. I am pleased to indicate, however, that in a recent meeting with Department of Agriculture officials, authorization was granted enabling the certification of most persons in all groups for a three-month period.

Public Assistance families are told about Food Stamps by their case-workers and upon request they are automatically certified; it is not necessary for them to make an additional trip to the Food Stamp office. In every Public Assistance case, the purchase requirement is less than the food grant made to the family. With the bonus the family is able to buy approximately one third more food than it would buy by simply using the money in the grant specified for food.

In the case of all low-income families, the adjusted net income is reached after the mandatory deductions (taxes, social security, union dues, etc.) and hardship deductions have been made. Hardships include items such as child care, medical expenses, transportation outside the District. The final and most important adjustment is for shelter costs (rent, mortgage, heat, gas and electric, water) over 30 percent of the net income.

One special group of persons who are greatly in need of the additional food dollars provided by Food Stamps is of particular interest to me as Chairman of the Interdepartmental Committee on Aging of the District. There are 73,000 persons over 65 in the District and it is estimated that as many as half of them could be eligible for Food Stamps. The most deprived persons in this group are single persons living alone—especially aged Negro women, 85 percent of whom have incomes below \$1800 a year.

Surveys in urban areas indicate that 52 percent of the aged have inadequate diets. The elderly do not eat well because they lack money and because they tend to be depressed. Often they live in a cycle of eating tea and toast, being malnourished and finally becoming mentally confused.

Several interesting proposals have been introduced to help meet the food needs of the elderly which we feel would be of interest to the Committee. One is the group feeding of 300 elderly persons proposed by the Urban League; another is the establishment of a food purchasing cooperative by the Far Northeast Senior Citizens in the burnt-out H Street area.

To apply for Food Stamps, the customer must go to one of 10 Department of Public Welfare offices now open throughout the city. Six of these offices are open five days a week, the other four for only one day. Currently, we have a limited staff of 13 Certification Officers. We are in the process of adding 13 additional temporary positions to the Food Stamp staff in an attempt to reduce long waiting lines. At present, seven Certification Officers are on duty each day at the main office, 122 C. Street, N. W., six others are at the decentralized centers. In addition to certifying new customers, officers recertify those on the mailing list every three or six months. Approximately 2500 face-to-face interviews are conducted each month.

Customers may buy their Food Stamps at 40 banks and five credit unions throughout the city. We are very grateful for the cooperation shown by the banks and are eager to add more credit unions to the program because their Saturday hours are so convenient for our customers. In February, 1969, the last month for which we have complete figures, nearly half a million dollars (\$480,005), went into the economy of the District of Columbia through the Food Stamp Program. (\$288,274.10 from customers; \$191,730.90 from the Department of Agriculture.)

The cost of operating the program in 1969 will be \$139,000 in local funds and an estimated \$65,304 in matching funds from the Department of Agriculture. Planning for increased staff and service in 1970, we have requested \$186,000 in local funds and estimate \$78,338 in matching funds from the Department of Agriculture.

This briefly is the Food Stamp Program which serves more than 32,000 persons each month. Many more should be reached. Can we cut away the complex regulations related to eligibility? Can we help remove frustrations for the customer who must remember to bring certain papers and must sit or stand in at least two long waiting lines before he goes through the checkout line with the food bonus which is rightfully his?

To make the Food Stamp Program truly relevant to the needs of the hungry, undernourished people of Washington, we propose the following eight steps:

First, free Food Stamps should be given to all persons who have no income.

Second, time spent on the long drawn-out certification process involving verification of income, rent and other factors must be cut down. During the past year the Department of Agriculture eased its regulations to allow certification for one month when income and other factors could not be verified immediately. The verification process must be streamlined and expedited further. We recommend the introduction of a declaration method placing full trust in the client's word subject to verification on a sample basis. A study should be made of the computation process in order to simplify it while retaining the hardship allowances.

Third, purchase requirements should be lowered. Less money should be required for Food Stamps especially in urban areas where food money is directly related to shelter costs.

Four, distribution tables should be set up so that every family, regardless of income, receives the amount of money in the form of Food Stamps required to meet its needs as specified by the Food Nutritional Board of the National Research Council. This would eliminate the sliding scale and introduce a variation in food bonuses for children of different ages and nutritional needs. These same standards are used by the Department of Agriculture to work out family food plans.

Five, more readily available Food Stamps will not automatically raise nutritional levels. Nutritionists and home economists must be hired to train neighborhood nutrition aides.

Six, special allowances should be made for medically prescribed diets—pregnancy, diabetes, hypertension, and cardiac conditions.

Seven, one year certification for families with stable incomes from statutory benefits—Social Security, Veterans pension, etc.

Eight, more certification and supportive staff is needed on a permanent basis. The Food Stamp Program reaches into neighborhoods. Every week we receive requests for certification officers at neighborhood centers. Those where there is no certification officer want one on a part-time basis. Those with a part-time officer, want one full time. Those with one certification officer want two. The demand for Food Stamps is so great that each day at some centers intake must be cut off by 10:00 a.m. or earlier.

We recognize the importance of bringing service into areas where it is needed. We know that persons who come to apply for Food Stamps may avail themselves of other needed services. All social agencies and persons working with low-income groups from probation officers to ministers recommend Food Stamps as a concrete immediate service.

In spite of the known demand for Food Stamps, the Department has sought to meet its obligation to inform the community about Food Stamps in a variety of ways: Last June the Food Stamp Advisory Committee held a workshop for the community which resulted in three important recommendations to the Department which have been implemented (attachment).

Acting on our own, the Welfare Department has assigned a Home Economist to present nutrition education programs in the Food Stamp Certification waiting rooms.

More than 100 informal question and answer sessions have been held with community groups interested in the Food Stamp Program during the last year.

Food may not solve the deeper social problems which afflict our city. It does help reach people and it goes without saying that a healthy, well-fed people learn and perform at a higher rate. For this reason it is vital to get Food Stamps to the more than 90,000 persons in the District who may be eligible but are not yet enrolled.

Miss THOMPSON. I would like to point out that there are roughly 42,000 families and 40,000 individuals in the District of Columbia—

Senator KENNEDY. They can't hear you. Can you speak up a little bit? You have to be very close.

Miss THOMPSON. Can you hear me?

This one better? Yes.

I would like to begin again.

I would like to cover a few points in my testimony that have not been covered so eloquently by the panel that preceded us.

#### PUBLIC ASSISTANCE GRANTS

I would like to point out that the public assistance grants in the District of Columbia are totally inadequate. We have recognized this for the last 3 years. We have gone to the Congress and asked to increase the grants, and this was not approved.

This year, we are making the same request. We recognize that there are inadequacies, and even though today we are talking about hunger, tomorrow we could talk about housing, the next day about clothing,

the following furniture. Because the total grant is inadequate, it means that our welfare families are squeezed with the small amount of money, on which they must manage, regardless of where they have to throw the emphasis.

In the wintertime, of course, with heavy clothing, with the high cost of utilities, it does mean their fixed costs have to come first, which means they take the money from their food budget.

I would like to point out also in the District of Columbia there are approximately 42,000 families and 40,000 individuals whose income is below the public assistance grant, and we have no provision in the District of Columbia for such supplementation of income.

So this is another group of people who are caught in the low-income group without adequate financial help.

The third group I would like to point out is the elderly. I am concerned about the number of old people that we have who are frequently left out in some of these programs.

There are 73,000 persons over 65 in the District of Columbia, and it is estimated that as many as half of them would be eligible for food stamps.

The most deprived persons in this group are single persons living alone, especially aged Negro women, 85 percent of whom have incomes below \$1,800 a year; 52 percent of the aged have inadequate diets, and I won't go into it any further, but these are groups that have not been highlighted in the testimony at the present time.

Then I have some specific recommendations. Would you like those quickly?

Senator KENNEDY. Yes. Take your time. We are not trying to really hurry you. I want to make sure that you have a chance.

Miss THOMPSON. First, free food stamps should be given to all persons who have no income.

Second, time spent on long drawn-out certification processes involving verification of income, rent, and other factors must be cut down and eliminated.

During the past year the Department of Agriculture has eased its regulations, and I would like to say we have a joint committee made up of representatives of the Department of Agriculture and the Department of Public Welfare, and we are constantly looking at our food stamp program.

As a result of this, there have been many modifications in the verification processes.

Some of the members of the food stamp committee that testified before us, have not yet felt the effects of some of these changes, but they will see the results of them within the next month.

#### PURCHASE REQUIREMENTS

Third, purchase requirements should be lowered. Less money should be required for food stamps, especially in urban areas where food money is directly related to shelter cost.

Fourth, distribution tables should be set up so that every family, regardless of income, receives the amount of money in the form of food stamps required to meet its needs as specified by the Food Nutritional Board of the National Research Council.

This would eliminate the sliding scale and introduce a variation in food bonuses for children of different ages and different nutritional needs. These same standards are used by the Department of Agriculture to work out family food plans.

Fifth, more readily available food stamps will not automatically raise nutritional levels. Nutritionists and home economists must be hired to train neighborhood nutritional aides.

Six, special allowances should be made for medically prescribed diets for pregnancy, diabetes, hypertension, cardiac conditions and others.

Senator KENNEDY. On that point, why did the Agriculture Department halt you from proceeding and making these recommendations and developing this program?

Miss THOMPSON. I would like to ask Mr. Saunders if he would answer that. He is chief of our food stamp program.

Mr. SAUNDERS. Mr. Chairman, they said this was not in keeping with the intent of the Food Stamp Act.

Senator KENNEDY. That what was not, a supplementary program to provide for dietary considerations, and pregnant mothers, that the development of a supplemental program was not within the intent of the food stamp program?

Mr. SAUNDERS. They had not established a hardship allowance for this.

Senator KENNEDY. They turned down your application?

Mr. SAUNDERS. Yes, it was rescinded.

Miss THOMPSON. Eight, more certification and supportive staff is needed on a permanent basis.

#### NEED FOR CERTIFICATION OFFICERS

Every week we receive requests for certification officers at neighborhood centers. Those where there is no certification officer want one on a part-time basis. Those with part-time officers want one full time. Those with one certification officer need two, and the demand for food stamps is so great that on some days a center's intake must be cut off by 10 a.m. or earlier.

We have in the food stamp program at the present time 43 persons; 23 of those are authorized budgetwise and funds appropriated for them. We have created within the Department 20 other positions on a temporary basis, because our request for additional certification officers was not approved by the Congress.

We recognize the importance of bringing service into areas where is needed, and we know that persons who come to apply for food stamps may avail themselves of other needed services.

This pretty much covers my recommendations. The rest of my testimony I will just let be inserted in the record.

Senator KENNEDY. The point which I think is quite striking about the recommendations is that they are remarkably in accord with the suggestions made by those who are directly affected by the program itself, and would you care to comment on this?

This is really what those who have experienced the inadequacies of the programs, and those on the administrative part, and both making extremely parallel comments and recommendations on this.

Could you comment on that?

## FOOD STAMP COMMITTEE

Miss THOMPSON. Yes, Mr. Chairman, we work actively with our food stamp committee. There is not a great difference in the recommendations made nor the philosophy of the Department in the way they (the customers) would like to see the program administered.

There is a difference, of course, in our being able to meet some of their recommendations. This is because of budgetary limitations.

But there is no broad area of disagreement, and we have some staff members who work very closely with the food stamp advisory committee, Mrs. Brooks being one. She is our chief home economist in the Department.

We have incorporated into our program many of the recommendations made by this advisory committee. If we had an adequate budget, we would have already implemented some of the other recommendations.

Senator KENNEDY. You are throwing the ball back in our court, so to speak, in terms of the Congress providing the adequate kind of resources, to provide the additional kinds of personnel, and also the necessary funds that would be to make this program, which has been passed by the Congress and the Senate, but is woefully inadequate to do the job.

Miss THOMPSON. Yes, sir, I am afraid I am.

Senator KENNEDY. I am wondering if any of the rest of the panel would like to make comments.

Miss THOMPSON. May I talk to one point made earlier, which I think is significant?

That is, one of the recommendations made by the food stamp committee was that we use the simplified form. We are for this, and a great deal of progress has been made in this area. It took first a ruling by the Corporation Counsel that we could move in this direction in our regular public assistance programs. They have now said yes, there is nothing that prohibits our using this method to determine eligibility.

We are already doing it in our medicaid program. We have discussed this with the Department of Agriculture, and they say once we have a declaration form which is acceptable to HEW for eligibility on other programs, they are willing to accept the same declaration form for the food stamp program.

The pretest period will begin about the middle of May on this form.

Senator KENNEDY. I understand for the certification period you have to use college graduates. Is that true?

Miss THOMPSON. No; it does not specify.

Senator KENNEDY. You can use neighborhood personnel?

Miss THOMPSON. Yes, we can.

Senator KENNEDY. Have you used them?

Miss THOMPSON. We don't know what the final decision would be. It means a review, but the forms can be filled out in the neighborhood, and if all the information is there, it would mean somebody would

review this for accuracy, and for eligibility, such as a food stamp certifier.

Senator KENNEDY. Can you give me your impression on the importance of a supplemental food program? How necessary and how urgent is that?

Miss THOMPSON. We are working on a plan with the Health Department at the present time. The only problem I see is that you are setting up two parallel food distribution systems. I would much rather see, instead of having the supplemental program, be a bulk food program, which it is at the present time, that it be incorporated into the food stamp program, because then we have the mechanism through which we could determine whether people are eligible and distribute the stamps.

When you get into a bulk distribution program, you get into distribution centers, and the weight of the packages that people have to carry.

Not only that, from the best information we can secure, we know it will cost roughly \$10 a person just to store and distribute the food, so it seems to me that it would be more efficient if we could build this in our present food stamp program. This would be my recommendation.

Senator KENNEDY. \$10 for what?

Miss THOMPSON. That is the cost per participant for storage and distribution.

Senator KENNEDY. For how long a period of time?

Miss THOMPSON. Roughly a year.

Senator KENNEDY. Could you speak about whether you feel the development of these emergency food banks in the city is a worthwhile program?

As I understand it, the Food Stamp Advisory Committee suggested the development of emergency food banks in different parts of the city so that there would be emergency kinds of foods available.

Can you give me your attitude on this?

Miss THOMPSON. Well, in the Department at the present time, we have one such location, and that is our family emergency shelter. If we get a call over a weekend or a holiday—

Senator KENNEDY. Where is that located?

Miss THOMPSON. In Northwest.

Senator KENNEDY. How does it affect the others, say down in Southeast?

Miss THOMPSON. It is a problem. We need to store food in our decentralized centers, but you get into the problem of storage space.

Senator KENNEDY. That is the question of providing the resources to get the storage space?

Miss THOMPSON. It ties in with a problem of staff and space—

Senator KENNEDY. I suppose that wouldn't be an insuperable problem.

Miss THOMPSON. No, it wouldn't, with funds to pay the rent.

Mr. RUSSO. Mr. Chairman, I am Albert Russo, Deputy Director of the Department of Public Welfare.

I suppose that everyone likes to stand on the side of the angels, and this certainly includes the Department of Public Welfare.

By that, I am simply saying that no one who has had any experience with the actual administration of the food stamp program, if he is in his right mind, can take the position that this program has been a success.

But based on our 4 years' experience, Mr. Chairman, with the administration of the food stamp program in the District of Columbia, I can say categorically to you, and to the members of your committee, that certainly in the District of Columbia the administration of the food stamp program, while it has not been a success, it certainly has not been a failure.

During the past complete fiscal year, the fiscal year ending June 30, 1968, a total of \$2.5 million was spent by the Federal Government in providing bonus coupons. These are the coupons above and beyond the minimum purchase requirement that is paid for by the food stamp participant. The \$2.5 million was paid by the Federal Government through the Department of Agriculture to cover the cost of the bonus coupons received by the 25,000 persons who did participate in the food stamp program.

I must say, Mr. Chairman, that if the Food Stamp Program is going to be a success, and I believe that it should become a successful program, because it can be one of the major tools in combating hunger and malnutrition.

If this program is going to be a success, it has to be radically liberalized. The amount of the minimum food stamp purchase requirements need to be radically reduced, so that more persons, low-income persons, can afford to participate in the program.

The entire certification process should be streamlined, should be predicated on the premise, not of accountability necessarily, but on the premise that the vast majority of the poor are honest, and that their statements should be accepted without any verification or with any documentation. [Applause.]

I submit, Mr. Chairman, that if the minimum purchase requirement of the food stamp program is radically reduced, if free food stamps are made available to all low-income persons or families, if the food stamp certification process is streamlined, based on a declaration method of determining eligibility, then I submit that this program will be the success that we all want it to be.

Senator KENNEDY. Thank you very much, Mr. Russo.

Let me just make a very strong statement with regard to the question of certification, indicating the kind of flexibility and enlightenment which I think that this committee has found there to be a great for.

Why can't you start the things you are talking about today?

Mr. Russo. An excellent question, Mr. Chairman.

The U.S. Department of Agriculture, I might say, has been very flexible and very liberal, certainly in the administration of the food stamp program in the District of Columbia.

As a result of our continuing meetings with them, we are gradually liberalizing the administration of the food stamp program.

With respect to the matter of using the declaration method of certification under the food stamp program, the Department of Agriculture has indicated to us that since this is not a mandatory requirement in the determination of eligibility for the regular public assistance programs, the Department of Agriculture does not feel at this point that they can say to a State or to all States, nationally, that this method can be used.

However, the Department of Agriculture is aware of the fact that the Secretary of HEW is requiring States, as Miss Thompson has already indicated, to test the simplified method, or the declaration method of determining eligibility in relationship to the regular public assistance programs.

Agriculture is watching, is going to watch this test. If this test is accepted by the Secretary of HEW, and is made mandatory by HEW upon all States in determining eligibility under public assistance, we are inclined to feel that if this happens, the Department of Agriculture will also adopt the simplified method with respect to the food stamp certification program.

Senator KENNEDY. Couldn't you use this test as well in terms of the food stamp program, instead of the welfare? Would not this be a more reasonable kind of a sampling and a testing?

Mr. Russo. Mr. Chairman, again, I think your question is excellent. The test that we will begin on July 1 meets the HEW requirement, but is limited to the determination of eligibility with respect to the regular public assistance programs.

I personally see no reason, if the Department of Agriculture establishes this as a policy, not to include in this text the certification of food stamp applicants on the basis of the declaration method.

Miss THOMPSON. Mr. Chairman, I would like to say that the requirements—maybe I will get a live mike finally.

I would like to say that the requirements for eligibility under the food stamp program are very similar to eligibility under the medicare and medicaid programs, and we are using the declaration form of medicare and medicaid.

So with the permission of the Department of Agriculture, we could move quickly into this method, without waiting for HEW to approve this form. It may have other bugs in it.

Mrs. BROOKS. My name is Mrs. Mildred Brooks, and I am the home economics consultant for the Department of Public Welfare. I would like you to know that I am very much for the food stamp program. In fact, when it first started, it was probably at my insistence that we ourselves had the community contact alined with the food stamp program.

Now, my thing about the program. I feel that in all governmental food programs, there should be an educational component that is required. Now, I studied the Food Stamp Act very religiously to find that this is more or less voluntary, but I do feel for it to be very meaningful, that a setup should actually be made so that education can accompany any of our food programs.

Now, I would like to say, too, that the Welfare Director has supported me in this very much, and it was through her efforts that we

are able to hire three home economists to work in this area, but serving 30,000 families, my goodness, how really can we get to them?

I know that on limited budgets and, incidentally, I was brought up in the slum area of the Bedford-Stuyvesant area of Brooklyn, N.Y., so you know what I am talking about. Having little food gives you little desire, and it taxes all the mental capacities you have to work out your problems.

#### INADEQUATE DIETS

When you have a diet that is not adequate, this creates restlessness in the family and other things. We also know from the nutrition angle when people are not well fed they have other problems. And I feel if we can work the bugs out of this food stamp program and get it to operate the way it ought to, including a vibrant educational program, I feel that this would also have its advantages. [Applause.]

Senator KENNEDY. Mr. Saunders?

Mr. SAUNDERS. Mr. Chairman, I am John Saunders, manager of the food stamp program for the District. We have been coping with many of these problems for several years, and are beginning, I think, to make some inroads on some of the problems that have been described here today. We endorse, certainly, all of the recommendations of the group preceding us.

At this time, I would like to indicate to the committee that, effective April 1, we were able after meeting with the Department to Agriculture to certify our customers who have no income for a 3-month period. Prior to that, we had to have them coming in every month, and, of course, this added to the long lines that have been described.

I do feel that—I say certified for 3 months—this means we are mailing the certificate to the customer after his initial visit to the office, and I do feel this will have some impact on some of the problems that have been described.

I have a graphic display over here, if the committee has time to look at this, because I think it will really dramatically emphasize some of the problems that we have seen with the food stamp program. Thank you.

Senator KENNEDY. We will include it in the record. If you can, run through it as expeditiously as possible.

(Exhibits follow:)

# FOOD STAMP COMPUTATION

PA CUSTOMER

Family Size - Mrs. R. + 2 Children = 3 in household

Public Assistance Grant - \$172.00

PA RENT Allowed - \$61.00

Actual RENT - \$92.50

\$172.00 PA GRANT  
 30%  
 \$51.60 Shelter Adjustment Percentage

\$92.50 Actual RENT  
 -51.60  
 40.90 Excess Shelter Cost

\$172.00 PA Grant  
 40.90 Excess Shelter Cost  
 \* \$131.10 Adjusted Net Income

\$92.50 Actual RENT  
 50.00 Food Stamp Cost  
 142.50 Total Monthly Expenses

\$172.00 PA GRANT  
 142.50 Total Monthly Expenses  
 29.50 Cash Left per Month

\* Stamp Cost \$50.00  
 Bonus 22.00  
 Total Stamps \$72.00

\* Apply Adjusted Net Income to USDA Table

# NPA CUSTOMER

Family Size - 2 Parents + 8 Children = 10 in house hold

Net Income \$58 PER WK. (\$232.00 PER MONTH)

RENT - \$80.00 ELECTRIC - \$19.00 HEAT - \$55.00 (Total \$154.00)

\$232.00 NET INCOME  
 30% - Shelter Adjustment Percentage  
\$69.60 " " "

\$154.00 Total Shelter Cost  
 - 69.60 Excess Shelter Cost  
\$84.40 " " "

\$232.00 Net Income  
 84.40 Excess Shelter Cost  
 \* \$147.60 Adjusted Net Income

	Monthly	SEMI
* Stamp Cost	\$66.00	\$33.00
Bonus	62.00	31.00
Total Stamps	\$128.00	\$64.00

\$80.00 - RENT  
 74.00 - HEAT + UTILITIES  
 + 66.00 Food Stamp Cost  
\$220.00 Total Monthly Expenses  
 \$232.00 Net Income  
 - 220.00 Total Monthly Expenses  
12.00 Cash Left PER Month

IF No Adjustment \$232.00  
 Stamp Cost Mo \$86.00 Semi \$43.00  
 Bonus 54.00 \$27.00  
 Total Stamps \$140.00 \$70.00  
 Adjustment Reduces Cost \$80.00\*  
 Cash Deficit \$64.00

\* Apply Adjusted Net Income to USDA Table

## NPA Customer

Family Size - 1

NET INCOME - Social Security - \$80.00

RENT \$75.00

\$ 80.00	Net Income
30%	
<u>24.00</u>	Shelter Adjustment Recenses

\$ 75.00	Total Shelter Cost
<u>-24.00</u>	
\$ 51.00	Excess Shelter Cost

\$ 80.00	Net Income
<u>- 51.00</u>	Excess Shelter Cost
* \$ 29.00	Adjusted Net Income

* Stamp Cost	\$ 4.00
Bonus	14.00
Total Stamps	<u>\$ 18.00</u>

\$ 80.00	Net Income
<u>-75.00</u>	RENT
\$ 5.00	Cash Left

\$ 75.00	RENT
<u>+ 4.00</u>	Stamp Cost
\$ 79.00	EXPENSES

\$ 80.00	Income
<u>- 79.00</u>	EXPENSES
\$ 1.00	Cash Left

\* Apply Adjusted Net Income to USDA TABLE

Mr. SAUNDERS. I would like to show that for a public assistance customer, family size three, mother and two children, with a public assistance grant—

Senator KENNEDY. Is the microphone long enough so that you could move it over there?

#### PUBLIC ASSISTANCE CUSTOMERS

Mr. SAUNDERS. I would like to show for a public assistance customer who has a family size of three, with a grant of \$172, and the actual rent they have to pay is \$92.50. The amount of public assistance rent that can be allowed is \$61, so the family is in trouble already.

As we continue with this, we make a determination of the total monthly income in order to determine the amount of rent that the family should be paying on this \$172. The Department of Agriculture has established a 30-percent figure that we use to determine this; 30 percent of the \$172 shows that the family should not be paying any more than \$51.60 for rent.

Now, we know that they are actually paying \$92.50. What our certification officer has to do, and this is the computation process that has to be done, which it takes time in order to do it, is to show the amount that the customer should be paying as \$51.60 subtracted from \$92.50, showing an excess shelter cost of \$40.90.

Now, we are going to make an adjustment to the customer's income to take into consideration of this excess amount, so that as we subtract \$40.90 from \$172, we then have adjusted his income to \$131.10.

It is at this point that we go to our table of issuance, which is a pre-determined table and established by the Department of Agriculture, and it tells us, then, how much this customer has to pay for food stamps. For this family of three, the customer would have to pay \$50 of his money for food stamps, receiving a bonus of \$22 or a total monthly allowance for stamps in the amount of \$72. Now, if we will look over here in terms of the actual income—

Senator Cook. Can I stop you right there? The business of high rents is obviously a great contributing factor to the lack of purchasing power. Would you recommend, then, that the cost adjustment shelter factor for rent be subtracted from the actual purchase price of the stamps, rather than from the net monthly income?

Mr. SAUNDERS. Senator, this would be one of my recommendations, because here you would have a more realistic determination of what the family has to meet in terms of total monthly expenses, and I think this is what I am trying to reflect over here, showing you that the family's actual rent and food stamp cost, not taking into consideration anything else that the family has to meet in normal living expenses, comes to \$142.50.

Now, we are saying that the total PA grant was \$172, total expenses, \$142.50, which leaves this family \$29.50 for the balance of the month.

This can be repeated many times with the cases we assist. If the committee would like, I could show another illustration of a family who is not on public assistance, because we are equally concerned about our non-public-assistance clients.

This is a family where the father is working. There are two parents, eight children, 10 in the household. This father has a \$58-per-week income. His rent, and he is fortunate in paying only \$80 for the family size he has, and the cost of his electricity for that month was \$19 and the heat was \$55, making a total shelter cost to him of \$154.

Again, we are using the same procedure that we were using before to determine how much he should be paying on the \$232-per-month income, this amount is \$69.60. His actual shelter expenses are \$154, and we have a difference here of \$84.40.

Again, we are going to adjust the monthly income, subtracting this excess amount, and we arrive at the balance of \$147.60. On this family size, the stamps would cost \$66 per month for the family to receive a bonus of \$62 for total coupons amounting to \$128.

Since this father is working and receiving weekly income, we issue two certificates, by splitting the monthly amount in half and issuing the two certificates at one time to the customer.

Again, as we look over here, the total monthly expenses for this family, \$220, we then find that after we subtract this from his monthly net income, he has \$12 left per month on which to meet the other living expenses. This is not uncommon. We have many situations such as this. The final illustration shows—

Senator KENNEDY. We can put that on in the record. It is a very dramatic, a very dramatic story, and it is a great advantage for all of us to have this broken down in this way because it gives us a dollars-and-cents breakdown what has been testified to so dramatically here today.

We will include all of this in the record.

Senator DOLE. Does that last chart deal with the aged?

Mr. SAUNDERS. Yes, Senator; it does. This lady had a \$80 per month social security income, and her rent, as you see, was \$75.

Senator DOLE. She has more difficulty than someone with children, if one can have more difficulty.

Mr. SAUNDERS. Yes. As you can see, she has only \$1 left.

Senator KENNEDY. Senator Percy?

Senator PERCY. I have just a few questions.

I wonder if you do have former welfare recipients on your staff now who have faced the practical problems and who can advise you on some of the ways to overcome these problems.

Miss THOMPSON. Yes, sir. On many of our advisory committees, and we also have some who have gone through some of the training programs, such as the WIN program, and the new careers program, and we have hired some of those. I could furnish those figures to the committee.

But on all our advisory committees we do have active welfare recipients or former welfare recipients, and we tap their ideas as much as we can, and are very appreciative of the suggestions they make.

Senator PERCY. Do you feel you can use neighborhood organizations to help distribute forms, make them available, help people fill them out, without having them filled out in the certification office?

Miss THOMPSON. Yes, sir; with additional flexibility, we could do that.

Senator PERCY. Are applicants informed of their eligibility, are they informed of that?

Miss THOMPSON. I hope so, Senator. I hope so.

Senator PERCY. There seems to be some disagreement.

Miss THOMPSON. This is our policy, but since the first of January, the eligibility requirements are automatically sent to the Food Stamp Office, so they are automatically incorporated into the food stamp program.

Now, there are a couple of reasons why they might not be eligible, even though the forms come through, and that is that they may not have cooking facilities where they live. They may eat out. They must have cooking facilities.

Senator PERCY. I would like to ask, also, just to be certain, I fully understand that you feel that it would be well worthwhile to have a much bigger public information program, both on the rights of the poor that do exist under the Government, such as how to apply for stamps, what the stamp program is, et cetera, and also that you feel that we need more nutritional education among low-income families.

Miss THOMPSON. "Yes" to both of those.

Senator PERCY. Yes to both of those.

I think if you did not notice it, I know you will be happy to know that the President has just announced that the amount of money available for nutritional educational programs has been doubled in the fiscal year 1970 budget from \$15 million to \$30 million, and at least in this one area we have made some dramatic progress in education of Government as to the need of this type of service.

One last question: Because of your intimate contact with welfare recipients and low-income people, we have had testimony today of high prices of food in the low-income areas.

Could you comment on the quality of food in the food stores in low-income areas with respect to whether or not there is a preponderance of wilted lettuce, spoiled fruit, stale bakery goods, low-grade meats, in addition to high prices that the poor have to pay?

Miss THOMPSON. First-hand information I could not, Senator.

Now, Mrs. Brooks may have a statement to make. We hear this all the time through our caseworkers, but we have no documentation.

Senator PERCY. Mrs. Brooks?

Mrs. BROOKS. It is true. I feel we do not have enough documentation in this area, but from my own personal experience in shopping around, I feel that there are justifiable complaints in this area.

I have, in my position, talked with the managers and the top-level administrators of our chain stores about this, and of course they refute what I say, but having gone into some of these stores, I do find, especially leftover vegetables, or vegetables that are not of the highest quality, but like beautiful, like we would say on Connecticut Avenue here in the District.

I have been working with local groups on this, and discussing it, and I go by what they say, too. Their experiences have led me to believe that there are differences in our food chain stores or other stores in low-income areas.

Senator PERCY. Thank you very much. [Applause.]

Thank you, Mr. Chairman.

Senator COOK. Miss Thompson, I am going to ask these questions from your statement, and I don't want them to sound as if they are

arbitrary. It is the way I feel about it, and I would like you to elaborate.

On page 1 of your statement that you did not deliver in full, you state there have been no studies that give you hard facts on hunger as far as the District is concerned. Why do you really need a study to find hunger, when you have caseworkers—[Applause.]

This is the point I tried to make, and I didn't want to get into this, really, but when you have caseworkers who can go into homes, who can plainly see that people are not getting enough food, and, for instance, that there is a child who is not eating properly. Is it because you have such an overload of cases that your caseworkers cannot do this?

I feel that the American people have been studied to death. [Applause.]

I just wonder if you passed on this, or whether you feel that it is essential.

Miss THOMPSON. No; I do not. I do not think additional studies are necessary. I think, Senator, if you read the rest of my paragraph, it starts out, "Workers in welfare and related fields agree that hunger and the effects of inadequate diet are prevalent in the District of Columbia."

This is our firsthand information. I am relying on that. Then I stated that we can't back this up in facts. My last statement that we must rely on estimates based primarily on practical experience and impression, and our practical experience and impression say there is hunger in the District of Columbia.

Senator Cook. I want to yield to Senator Dole.

Senator DOLE. I think I agree in principle with what Senator Cook says, that we have studied the problem long enough. I think that some criticism that applies to your Department might apply to us, because I think what we are doing now is studying the problem, and I think we know what the problem is, and we knew what it was last year and the year before, so if there is any criticism, it should be directed also to the Congress as well as anyone else.

Miss THOMPSON. I think before you go before the Appropriations Committees you must have hard facts, impressions and practical experience are frequently not accepted, so that is the reason I am prefacing my remarks by this statement.

Senator Cook. I want to ask you another question. Many recipients feel that many of your caseworkers are insensitive to their problems and feel that they have no place to lodge complaints when they receive discourteous treatment.

Do you have a system, or do you feel there should be a system whereby these complaints can be taken up?

Maybe you have caseworkers who do this from 5:30 in the morning until 7 o'clock at night, and maybe they are pretty overworked, but don't you think once in a while that there ought to be some system by which these complaints could come to you and you could be more familiar with them?

Miss THOMPSON. Senator Cook, I couldn't agree with you more. It is an area we are concerned about. We have provisions made in the Department to try to constantly emphasize the attitude staff members should take toward persons coming in for any service. This begins

with orientation, where all new workers are, part of their orientation—I express my philosophy, and the deputies do the same thing.

#### WELFARE RIGHTS ORGANIZATION

We have regular meetings with the Welfare Rights Organization, and the case workers have meetings with them, where they have pointed out some of their disagreements, the way they were treated. These meetings can be real confrontations at times.

But I think our workers have to be constantly reminded of how the person feels who sits on the other side of the desk and has to ask for help.

I think it is the system itself that contributes to this, rather than the individual worker, because we have stated, and it is pretty generally known in Washington, if anyone can document any information against particular people, not just a general statement—we have to work on general statements through education—but if they can document where an individual worker has mistreated a client, I want to know about it personally, and I can assure you that we do take action.

Senator Cook. One last question.

Don't you feel that it is pretty frustrating operating a department on 1969 levels when actually you are operating a food program on 1957 cost levels? [Applause.]

Miss THOMPSON. Yes, sir. Underscore the frustrating part.

Senator Cook. And a program on 1953 levels.

Miss THOMPSON. That's right.

May I make a final statement?

Hunger is dramatic, it is practical, and visible. But I still think if we are going to solve the problem, we have to underwrite, with a reasonable base, every low-income family, whether they are on welfare, or need supplementation of their income. With an adequate income they can solve their own problems.

Senator Cook. Thank you.

Senator DOLE. I appreciate the testimony of all the members of the panel. It has been helpful to me. I think everyone recognizes, as you just stated, we know there is a problem, and everyone wants to solve it.

It is a total responsibility, and I think you have done an exceptional job in your testimony.

Senator Cook. One last question, Miss Thompson.

On page 5 of your statement, you say that in February 1969, \$480,500 went into the economy of the District of Columbia through the food stamp program, \$288,274.10 from customers and \$191,730.90 from the Department of Agriculture.

In essence, don't you agree that 90 or 95 percent of the \$288,274.10 are welfare payments that you have already made to welfare recipients, and they are turning around and using money that the Congress puts in the budget of the District, and then purchase the stamps with that same amount of money?

Miss THOMPSON. Senator, the hypothesis is correct. The percentage is a little bit off as far as the Department of Public Welfare in the District of Columbia is concerned. However, I agree with you that it

all comes out of the same pocket. We give it to our clients as a grant, and then they turn around and purchase food stamps.

I would rather see that amount of money written into the adequate budget standards for everyone.

Senator COOK. I agree. Thank you.

Senator KENNEDY. Thank you very much, Miss Thompson and the members of the panel. You have been extremely helpful and very frank and candid in your comments.

We want to express our appreciation.

The final panel of today, Mr. Martin Mendelsohn, District Neighborhood Legal Services, accompanied by Shirley Walker, public assistance recipient, and Dr. Fred Solomon.

Would you like to introduce yourself now? We will be honored, please.

**STATEMENT OF MARTIN MENDELSON, NEIGHBORHOOD LEGAL SERVICES PROGRAM, WASHINGTON, D.C.; ACCOMPANIED BY MRS. DORA CROWDER, PUBLIC ASSISTANCE RECIPIENT; AND DR. FREDRIC SOLOMON**

Mr. MENDELSON. Mr. Chairman, my name is Martin Mendelsohn. I am a staff attorney with the local Neighborhood Legal Services program.

Seated on my left is Mrs. Dora Crowder, who is sitting in for Mrs. Shirley Walker. On my right is Dr. Fredric Solomon, who is an assistant professor of psychiatry at the Howard University School of Medicine and who served as an expert witness in hearings held before the Department of Public Welfare last year when we discussed and attacked the budgetary standards that now exist in the District of Columbia.

Senator KENNEDY. I am going to ask if you will be kind enough to summarize. We will include your testimony in its entirety. The hour is moving on, and a number of Senators have other hearings as well, and if you could summarize and then be open to questions, we would proceed in that way.

(The prepared statement of Martin Mendelsohn follows:)

**PREPARED STATEMENT OF MARTIN MENDELSON, STAFF ATTORNEY WITH NEIGHBORHOOD LEGAL SERVICES PROGRAM**

My name is Martin Mendelsohn. I am a staff attorney with the Neighborhood Legal Services Program, a private, nonprofit corporation funded by the Office of Economic Opportunity to provide legal representation in civil matters for those unable to afford it.

The purpose of this testimony will be to show that the welfare allowance for recipients in the District of Columbia is inadequate and that this inadequacy—admitted by the Welfare Department itself—has disastrous effects on the physical and mental health of those recipients and their children.

The Welfare Department's Public Assistance Handbook states that, "The primary purpose of public assistance is to provide eligible needy persons with sufficient income to supplement their own resources to enable them to obtain the necessities of life on a level of decency and health." These eloquent purposes have not been realized. It is estimated that there are 38,585 individuals now receiving public assistance. It is calculated that the average monthly allotment for a family on AFDC in this city is \$178.90 and that the average monthly allotment per family member is \$40.

It has long been the position of welfare recipients in the District and the Public Welfare Advisory Board that these allotments are totally inadequate and that the budgetary standards on which payments are based are unrealistic and outdated. It has been noted, for example that although the cost of living at a low budget level in Washington is roughly equivalent to that of Chicago, Boston and Indianapolis, the budgetary standard used by the District Welfare Department is lower than that of any other state or territory except for Arkansas, North Carolina, Puerto Rico and the Virgin Islands.

In June and July of 1967, 103 members of the District of Columbia Citywide Welfare Alliance petitioned the District Welfare Department to hold hearings on the adequacy of its budgetary standards. It was agreed that these hearings would be in the form of a class action and that six recipients would testify as representatives of all other recipients similarly situated. Mrs. Shirley Walker, the mother of six children and an AFDC recipient, was one of those witnesses. Dr. Fredric Solomon, an Assistant Professor of Psychiatry at the Howard University Medical School, testified as an expert witness on the effects of budgetary inadequacies. I was one of the attorneys who represented the recipients at the hearings. The Summaries of the Findings and Conclusions made by the presiding Hearing Officer are a part of the committee's record. These have been confirmed by the Director of the Department of Public Welfare for the District of Columbia. I would like to call the committee's attention to some of the disturbing testimony that was presented at that time.

It was established through testimony of representatives of the Department of Welfare that the "current Agency budget standards were based upon 1957 food costs established by the U.S. Department of Agriculture" and that the "current Agency budget standards for shelter are based upon shelter costs which prevailed in the District of Columbia in 1953." In other words the Department has admitted that although it was paying 100 percent of its standards, these standards were, in the case of food more than 12 years out of date, and, in the case of shelter more than 16 years out of date. Food costs in the District of Columbia have risen by 28.4 percent since 1957, and housing costs have increased by 21 percent since 1953.

I would like to summarize some of the testimony that revealed the hardships that recipients and their families must endure because of these dated calculations.

Because the food allowance is insufficient, welfare recipients find that they are unable to provide a nutritionally balanced diet for their families. This is especially true in the last ten days to two weeks of every month when it is not uncommon for numerous families to miss several meals a week. Most recipients are forced to borrow from friends and relatives to assure that there is some food on their tables. It was emphasized that this period of crisis is a common monthly experience for all families receiving public assistance.

Recipients testified that when they try to take advantage of the lower prices in the larger food stores it is necessary for them to pay from \$1 to \$2 for cab fare to return to their homes. This additional cost is not computed in the welfare budget.

It was also established that the "large family reduction policy" works a hardship on recipients. This policy requires a monthly reduction of \$2 for the fourth child and an additional \$4 for every child in excess of four for AFDC families. It is based on the premise that there is a lower per capita cost for food in the larger family. The Department conceded that this is a false premise under its present budgetary standards. Mr. Albert P. Russo, Deputy Director of the Department of Public Welfare, stated that, "As conditions are today, the automatic reduction does impose a hardship on larger families." He attributed this to the fact that "shelter allowances have not been updated since 1953."

Mrs. Louise Earl, Chief of Nutrition Services Division of the District of Columbia Department of Public Health submitted testimony which showed that it was almost impossible for welfare recipients to provide a nutritionally balanced diet for themselves and their families under present food allowances. Mrs. Earl testified that in order for an individual to provide a proper diet on a limited welfare budget, it is necessary that the recipient have a "knowledge of recipes, ability to read recipes, and the necessary facilities to prepare meals based upon said recipes." She stated that she "has had occasion to observe and work with some recipients and that it was her opinion that, in general, recipients do not have the required education and necessary facilities to prepare meals in accordance with recipes." Mrs. Earl further stated that, ". . . it has been estimated

that only 23% of those who spend amounts equivalent to the cost [of the USDA low-cost food plan] . . . actually have nutritionally adequate diets." Even with the purchase of food stamps with their bonus purchase power recipients have insufficient funds for an adequate diet.

Testimony was also presented on the inadequacy of the shelter allowance. Mr. Russo testified that, "The current Agency budget standards for shelter are based upon shelter costs which prevailed in the District of Columbia in 1953." He further stated that, "The survey we made in 1965 . . . indicated that approximately 51% of our public assistance recipients were paying more for shelter costs than our budget standards for shelter allowances permitted, and it also indicated that those 51% . . . were paying approximately 18% more [than the budgetary shelter allowances]." Miss Winifred Thompson, Director of the Department of Public Welfare, testified during the Senate Appropriations Hearings for Fiscal Year 1968 as to the inadequacy of the housing allowance for recipients. At that time Miss Thompson stated at p. 1794, "The rent allowances in the assistance grant is inadequate. Shelter is one of the most serious problems confronting our public assistance clients. For the average family of five the shelter allowance is around \$46 short. This means that they have to cut their expenditures for food, clothing, and other expenses in order to pay the shelter costs."

Dr. Solomon testified, as a psychiatrist, on the effects of these budgetary inadequacies on the individuals involved. He noted that, "Some of the effects of overcrowdedness are interrupted sleep which tends to cause inattentiveness in school, vulnerability to infectious or contagious diseases, and diminution in ego strength (inability of the personality to cope with his environment). Sleep and dream deprivation due to interrupted sleep can contribute to gross mental illness, overstimulation from noise and excitement, and the sexual curiosity of siblings may produce chronic sexual excitement and deprivation of a calm frame of mind normally associated with the very young child." He noted at that time it was "not purely coincidental that some of . . . the problems of aggressiveness, death due to unknown causes, infection vulnerability, poor weaning and defective pregnancies occur with statistically much greater incidence in the crowded sections of our population." On the subject of the inadequacy of the food budget for recipients, Dr. Solomon said that he felt, "it is a matter of general knowledge in several branches of medicine . . . that the somewhat undernourished person will tend to have inadequate stress reactions, that his adrenal glands will not aid the body's responses to stress, and these stresses are not only stresses of infection but severe psychological stresses." He further stated that, a small amount of malnutrition has a cumulative effect with infection in draining the body's resources of dealing with the next infection as well as dealing with the present one."

A Summary of Findings for this hearing was prepared by Mr. Elbert D. Gadsden, Hearing Officer of the Welfare Department. In the Conclusions, Mr. Gadsden stated: ". . . the Hearings Officer is of the opinion that the evidence has established that the public assistance budget standards for the District of Columbia are not adequate to meet the cost of living for Claimant's family and the families of others similarly situated." He went on to say that, "Claimant established by the expert testimony of a nutritionist that even if she were to utilize the low-cost food plan and participated in the food stamp program, she in all probability would not be able to provide an adequate (nutrient) diet for her family. The Nutritionist pointed out that an inadequate diet may cause chronic anemia, gum and teeth deficiencies, hemorrhaging, eyesight and skin problems, behavioral problems, and possible brain damage." He also concluded that "Expert testimony established the possible adverse effects on mental health and the personality development of children as a result of crowded living quarters. Such effects are: phobias, overstimulation, greater susceptibility to infectious diseases and terrifying nightmares." Miss Winifred Thompson, Director of Public Welfare for the District of Columbia confirmed the conclusions of the Hearing Officer and attached her signature to the summary.

The Food Stamp Program should provide at least partial relief from these budgetary inadequacies. It does not. Testimony from both recipients and Welfare Department officials confirmed this fact. Welfare recipients do not get enough money to meet their needs. They are unable to buy clothes for their children. Many times they are faced with the unenviable choice of buying food stamps or paying rent for buildings that often-times are not in compliance with the housing codes.

Under the present system, Food Stamps, like rent, must be paid on a monthly basis. The practical effect of this is that the grant is inadequate to pay both at the same time and yet allow the recipient to retain sufficient funds for other needs. Evidence of this is that 39% of recipients eligible to participate in the Food Stamp Program are unable to do so. The Department has cited the inadequate shelter allowance as one of the main reasons for this lack of participation. In sum, the cost of Food Stamps is so high that it excludes many of the people for whom the program was designed. Furthermore, those who are able to participate find that the stamps alone cannot supply sufficient food for an entire month,

This statement is a condensation of the extensive hearings that established the inadequacy of budgetary standards for welfare allowances in the District of Columbia. I am sure that other witnesses can elaborate on the effects of these inadequacies on the recipients and their children.

Thank you.

*Appendix.*—Comparable total budget for lower standards of living for a family of four<sup>1</sup>

City:	Total cost of budget
Washington, D.C.-----	6, 133
Chicago -----	6, 104
Boston -----	6, 251
Indianapolis -----	6, 124

<sup>1</sup> U.S. Department of Labor Bureau of Labor Statistics news release, Mar. 17, 1969.

#### BRIEF SUMMARY

Mr. MENDELSON. Mr. Chairman, in a very quick summary, what we are asking is that the poor people of this city be given more money with which to live. The food stamp program is good as far as it goes, but it makes no sense to think that we can solve the problem of hunger in this city without additionally solving the problem of housing and the problem of clothing.

It makes no sense for a child to go to bed with a full stomach if he has to fight off rats in going to sleep. It makes no sense to just look at this problem and say, "If everyone is well fed, then everyone will be happy," because the people in this city will not be happy. There are many more needs, chief among them, of course, housing and clothing, and furniture.

I think that the poor people of this city need, and want, not pious platitudes from the Department of Welfare, but good faith action, action that will mean they will get a decent shelter allowance, and an adequate food allowance so they can be able to participate fully in the food stamp program. This is what we want, and this is what I suggest would be a quick summary of our testimony.

I think that Mrs. Crowder can give her own first-hand experiences in problems of living, and Dr. Solomon can give, through his expertise, the psychiatric effects of this deprivation.

Senator KENNEDY. Mrs. Shirley Walker, would she like to say a word?

Mr. MENDELSON. She is confined to bed, and Mrs. Crowder is in her place.

Senator KENNEDY. Mrs. Crowder.

buy food one month, and the children have to have clothes and things

Mrs. CROWDER. I pay \$270. Sometimes I have to pay rent one month, to wear to school. So I have to really go down on the food stamps, so we can buy food stamps and have sufficient food for the children to eat.

Senator KENNEDY. Dr. Solomon?

## STARVATION DOES EXIST

DR. SOLOMON. I understand the Senators will be hearing tomorrow from Dr. Margaret Gutelius of Children's Hospital, who will give further documentation of the chemical and physical evidence that gross malnutrition, sometimes called "starvation," does exist in the District of Columbia.

Certainly, though, for every grossly malnourished child in the District, there must be five or 10 children suffering from borderline malnutrition, the kind of malnutrition that doesn't show up in shortened stature, or protruding abdomens, or gross mental deficiency, but does carry certain psychological and medical risks for the child.

The chief risk is a heightened susceptibility to infectious disease, which is, of course, promoted by the overcrowded housing conditions, the rats and vermin and the lack of sleep at night as well. But it is generally accepted in medical circles that the resistance of a body to fight off infection depends very much on the state of nutrition.

The first thing in any medical history is whether the person is well-nourished or not. The second thing is what his race is; and the third thing is age.

Nutrition is a very important fact in medicine, and it makes a difference for a youngster whether he will throw off a cold in short order or whether it will keep him out of school a week.

If he stays out of school a week, he may lose his major source of vitamins and proteins, a hot school lunch; and another kind of vicious circle will occur as well, in which one illness further weakens the body's resources and make it likely that a few weeks later another illness will occur.

The last straw for a number of children in their school careers is, I have found, their absence or their poor performance in school due to physical illness which is based, in part, on this borderline malnutrition.

Of course, children are subject to frequent moves. The need to move during the school year and the rigidity of school boundaries means that the child loses continuity anyway in school, and furthermore, there is the continuing disaster of elementary education in this country for people from the wrong side of the tracks anyway. It does seem you have to look into some of the more subtle effects, perhaps, of nonstarving, but nonetheless persistent malnutrition.

I do think there is another aspect that you might do well to question Dr. Murray Grant about tomorrow, the head of the Health Department. That has to do with not only the state of the infant mortality in the District, which is a scandal that is referred to constantly, but the matter of premature births or low birth weights of infants.

Not every premature child is going to grow up to be retarded, or have maldevelopment in the brain, but the risk of a baby that is small in birth or premature is very significantly enhanced.

What is it that medicine says about a baby to start with? Its birth weight.

In the District, the rate of low birth weight infants being born, among those being born live, was 18 percent, 12 to 18 percent. It has been discovered in two separate places in the country, separated by 10 years, that if you just feed the mothers, make sure that the pregnant

woman gets an adequate diet you can cut that rate of prematurity from 18 percent down to, in one place, 2.2 percent, which is about what it is in middle-class families.

The District of Columbia Health Department, so far as I know, does not particularly push adequate dietary intake or make use of efforts in this regard.

Instead, it is relying on some drugs and matters that are of controversy in their contribution; and in fact it is urging mothers to keep their weight down, focusing on that aspect.

I would enter into the record for your interest an article that is in the current publication of the Medical Committee for Human Rights on this subject, called "Feed the Pregnant Mother, Feed Her Unborn Child."

I will give this to your staff. It is by an obstetrician named Tom Brewer, on the west coast.

(The article follows:)

RICHMOND, CALIF., May 16, 1969.

Hon. GEORGE S. MCGOVERN,  
Chairman, Select Committee on Nutrition and Human Needs,  
U.S. Senate.

DEAR SENATOR MCGOVERN: There must be some way to overcome the racial bias which is repressing the needed truth—for over 40 years—of the protective effects of good nutrition in human reproduction.

Regards,

TOM BREWER.

[From Health Rights News, March 1969]

#### FEED THE PREGNANT WOMAN—AND FEED HER UNBORN CHILD

(By Tom Brewer)

Not long ago I gave a talk about pregnancy nutrition and other problems of women to a group of Project Headstart mothers in west Oakland, California. I described the basic principles of scientific nutrition and the role of malnutrition in causing so many complications of human pregnancy. We had a discussion afterwards as a group of mothers gathered around to talk about some of their personal experiences and problems.

One young woman said to me: "Dr. Brewer, I think you're right about nutrition. I've had three premature babies and as I think back on it my diet was terrible from your point of view during all three pregnancies."

"Did you get any prenatal care?" I asked.

"Yes, at Highland Hospital prenatal clinic." (Highland is the city-county hospital serving the "medically indigent" of Oakland and Alameda County.)

"What did they tell you about your diet during pregnancy?" I asked.

"They told me not to eat salt and not to gain too much weight."

"Was that all they did?"

"They gave me some water pills when my feet began to swell up to get rid of the salt in my body. I was holding salt and water."

Any medical worker familiar with our public prenatal clinics serving the poor will recognize immediately this standard procedure which U.S. obstetrics has evolved for dealing with the so-called "low-income, high risk prenatal patients": low salt, low calorie diets, diuretics, rigid "weight control," appetite depressants like Dexedrine etc. without one positive word from the physician about scientific nutrition for the pregnant woman and her fetus.

#### A BURNING QUESTION

In the last few years U.S. obstetrics has finally recognized that women in poverty suffer more of certain common complications of pregnancy than the more comfortable middle and upper class women. These nutritional complications of

the poor include metabolic toxemia of late pregnancy, abruptions of the placenta (with or without an associated toxemia), severe anemias, severe infections of kidneys, liver and lungs, and a much higher number of "premature" or low birth weight infants (those weighing less than 5½ pounds at birth).

U.S. obstetrics has not linked these complications with malnutrition and so no aggressive efforts have been made to educate the people in the basic principles of scientific nutrition.

The nutritional complications of pregnancy account for the U.S. lagging so far behind many less affluent nations in maternal and infant health as reflected in national statistics for infant mortality. Yet for U.S. public health officials concerned with the people's health problems, this poor reproductive performance of our lower classes remains a burning question.

Why has there been no significant improvement in maternal and infant health in the U.S. for the past 15 years?

To answer this burning question hundreds of "studies" have been set up in the last 10 years. One of the most extensive of these was started several years ago by the Perinatal Research Branch of the National Institutes of Health which now has collected data on some 60,000 pregnancies from 14 major medical centers in the U.S.

At considerable expense and amount work a vast amount of information has been collected and is now being analyzed by computers in an effort to find out why the poor have such high infant mortality. When I visited the National Institutes of Health last June (1968) on invitation of Dr. Nicholson Eastman to present some of the data from my Richmond Health Center Nutrition Project, I learned that they have failed to collect one fact on the nutritional status of a single one of these 60,000 pregnancies.

-The result of this study is predictable: they will call for "more studies of this complex question."

#### FINNERTY'S FRAUD

In 1966 Dr. Frank Finnerty of Georgetown University, Washington, D.C., apparently made a dramatic "breakthrough" to answer the burning question in his report. "Lowering the perinatal mortality and the prematurity rate," in the *Journal of the American Medical Association*, vol. 195, p. 429.

Finnerty worked with young teenagers at the D.C. General Hospital from 1958 to 1962.

During this period the perinatal mortality at D.C. General Hospital among 12,834 pregnancies in which the mothers had no prenatal care was 100 per 1000 live births and the incidence of low birth weight infants born to these neglected mothers was 18 per cent.

Finnerty reported that among 1340 young teenagers who received water pills, thiazide diuretics, during pregnancy, the perinatal mortality was only 7 per 1000 live births and the premature rate was 5 per cent. Among 1743 other teenagers, so-called "controls," the infant mortality was 50 per 1000 live births and the premature rate was 12 per cent.

Dr. Finnerty's conclusions from this study and his recommendations have been widely advertised by the private drug firm Merck Sharp & Dohme in the interests of better maternal and infant health:

1. Low salt diets and diuretics are necessary to improve reproductive performance of the poor.

2. After the 12th week of pregnancy in every young woman having her first baby, in every diabetic, in every patient with kidney disease or chronic high blood pressure, a strict "sodium-free" diet is advocated—200 mgm. of sodium, the amount in one glass of milk. In addition, the diuretic drug, chlorothiazide (Diuril) must be given in the dosage of 500 mgm. twice daily.

3. This same regimen is also recommended for every pregnant woman "at the first sign of sodium retention."

The explanation of the statistics which Finnerty so cleverly manipulated for Merck Sharp & Dohme is that among the 1500 prenatal patients originally assigned to the "thiazide" or drug group, 201 were uncooperative in that they did not attend clinic regularly, did not take their drugs as ordered, etc.

These patients were not discarded from the study, but they were added to the "control group" which undoubtedly already had a number of noncooperative patients.

What Finnerty's study really demonstrated so well is what we've known for a long time: pregnant patients who do not take their prenatal care seriously have a lot more difficulties.

#### THE RESPONSE OF THE U.S. GOVERNMENT

In 1963 because of the rising infant mortality and rising incidence of low birth weight infants among the poor, the U.S. Dept. of Health, Education, and Welfare via its Children's Bureau set up the Maternal and Infant Care Project "to improve maternity and infant care of low income families so that disability and death due to preventable circumstances would be minimized."

By 1968 there were some 53 of these MIC Projects giving care to about 120,000 women; certainly this represents a step in the right direction. However, in direct communications from workers in a number of these projects, I have learned that the obstetricians working in them are still following the old, irrational traditions of low salt, low calorie diets, rigid "weight control" and they are using Finnerty's diuretic pill widely among the very women and girls who need more scientific nutritional guidance, better foods in their stomachs.

While a few of these projects have registered slight improvement in reproductive performances, the majority of them have been unable to show any significant improvement in infant mortality or in the incidence of low birth weight infants which still runs 12 to 20 per cent.

The U.S. Dept. of Health, Education and Welfare has been buying a lot of diuretic pills from Merck Sharp & Dohme and other private drug companies, but something is wrong still. What is the answer to this burning question?

#### THE ANSWER IS SIMPLE BUT THE SOLUTIONS ARE DIFFICULT

In 1963 after many years of clinical research in this field, 10 years of it in the South working among some of the poorest and most malnourished people in the nation (Louisiana, Texas, Florida), I began in a county prenatal clinic serving the "medically indigent" women and girls of Richmond, California, a nutrition education project.

I decided to forget about salt and "weight control" and to make every possible effort to insure optimal, well-balanced nutrition for each patient, with primary emphasis focused on high biological quality proteins, vegetables and fruits.

By means of a special lecture given to new prenatal patients in a group during their first visit to the clinic, and by constant subsequent reminders about the importance of good pregnancy nutrition at each follow-up prenatal visit, I have observed that these "high risk, low income patients" are no longer high risks.

In over 1500 pregnancies the incidence of low birth weight infants has been 2.2 per cent. There has not been a single case of convulsive metabolic toxemia of late pregnancy, and the six who did develop some manifestations of metabolic toxemia did not return for regular prenatal visits and did not follow the dietary instructions.

Among 318 women having their first full term pregnancy, the incidence of low birth weight infants was 2.8 per cent. Among 1237 other primiparous patients who delivered in the same county hospital during the same time period in the same economic class, the incidence of low birth weight infants was 13.7 per cent.

I have abandoned low salt, low calorie diets and diuretics except in the rare case where there is some underlying medical indication for their use.

I have treated nausea, vomiting, loss of appetite, heartburn, failure to gain enough weight during pregnancy, as aggressively as hemorrhage. I have discouraged intake of soft drinks, candy, potato chips and excessively fatty foods.

#### MIDDLE-CLASS BIAS

There are many obstacles to be overcome before scientific nutrition practices can be firmly established in clinical obstetrics and public health in the U.S.

One of the major problems lies in the attitudes of the medical profession and allied health workers themselves; they have rigidly refused to recognize the existence of severe malnutrition in our nation for many years even while the end results of this malnutrition have been right before their eyes.

Isolated from the poor, academic obstetrics in the U.S. and Britain evolved a completely irrational and unscientific approach to the special nutritional problems of the poor. Our respectable middle-class obstetrical professors are reluctant to admit their serious blunders and class bias in this vital area of human health.

U.S. academicians have studied dozens of variable factors which might influence maternal and infant health and perinatal mortality—but they have neglected to study nutrition! With middle-class bias they are unable to look directly at the grim realities of hunger in the U.S.A. and the role that malnutrition plays in human reproduction.

The private drug industry to date has offered for the pregnant woman and her fetus diuretic drugs, salt substitutes, appetite depressants, and a host of costly dietary supplements such as iron pills, calcium pills, various vitamins and trace elements.

The private food industry has also exploited to the hilt the malnutrition and ignorance of the poor; the soft drink and related snack food industries each year sell billions of dollars worth of non-nutrient foods, "empty calories," to the poor.

A great deal of the malnutrition in this nation is artificially created and artificially maintained for quick and easy profits of these industries at the expense of the health of the American people and their children.

#### HOW CONCERNED HEALTH WORKERS CAN HELP

Maternal and infant health in this nation are not going to be improved by "studying" the terrible conditions of poverty generation after generation. The malnutrition of our people will not be remedied by "nutrition surveys."

The only solution is good food, decent food, biologically adequate food, nourishing food in the stomachs of our pregnant women and girls day after day throughout their lives. A pressing need is for nutrition education aimed at all levels of society; when the people know the truth in this area, they will act on it.

Concerned health workers need to work to establish scientific nutrition practices in all our medical schools, hospitals, prenatal clinics.

We must launch a campaign to oppose domination of the field of human maternal-fetal nutrition by the private drug industry. At the same time it is necessary to develop an aggressive national nutrition education campaign to reach the people. Letters to Senator George S. McGovern, Select Senate Committee on Nutrition and Human Needs, Room 361, Senate Office Bldg., Washington, D.C., 20510, may be of value in this regard.

People who work in MIC projects should make every effort to convince their obstetricians to abandon unscientific prenatal nutrition practices. Scientific nutrition as now practiced in the Richmond Health Center prenatal clinics should become firmly established in all the federal MIC projects.

Have no illusions about those now in power; they stay there because they do not rock the boat too much. They study problems of the poor, not too carefully, not carefully enough to find real solutions.

We must win a lot of these people over to our side, to the side of the defenseless unborn generations of the future. We must win them if there is to be a future for mankind. This is a challenge for all humane, pro-life U.S. Americans today.

I wanted to try to tell the complete story. The disregard for the health of pregnant women and their fetuses is a part of our racist, Pentagon-dominated society—it is part of the system which over-produces food while millions of our own people suffer malnutrition.

There is no question that only a radical change in the socio-economic system can really solve the problems which concern us. However, we've got to start somewhere to convince millions that the system must be changed. It is a matter of historical necessity as World War III hangs over us all.

Yesterday's Wall Street Journal carried accounts of the usual "defense contracts". One item was for \$233 million worth of Navy jet fighter planes. So long as this goes on, the health and lives of all our people are in jeopardy—but those in poverty and racial discrimination suffer most.

Dr. SOLOMON. There is one hazard of hearings like this which I think needs to be called to the Senators' attention.

#### SUBURBAN MINDS

The hazard is that a new wrinkle may be encouraged in suburban minds on the alleged inherent intellectual inferiority of black babies. Such inferiority of black babies does not exist. It has not been proven.

In fact, to the contrary. If you take healthy black babies and compare them to white babies whose parents are in the same social and economic class, the black babies actually do better up to age 15 months, on certain things like walking alone, sitting up and so forth and so on, and they do identically to white babies on such matters as hand-to-mouth coordination, the more mental things.

That study was done by Nancy Bayley, and it was done in 12 cities with 1,500 infants, and by an large, as well as we can tell in healthy babies right at birth, there isn't evidence that says by and large the black population is producing retarded children.

The old bugaboo of black people being somehow inherently stupid could be reconstructed and misinterpreted. It could be said now that poor maternal nutrition and so forth is producing a generation—not just a generation, but sort of every poor black baby is now considered dumb because of such and such and such and such nutritional factor.

Well, you remember probably better than I that 125 years ago authorities were declaring Negroes as inherently uneducable. At the same time, the Southern States had on their law books laws that barred Negroes from learning to read. They made that illegal, a crime.

I am not too sure but that something somewhat similar may have happened in the White House over the past 7 days. I am referring to the news and some leaks that surrounded the announcement of the Office of Child Development. The headline, you may remember a week ago from the President's announcement, was "Head start Focus Shifts to Infants."

Then a few days later, Monday, April 14, the page 1 Washington Star story by Richard Critchfield said that the background of this decision had to do with a study that showed that Project Headstart youngsters who did well in Project Headstart lost their gains by third or fourth grade.

Therefore, the focus was going to turn to a period earlier than Project Headstart.

The tortured logic here would suggest that the problem is supposedly then, that these youngsters were too defective by the time they reached Headstart. I think that that is an avoidance of responsibility to deal with the institutions that are responsible for the child, age 6 to 10: the street life, the settlement houses, especially the schools, as well as the physical surroundings at home.

Most low-income mothers who have been studied and most "official" students have discovered that the following is the routine: the optimistic kindergartener becomes somehow lost by third or fourth grade. It shows up in his reading, in his loss to the street life, and the school is irrelevant, it seems.

There is a hazard, then. In conclusion, I would like to say that while we correct the nutritional needs—the name of your panel is quite an appropriate one, Hunger and Human Needs—the other human needs must be corrected.

We lack firm evidence that borderline malnutrition does directly cause mental retardation; there is no firm evidence of that. Severe malnutrition certainly does, and borderline malnutrition contributes to other illnesses that lead to school attendance problems and so forth, which can then lead to educational deficiencies. We need to correct the

nutritional deficiencies of all women of child-bearing age and all children in the country.

It should be kept in mind that as the president of the Bank Street School of Education, Dr. John Neimeier, has said, "In America we have never found out systematically how to educate children on the wrong side of the tracks." Certainly such children have managed to get educated in significant numbers, but systematically we still are not doing the job.

Senator KENNEDY. May I interrupt you?

Would you talk about the development of the child, as a doctor in psychiatry; specifically, would you talk about the children who were suffering from malnutrition and starvation?

What kind of an effect does this have on the child's development?

Dr. SOLOMON. Yes, well, the existence of a hungry stomach generally takes priority over other issues in a person's mind, especially if the person is quite young.

It just seems that the amount of available personality for what could be offered in the school setting, for example, would be greatly shrunken.

In addition, there is one other factor that the Senate needs to consider. You have heard, I am sure, by now, that the welfare checks last for 3 weeks rather than 4 weeks of family food, and during that fourth week of every month, the mother has to find some way to stretch the food.

I think there are marvelously resourceful mothers who are doing this today, probably. I don't know whether this is near enough the end of the month for them to be doing this. But I can't imagine the anxiety a mother has and the frustration of her maternal instinct—which is, after all, to feed her young—I can't imagine that anxiety can be hidden from the children, and I can't imagine that that anxiety won't be an important factor in adding to the already great psychological burden of poor families.

Senator KENNEDY. Senator Percy?

Senator PERCY. I have just a short question for each of you.

Mrs. Crowder, did the repair people show up this morning that were promised?

Mrs. CROWDER. Yes.

Senator PERCY. I am very happy. I hope they plug up the holes and somehow get rid of some of the rats we heard about yesterday.

I would like to ask Mr. Mendelsohn. In your testimony, at the end of it, you talked about the very high cost of shelter, that over 50 percent of the welfare families have an inadequate amount for shelter, and the average is \$46 a month, and that has to come out of food and everything else.

What can we do to improve the quality of housing legally? You are a legal advisor.

For instance, I see in the case of the families we visited yesterday exceedingly high electric light bills, utility costs are higher for the poor. Why?

The hovels they live in are so dark you have to have lights on during the day to see, and you have to keep the lights on all night to keep the rats off. [Applause.]

I don't know whether that computation goes into allowances for welfare. Maybe they are extravagant, but I couldn't see my way around some of the apartments yesterday, and that is not just true here. I have found that for years in East St. Louis and Chicago and everywhere else.

#### QUALITY OF HOUSING

What can we do to improve the quality of housing, what can we do to take care of cases where 40 housing codes were broken by one apartment, we held, yesterday.

Is it possible to deprive the slum owners of the tax advantages they now have so long as they don't meet the building codes?

Mr. MENDELSON. The short answer to your question is, yes, I think the Congress has it within its power to remedy this tax inequity, but I think there is another, and probably a much more beneficial way of handling this. That is this.

Let the local government repair the building up to code standard and then charge the landlord for the repairs.

Senator PERCY. Thank you.

Dr. Solomon, what is the effect on the brain development, and is there brain damage that will materially retard the ability of a child to learn at any time and adjust to life if the mother is malnourished with the infant in the womb, and if the child in the early months is malnourished when it should have an adequate food supply?

Dr. SOLOMON. If it is a matter of actual malnutrition, I believe it is rather well documented that the brain development of the youngster will suffer, and it may not be evident right away in early infancy. It may be evident later on, just as we know many infants who are born and don't breathe right away perk up quickly in the delivery room, but by age 2, 3, 4, or 5 there are evidences of injuries that developed during the delivery problem.

The last few weeks in the mother's womb and the first 2 weeks postpartum are the most sensitive for brain development.

The best data have to be obtained from animal studies, the most firm data, and they, again, reveal that depriving rats of certain nutrients at key days of rat infant brain development and then feeding the rats fine thereafter will produce essentially dead parts of the rat's brain later on, and smaller brain size, too.

So I think we have to err on the side of great care and assume the worst, assume that the lack of nutrients will have devastating effects in order to be on the safe side.

Senator PERCY. Would you estimate that for a few hundred dollars, for any poverty level mother in food costs, you could prevent such lack of brain development, and perhaps make the lifetime of an individual more full of opportunity to develop, and perhaps prevent a welfare case that would cost thousands of dollars later?

Dr. SOLOMON. I would agree with that, certainly, in the cases of malnutrition, of near-starvation. I do not think the evidence is firm enough in humans to agree that you would prevent future welfare cases just by the focus on malnutrition.

I have the feeling that five other factors would stand equally for the people with borderline malnutrition in preventing future welfare cases.

Senator PERCY. Mr. Chairman, may I ask just one more question?

Is it your experience that low-income people in ghetto areas, low-income areas, are much more deprived of available medical services than are people of higher income? In other words, it is harder for them to get, for a variety of reasons, medical assistance, and, if so, do you feel that a diversion of funds by the States under Hill-Burton allowances permitting the construction of neighborhood comprehensive health clinics, such as OEO has done on an experimental basis, would be a good investment and would help us catch these nutritional problems early for the whole family, and prevent future welfare cases and the problems of malnutrition?

Dr. SOLOMON. I would answer "certainly" to both parts of the question, about the deprivation of the medical assistance and the role of the neighborhood centers.

I would like to say, though, that apart from the neighborhood centers, every school-age child should be receiving 5 quarts of whole milk a week, plenty of lean meat, and adequate vitamins as well, and especially if he happens to be home ill from school; and it is a medical responsibility to do so.

Why that medical responsibility has not been dramatized in the District is a question you might ask Murray Grant.

Senator PERCY. Doctor, I would like to yield to the others.

Senator COOK. Mr. Mendelsohn, explain to me just what is the neighborhood legal services program.

Mr. MENDELSON. Senator, we are a private nonprofit corporation funded by the Office of Economic Opportunity to provide legal assistance in civil matters to people unable to afford it.

Senator COOK. How big is your budget from OEO?

Mr. MENDELSON. I believe for the current year it is \$1 million, and we have approximately 38 lawyers on our staff.

Senator COOK. A \$1 million budget, and 38 lawyers?

Mr. MENDELSON. That is approximately.

Senator COOK. What do you figure your caseload is?

Mr. MENDELSON. Well, let me say that I would assume that most of our lawyers average well over 100 cases.

Senator COOK. You mean 100 active cases?

Mr. MENDELSON. Yes, sir.

Senator COOK. What is your location?

Mr. MENDELSON. My office is on Seventh Street Southeast.

Senator COOK. How many black lawyers do you have of the 38 lawyers you have on the staff?

Mr. MENDELSON. I could not say that right now with any degree of certainty. I guess it would be around 10, but I just cannot say absolutely.

Senator COOK. Ten out of 38?

Mr. MENDELSON. Yes, sir.

We would be glad to submit absolute data for the record.

Senator COOK. The reason I asked you this is, are you in the process of making up your budget for the next fiscal year?

Mr. MENDELSON. Senator, I am not an administrator. I am a lawyer out in the neighborhood. I have very little to do with the management of the program.

Senator Cook. Doctor, you stated a minute ago that you would agree that brain damage in this sort of thing could occur, but you limited it to what you called stark cases of malnutrition.

Actually, you can have the same problem with a mother that had a severe case of anemia in her last trimester of pregnancy, couldn't you?

Dr. SOLOMON. Yes.

Senator Cook. I think you might be oversimplifying it when you say you might have problems with an infant if the mother is a stark case of malnutrition. I think it is more confined than that, if I could be so bold as to disagree with you.

I think if you have a mother who is basically well fed, but is fed absolutely the wrong things, and she is in her last trimester of pregnancy, the problems that this could cause the infant could be just as damaging as with a mother suffering from severe malnutrition.

Dr. SOLOMON. I would certainly agree, and the firm link that I know of is the production of underweight or premature babies from mothers who have a diet primarily of potato chips and Coca-Cola. They will produce premature babies 12 to 18 percent of the time. If they are given high protein, appropriate diets, that will be reduced to 2 percent, and those babies will be at much less risk.

Senator Cook. But when you live at the income level these people live at, you live on the potato chips, and you do not have that nutritional value.

You might send your children and yourself to bed with a full stomach. The basic anemia that occurs could result in the same degree of brain damage that you cited a minute ago, could it not?

Dr. SOLOMON. Yes, yes. I wonder, if the Senator is interested in rats, if I might say one psychological thing about rats—in addition to being carriers of illness and being sort of obnoxious to civilized society. There is a period of time in a child's life where one hopes that nightmares and fears about bodily injury and so forth are quieted down. That coincides with the school age years, 6 to 11.

If the child has to worry about getting up to urinate at night and find a rat competing with him for the toilet bowl, his nightmares are not going to be allayed, his sleep will be poor, and we find kids, as they say nowadays, "up tight" about rats and vermin, in spite of jokes like "sleep tight and don't let the bed bugs bite."

Claude Brown in his biography said there is a certain courage in battling the rats. All right. But I say the rats do damage to the psyche—

Senator Cook. Doctor, the only thing I want to do with rats is eradicate them. I don't think we have to use the analysis of brain damage, really, in rats, because I think we find today that our respective governments at all levels spend hundreds of millions of dollars every year on retarded children as a result of malnutrition, as a result of anemia, and I must confess to you I don't think we have to use the analysis of rats to know that this is, in fact, in existence.

It is real, and I think it can be cured, and I think it can be cured in humans, and I don't think we have to go back to the laboratory to test it any longer in rats. I think we can do it right out here where everybody is, and we can see the results of it.

Thank you, Mr. Chairman.

Senator KENNEDY. I want to thank the members of the panel for their appearance here, for their comments. I want to express the appreciation of the committee to the audience that was here this morning for their interest and their courtesy to the witnesses, and I think they added a good dimension to the hearing here today.

I know there are many in the audience that could have testified about these questions and problems. I am sure the information they could give would add to our understanding of the problem.

We do not want in any way to prevent the members of the committee benefiting from their observations and comments. Many of you who have been here this morning know the kinds of areas we are interested in, have heard testimony and have personal experience that I am sure would be extremely valuable.

So I would ask any of those who have a comment or a suggestion if they would be kind enough to address it to Senator McGovern, who is chairman of this committee, care of the U.S. Senate. He will have a chance to review it, members of the committee will, and we will make those portions of it a part of the record that are relevant to the conduct of the hearings.

(Information follows: )

*To Whom It May Concern:*

The attached statement was submitted to the Senate Select Committee on Nutrition and Human need by the City-wide Tenants' Union (2429 Shannon Place SE., Washington, D.C. 20020—Phone 581-8414).

Sincerely,

HAROLD E. STALEY,  
*Director.*

WILLIE MAE LIMES,  
*President.*

P.S. We would suggest that the committee tour the area just seven blocks from the Capitol.

STATEMENT OF THE CITY WIDE TENANTS UNION ON THE PROBLEM OF NUTRITION  
AND HUMAN NEEDS

The City Wide Tenants Union, composed primarily of Public Housing tenants, but concerned about Human Beings, be they public, private tenants, or those with no tenancy at all do herein declare that the problem of "nutrition and Human needs" are directly linked to Housing.

For example, the problems of Housing (availability, cost, maintenance, repairs, utilities, and mode of living etc.) contribute heavily to the physical and emotional well being of the individual or individuals or lack of same, and hence are connected to the problem of "nutrition and Human needs" on the basis of a system in which the masses (Black, White, Red, Yellow) had no meaningful voice in formulating or implementing.

Specifically, when we complain that there is no heat, a hole in the window and we have a cold, we do not expect you to tell us to go see a doctor, and leave it to us to get heat the best way we can (which can cost money), fix the hole in window (which can cost money) that contribute to the lack of "nutrition and Human needs". (comprendi)

We appreciate the attention that has been given to some of the hungry, and we applaud that action, but we are most emphatic in our knowledge that there are *hungry men*, and women in this society who have not as yet received the same amount of attention and we demand that equal attention be given this group and dealt with in a humane fashion so that "nutrition and Human needs" do not become a projection of the same old scheme that has not solved the problem of the masses, and can easily be used as a conduit for the promotion of that which has caused the problem heretofore in all its disguised forms.

The matters contained herein should not be construed in a negative view toward the Senate Select Committee on Nutrition and Human Needs, but is a determination by us to tell it like it is.

We are aware that recently there are those who have projected the idea that *cash—not food* is the answer to the problem of feeding the poor (Washington Post—April 15 page two-column 1), and we do not deny the partial truth of that assertion but we challenge the assertion *in terms of what do you do in the meantime to care for the needs of Human Beings who are hungry right now?*

We not only challenge, but refute the quoted statement that the "main problem facing poor people is not a failure of food programs, but a lack of money".

Food programs have failed in that they were not distributed widely enough in terms of hungry people, and did not provide the basic necessities in total form for a decent and dignified existence.

For example: Food items could be purchased with food stamps (provided you had transportation money to the place of purchase as well as to the super-market etc.), but items for keeping one's home and body clean could not. Then statements are bandied about that the *poor are dirty*.

This humiliating, degrading, inhumane, unjust and unfair system must cease and desist forthwith, and we raise the question as to whether the perpetrator are not sick rather than the people???

Let it be made very clear that we are not discounting the validity of a need for a guaranteed annual income. What we are saying is you need both (understand).

We reiterate that "nutrition and Human needs" are directly linked to Housing with health, transportation etc. playing a decisive role.

The City Wide Tenants' Union again thank the Senate Select Committee on "Nutrition and Human needs" for their courageous efforts.

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#### TESTIMONY FROM P.I.C. PEOPLES INVOLVEMENT CORPORATION

I am Mary Thomas. I live at 2021 11th Street, NW., Washington, D.C. I make \$316.00 a month. As the head of the household, I am responsible for paying monthly bills totaling \$205.00. If I got food stamps for my family, this would cost me an additional \$104.00 every month, and would leave me with only \$7.00 out of my salary.

There are seven (7) people in my family that I have to feed and clothe. With holidays like Easter and Christmas, there are many clothes needed for the children, plus other things also needed to keep up their morale and keep them happy. The same thing happens in September when school opens.

I talked with several mothers who have the same problem—get food stamps and go without other bare necessities.

I wish there was such a plan that I could use to get my food stamps out of my salary of \$158.00 every two weeks and pay my current bills.

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#### REPORT TO THE SENATE COMMITTEE ON HUNGER IN AMERICA FROM THE CONSUMER ADVISORY GROUP OF CHANGE, INC.

As a consumer advisor for CHANGE, Inc., I have had frequent opportunity to witness the very real and debilitating effects of hunger among the residents of the Cardozo Heights area. Inadequate and unbalanced diets are so common among the families in this area that one almost loses sight of hunger as a problem, and comes to expect it as a natural condition.

In the course of my work, I have become especially concerned with the problem of hunger among children and senior citizens. Children and old people are the ones most susceptible to the social conditions that cause poor nutrition, as they are the groups least able to care for themselves.

The manner in which elderly persons who receive a Social Security allotment, public assistance, or an annuity have to live is scandalous. I personally know of many older individuals in this area who have to live on one dollar a day or less. It is not unusual to find elderly people here, many of whom require special diets for their health, living on one meal a day. One only has to go to St. Stephens Church any day of the week to see the long line of older citizens waiting for a free meal to know that there is real need.

Even though the hardships faced by Senior citizens are inexcusable, they do not preoccupy us nearly as much as the suffering and privations of children

who grow up in poverty. It is the rule rather than the exception for children in the CHANGE area to be sent off to school without breakfast. Mothers have to rely on the inadequate school Lunch Program to provide their children with their only decent meal of the day. It is not an exaggeration to state that children from poor families can reach adulthood without even having eaten a balanced meal at home, much less a meal with a luxury such as steak or roast beef. Children from poor families rarely sit down to a meal with their family. There is never enough to feed the entire family. Even whole milk is a luxury after a child is two years old! What seem considered basic necessities in middle class families are luxury items on 14th Street.

The effects of poor nutrition and hunger on school age children are disastrous. Hunger causes them to be dull and inattentive in class, and the humiliation of being poor makes children resentful not only of their parents who are unable to provide for them, but of a society which in their eyes discriminates against them. Even the use of a free school lunch card can be humiliating to a child. For it is an admission of poverty to one's peers. And no matter what some people think, no one ever gets accustomed to being poor.

The effects of poverty and hunger on children are many and profound. If an adequate diet and a decent standard of living could be provided to all children, I am convinced that we would be taking a long step toward the elimination of juvenile crime, poor school records and unstable family life among young people who have to grow up in this area.

The list of specific instances of the effects of hunger on the development of our youth are too numerous to list. If this Committee is interested in hearing testimony as to the reality of hunger in Washington it can be provided only too readily. Hunger is all too common in this neighborhood, and it is and has been sapping the strength and vitality of our youth for too long. The question is not whether there is hunger in Washington, but rather what can we do about it.

Respectfully submitted,

Mrs. GRACIE ROLLING,  
*Consumer Advisor for CHANGE, Inc.*

Senator KENNEDY. At this point, the committee will stand adjourned until 10 o'clock tomorrow morning.

(Whereupon, at 1:07 p.m., the committee adjourned, to reconvene at 10 a.m., the following day, Thursday, April 17, 1969, in room G-308, New Senate Office Building.)



## NUTRITION AND HUMAN NEEDS

THURSDAY, APRIL 17, 1969

U.S. SENATE,  
SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS,  
*Washington, D.C.*

The committee met at 10:20 a.m., pursuant to recess, in room G-308, New Senate Office Building, Hon. Allen J. Ellender presiding.

Present: Senators Ellender, Cook, Pell, and Dole.

Staff members present: William C. Smith, staff director and general counsel; Kenneth Schlossberg, professional staff member; and Clarence V. McKee, professional staff member for the minority.

Senator Cook (presiding). We will come to order.

Doctor, I am going to hold the fort down a while, and the other members will be here.

Dr. Eugene Wigeman, dean, community education, Federal City College. If you will bring your panel forward and be seated, we will get started.

Introduce everybody, Doctor, and give your statement.

**STATEMENT OF EUGENE WIGEMAN, DEAN, COMMUNITY EDUCATION, FEDERAL CITY COLLEGE, ACCOMPANIED BY DR. SELMA LIPPEATT, ASSISTANT DEAN, COOPERATIVE EXTENSION SERVICE; MRS. MARY HUMPHRIES; MRS. KATHRYNE GAITHER; MRS. EUNICE MILLER; AND MRS. ROBERTA MONTGOMERY**

Dr. WIGEMAN. Thank you.

Mr. Chairman, I would like to thank you for inviting the Federal City College, our Nation's newest land grant institution, to testify today. As the only land grant college in an entirely urban setting, our Cooperative Extension Service has a unique function to perform.

### FEDERAL CITY COLLEGE

In working with the U.S. Department of Agriculture prior to my position with the Federal City College, I saw firsthand the evidence of hunger and malnutrition here in the United States. It therefore pleases me to report that our own Cooperative Extension Service has begun, in a modest way, programs concerning homemaking, buymanship, child care, and 4-H youth development as well as nutrition education.

In talking with Secretary Hardin and former Secretary Freeman, both were quite enthusiastic about expanding nutrition education programs in the District of Columbia. We anticipate our own nutrition

education programs of the Cooperative Extension Service at the Federal City College to be tripled for next year.

At this time I would like to introduce Dr. Selma Lippeatt, an associate dean of the Federal City College, who is heading our nutrition education aide program. She will give you a brief summary of the program and introduce four of the nutrition aides who will share with you some of their experiences.

I would be glad to answer any questions that may arise regarding policy or the program after the testimony by Dr. Lippeatt and her aides.

Thank you very much.

Dr. LIPPEATT. Mr. Chairman and members of the committee, our work in the District of Columbia gives strong support to research findings indicating that there is a high correlation between adequacy of food intake and the ability of a person to learn and to perform efficiently whether it be in a home, school, or employment situation. Although it is a slow and tedious process, education on an individual basis does provide the best means of insuring optimum nutrition for people with multiple needs.

In order to provide this, the Cooperative Extension Service of the District of Columbia has for the past 2½ months engaged in a person-to-person approach to nutrition education for low-income families in two pilot sections of the city: (1) the Far East, and (2) the model cities area of Northwest and Near Northeast.

These two areas were selected after consultation with representatives of the District of Columbia Health and Welfare Departments, the District of Columbia schools, United Planning Organization, the Homemaker Services of Greater Washington, and community and civic groups. Both of these locations are known to contain poverty pockets and many low-income families.

Twenty-seven local women have been recruited and trained to serve as nutrition education aides in geographical areas near their own homes. The aides are paid \$2.21 per hour. Usually it is possible for them to walk to the homes of the program participants. Arrangements are made for working with individual homemakers in their own homes. However, in some cases two or three come together for food and nutrition lessons. Approximately 300 families have been reached by door-to-door contacts or by referrals from neighbors and friends, churches, and community groups.

#### VOLUNTARY PROGRAM

This is an entirely voluntary program requiring a strong personal working relationship on the part of the aides and considerable motivation on the part of the homemakers. Although not all individuals contacted have shown an interest, we do expect to work with approximately 800 families within this fiscal year.

The needs of the participating families are many and it is quite often necessary for the aide to help with the most immediate problem the family faces before the subject of food can be discussed.

Our initial effort happens to be in the area of nutrition. As time goes on, we hope to broaden our offerings and concentrate on any

area of family life in which a member expresses a need for improvement. Problems centering around health needs of children and adults, poor housing conditions, inadequate family income, insufficient clothing, cleanliness and sanitation, and others, are example of these.

The overall purpose of the current program is to assist homemakers with gaining additional food and nutrition knowledge, skills, and techniques to provide adequate and well-balanced meals for their families within their income constraints.

Typical of the activities carried out in the homes are: studying nutritional needs of the total family; discussing malnutrition and hidden hunger; teaching basic skills of planning, buying, and preparing appetizing and nutritious meals; actually shopping with the homemaker; motivating family members to control weight wisely; and utilizing food stamps.

The aides maintain evaluative records of their work with individual families and engage in weekly in-service training sessions under the direction of professional staff members of the Cooperative Extension Service.

Our findings to date are necessarily inconclusive. But there is evidence that as a result of their work, the aides are themselves better managers, are more keenly aware of dietary problems and possible solutions, are setting good examples for other homemakers in their own communities; and are receiving tremendous personal satisfaction in their endeavors.

Today we have with us four of the 27 aides (others are in the audience): Mrs. Eunice Miller, Mrs. Kathryn Gaither, Mrs. Mary Humphries of Far East Washington, and Mrs. Roberta Montgomery of the Northwest area. Their story is one of personal commitment and dedication as they assist homemakers to achieve a better state of health and well-being through better management of family resources. Perhaps their greatest satisfaction is in the visible evidence of progress.

At this time I would like for you to hear of some experiences of each of these aides with one family they have chosen to describe. These are true stories with fictitious names.

We recognize that we have hardly scratched the surface in meeting local needs, but the results of our program to date speak for themselves, and point out the potential effectiveness of a continuing person-to-person approach to community education.

We do look forward to the time when there are sufficient funds available to cooperative extension of the Federal City College which will permit our serving all sections of the Washington community; and furthermore, enable us to assist families in additional areas of human need as well as nutrition.

As we look to our aides for their stories, we work with many families, and it has been difficult for them to select only one, but I wonder, Mrs. Miller, if you would tell us a little bit about one family with whom you are working at this time.

Senator Cook. Doctor, would you put that microphone in front of Mrs. Miller please?

Go ahead, Mrs. Miller.

Mrs. MILLER. In working with many families, large and small, senior citizens, all, the one family situation that stays with me is an

elderly couple, retired, having to look after seven grandchildren. They are being fed from only his retirement income that he and his wife has.

The real problem there is what can be done about the children? We know nutrition education is needed, but the problem is so great that they have to be ironed out and looked into before we can attempt to give the real meaning of nutrition and what food means to the family.

Senator COOK. Mrs. Miller, you said how many children are they keeping?

Mrs. MILLER. Seven.

Senator COOK. Do you know what the gentleman's income is?

Mrs. MILLER. Not exactly. He told me it was around \$200 something a month. He didn't give the amount.

Senator COOK. When you move into the family, what is the procedure you follow?

Mrs. MILLER. The process I have started with is to get any agency that I can to come in to take over the large problem; that is, the management of the children, what can be done.

The next step, I cannot get the elderly gentleman to look into food stamps. He does not want to be bothered. He only wants someone to take over the children, if it is just only to bring more money in to feed them. He is doing the cooking and the buying, and it is all the help they have.

Senator COOK. When you say he does all the buying, what kind of buying program is he on?

In other words, is he on the food stamp program?

Mrs. MILLER. No.

Senator COOK. Do you in any way try to convince him of the benefits he can receive from the food stamp program?

Mrs. MILLER. Yes; I have. I have tried twice, in both visits, but I have been unable as yet to get him to consider checking into the food stamps himself. He has had hope that someone would encourage the two mothers to do so. One is in the hospital and one is out, and he says she needs to be there.

I had a short talk with her, and she promised me she would, but he doesn't know whether she will hold herself together long enough to go.

Senator COOK. What is his argument against the food stamp program?

Mrs. MILLER. His real argument is that he feels if he offers to go and buy food stamps, he feels that the Government will be charging him with something. He says he owns his own home, and his income now, he and his wife, who is not well, and whom he takes care of himself, they can live off that income. It is the children that he is concerned about.

Senator COOK. If it is the children he is concerned about, let's get back to the diet business. What are his buying habits, and how do you fit into this picture? What does he purchase?

Mrs. MILLER. There was only a limited amount of food. He did buy vegetables. I think he bought in the meat line some chicken. I discovered he used very little beef.

From what he said, he buys what he feels his money can afford that will actually fill the family. He only named three or four foods that

he actually bought. He said he prepared two meals a day. This was as much as he and his wife needed.

Senator COOK. How about these seven children? How many of them are in school?

Mrs. MILLER. All seven are in school.

Senator COOK. They get a meal in school?

Mrs. MILLER. I think they do. I am not sure.

Senator COOK. By the way, now, if anyone wants to get in on this discussion, please feel free to do so.

Mrs. MILLER. Mrs. Gaither made this first visit with me.

Mrs. GAITHER. Mrs. Miller and I are working as a team in the Southeast area, and when we entered this home that she is talking about, we asked what type of food did he prepare for his wife, was she on a special diet or anything, and he said, "All the doctor said was feed her light, a light diet of soups and things," but evidently from what he has to do for the children, he cannot afford all that she needs. So he says he cooks a pot of beans and he bakes a pan of cornbread, and she loves black-eyed peas. She eats that for breakfast, or if they have some left over, she eats it for dinner, and she makes it like that.

But she does need special foods.

Senator COOK. I am quite sure that it is not the light diet that the doctor had in mind.

Mrs. GAITHER. No; it is not.

Senator COOK. Let's take it from the point where you find a house and you discover a pot of beans and cornbread. What do you do from there?

Mrs. GAITHER. It is hard to convince him that it is necessary for him to buy food stamps. We showed him how much of a bonus he would receive if he would buy the food stamps, because he is eligible for them.

So he says he don't want to buy them, let the children's father or mother make arrangements to do this, and we are wondering if we can get someone to go into St. Elizabeth's Hospital to see these parents, or is there any way that they can really sign up to get food stamps for these children and then turn them over to the grandfather and the grandmother, because they have no other way of getting them.

He is afraid that the Government may take his home, or interfere like that, because he had had such trouble with the Government before when his daughter was admitted to St. Elizabeth's Hospital.

He still owes for her hospital bill.

Senator COOK. It seems to me if this is the problem that you are going to run into, Doctor, that there ought to be some coordination before the field representatives really get into this so that you can give an answer to this situation on whether parents can be eligible for this.

In other words, what I am trying to get at is a central clearinghouse, so that Mrs. Miller can say, "Yes, the parent can qualify," and this kind of thing, so you would be in a position to really get it done.

Dr. LIPPEATT. Our aids are responsible for the nutrition, and they know sources in their communities to which they make referrals. Our women have been in the field a very short time, as I reported to you,

but they will be working with this family on an ongoing basis, and as they make other contacts in the community, I think the coordination will be possible, because they are residents of the area and residents of the community.

Senator COOK. Don't misunderstand me, Doctor. I am not being critical. What I am saying is that I think there ought to be some type of index prepared of all the agencies and all the basic requirements so that this really can be at their fingertips. Otherwise it seems that they are going to spend most of the time seeking the right answer.

Dr. LIPPEATT. We do have some of this.

Mrs. Gaither, maybe you would like to talk about another family you have dealt with.

Mrs. GAITHER. These are some of the problems that were never reached by the neighborhood workers or the Far East Community Service before.

Senator COOK. I think maybe we have to have some type of inter-agency referral system so that all services available may be easily discovered.

Mrs. GAITHER. This is what we have been doing. We have been contacting the neighborhood worker in our particular area, and he has been going in to see the families, you know, as we have directed him to.

Senator COOK. Are you two the first who have contacted the elderly gentleman you interviewed about his problems?

Mrs. GAITHER. That's right.

Senator COOK. In other words, all the other agencies in the area have either been too busy, or overlooked it, or have just not done it, and this is your first contact?

Mrs. GAITHER. That's right.

Senator COOK. Let's get back to this contact. What are you doing in regard to this gentleman and in regard to these children as it applies to nutrition?

Mrs. MILLER. My plans now are to go into the home and prepare a nutritious meal. I talked to him on this yesterday, to go into the home and plan a nutritious meal for him and his wife. He usually eats around 3 or 4 in the evenings, and I promised him yesterday that I would plan a meal and come in and cook it, and probably maybe talk with him. And in preparing this meal that we would be able to get the breakthrough that we want.

Senator COOK. Let me ask you this, Mrs. Miller. Are you going to buy the food and bring it in there?

Mrs. MILLER. If I have to, I would.

Senator COOK. Are you going to buy food he can afford with his income, or are you going to get him off to a bad start to begin with?

Mrs. MILLER. No, it will be a plain, simple, low-income meal.

Senator COOK. Let's get back to nutrition itself, Doctor.

Before an aide goes into the field, has he been prepared to teach the preparation of meals?

Dr. LIPPEATT. Each woman has participated in a three-weeks' training program, and they come back to us one day a week for additional training. We are aware that in 3 weeks they cannot get all the scientific details of nutrition, but we have taught them well-balanced, nutritious meals for families.

Senator COOK. Can you give me a rundown of the 3-week training?

Dr. LIPPEATT. All right. In the first place, we are looking at what good nutrition means to all members of the family. We use a great deal of pictorial information and a lot of the materials that have been prepared by the U.S. Department of Agriculture on teaching foods on the low-income level.

We use recipes that have pictures rather than having words. We use all kinds of descriptive materials, and we use case studies. Very early in the training, after we have been through many of the details of basic nutrition, we send the aides out for one visit in the field. They bring them back as problems they recognize, and we talk more about those.

In the 3-week period we have tried to balance work, discussion and lecture demonstrations, along with actual participation with foods. We have gone to the supermarket with the aides to help them identify good and poor buys.

One of our points of stress has been preparations with low-cost foods.

We have used recipes with instant or dry milk which costs much less than the whole milk.

The aides can go in and show women the skills and techniques of low-cost food preparation, that is how to have appetizing meals that the families would like to eat.

But over and over again we break down the nutrition, nutrition for children, for pregnant mothers, for senior citizens. We try to look at the various family members and the different needs they have in relation to food requirements.

Senator COOK. Within the confines of your budget, do you have funds for Mrs. Miller to buy food?

Dr. LIPPEATT. We have a few demonstration materials. At this moment we operate with \$38,400; \$31,000 of this is spent in actual salaries to the aids, paying them \$2.21 an hour. About \$5,000 of this is going into the purchase of materials for low-income families. We do it so that our aides have materials to use in their person-to-person teaching.

Then we provide approximately \$1,500 to \$2,000 for demonstration purposes, so our aides can have money for demonstration, but this is certainly limited, the amount that they can have for demonstrations, but this amount is certainly limited.

Senator COOK. Let me ask any of the aides who wish to answer this.

Were you taught cost factors? In other words, what can you prepare a meal for, a nutritionally sound meal, let's say, for a family of six?

Mrs. HUMPHRIES. Yes, we were.

Senator COOK. Could you give me an example? In other words, you go into a home and there is a problem, and you are going to teach this mother a proper nutritional meal. How do you go about this, and what are the cost factors involved?

Mrs. HUMPHRIES. For a family of six, instead of whole milk, I suggested dry milk, and I usually check the papers to see what is on sale.

Senator COOK. How do you entice the kids to drink dry milk?

Mrs. HUMPHRIES. You mix it the night before so that it is very

cold, and you put it in a carton, and you can't really tell the difference. My family uses it.

I pick out the cheapest and nicest things to get the best nutrition in the meals.

Senator COOK. I am still trying to get the cost factors.

Mrs. MILLER. I think you would use the word that we call our specialty. It is made with ground beef, rice and tomato soup, with sprinkles of dry cheese. We start it out with cooked rice, a layer of rice, and a layer of beef, and with onion on each layer. On the top it is sprinkled with cheese and tomato soup.

We bake it for about 30 minutes. We have three of the vitamins in this dish, from the meat group, from the vegetables and fruits. The meat was mixed with dry milk, so we have it with the milk group.

We included every group of foods, and we find it went over well with most families.

This, with a nice vegetable, gives a complete meal, and I haven't had a family to turn it down yet.

Senator COOK. This may be meal No. 1, but what do you do after you have had this for a week and get tired of it?

Mrs. MILLER. We do ask them if they will plan meals, where we are still using the four basic foods. If their family is having problems in shopping, we ask them to plan their meals day by day with their shopping trips. Plan it each day as you shop, to try to get the nutrients that you need.

This would include your green, and your yellow vegetables, cabbage, and you plan it day by day. We find that the ones who work with it find that their shopping has really become more pleasant and more enjoyable, and we find, too often with these dishes it is easier to plan a meal with less work.

We are also asking them to get away from fried foods, baking and broiling. I have a couple of families that enjoy it. They find it is easy to go in and bake a dinner, if it was a baked chicken.

Senator COOK. Do the four of you as aides find that it is difficult, if not impossible, for those, for instance, who are on food stamps to make these stamps last a good part of the month?

Mrs. MONTGOMERY. There are some that I have seen that are having difficulties making the food stamps run a month. They run out a week ahead of time, and some families I have run into, I have helped them on a budget basis so they could let the food stamps run a whole month, but they all say their food stamps do not last.

Some are saying they are too high. Some have stopped getting them because they are too high and they couldn't buy the children clothes, or washing powder and soap to use for cleaning.

Then I have had a lot of trouble with families that have trouble getting food stamps. Some are over income, and usually the people on welfare, their budgets run the same way as those who are working, and yet they are not eligible for food stamps.

Senator COOK. After your 3 weeks of training when you get out into the field, and you get into a home and you attempt to educate and find that there is no food to prepare, what do you do?

What is your approach to a family of this kind? What good does it do you, with all this training, if you get into those homes, and there are many, many of them, where there is no food?

Mrs. MONTGOMERY. Myself, I try, if I can, to get foods for that family, and if I can get food for that family, then I tell them, explain to them, I show them how to use it. In some cases I can't get food.

One family I ran into they didn't have food, and I tried to get help from the community. She had been there herself to try to get food and couldn't get it. She went to Welfare and tried to get help. She was turned down. Only promises. There was one agency I did get in touch with that did get her food.

That wasn't the only problem she had. She couldn't go back to work because of an injured foot. Welfare still didn't help her. They promised her.

After I turned her case over to Mrs. Willie Hardy, executive director, she could help her.

Senator ELLENDER (presiding). Is it a function of Welfare to see to it that those in need get food?

Mrs. MONTGOMERY. It is, because it was an emergency.

Senator ELLENDER. I presume that there are certain rules and regulations to go by so that one can be helped.

Mrs. MONTGOMERY. There are rules, yes.

Senator ELLENDER. That is not within your function as a dietitian.

Mrs. MONTGOMERY. Well, this lady did need help. It would take 2 or 3 weeks before she got income. The lady made a mistake. She promised her she would help her, and she was depending on it.

Senator ELLENDER. I understand you have been asked questions as to your training, and I don't want to go into that, but are there enough people engaged in nutrition in order to feed a family, in order to determine what kind of food would give a family a balanced diet?

Dr. LIPPEATT. We have to tell you that we are engaged only in pilot efforts. We have reached approximately 300 families in the last two and a half months. We realize we are just scratching the surface, but we maintain education is necessary to go along with food, and we hope the person-to-person approach we are using will be an effective means.

Senator ELLENDER. As a member of this committee, that has been my position. I thought that proper nutrition and proper food was important, and that we would get better results to have families use whatever food they can buy in order to get a balanced diet.

As I understand it, this program started this year, and I think the Department of Agriculture paid \$10 million in order to train about 5,000 nutritionists throughout the country, and you are——

Dr. LIPPEATT (continuing). Participating.

Senator ELLENDER. Do you have enough to do justice to the city of Washington at the moment?

Dr. WIGEMAN. Senator, we do not have enough funds to do justice to the District of Columbia. We received \$38,000 to begin on a pilot basis. Dr. Davis called me last night to inform us that next year we will have roughly \$150,000.

In our estimation, that is not nearly enough to do the job in the District of Columbia.

Senator ELLENDER. The reason I asked is that we had hearings before the Subcommittee on Agriculture, of which I am a member, and we are trying to provide sufficient funds for that purpose. We are concerned not only in that field, but also more funds, for the food stamp plan, and more funds for the school lunch program.

I think that those should work together. There should be training that the mothers and children will have at the school level, plus what you do, and that ought to develop enough people so as to properly, let's say, educate some of the mothers in ways to best use that food that is available.

Dr. WIGEMAN. Yes.

Senator ELLENDER. Are you able to come to conclusions as to which program is the better, the food stamp or bulk distribution? Any of you may answer.

Dr. LIPPEATT. Since the District has only the stamps, they are not working under the donable foods program, so I think this question may not be—

Senator ELLENDER. I thought at one time there was bulk food distribution for the District of Columbia.

Dr. WIGEMAN. Not to my knowledge.

Senator ELLENDER. In any event, do you think that the food stamp program, properly administered, is a good program?

Dr. WIGEMAN. I think our aides ought to say something about that.

Mrs. MONTGOMERY. Yes; I think it is a good program, but I think they should come down on the prices of food stamps for the people that can't afford them, and I think the people who can't afford them, they should give it to them free.

Senator ELLENDER. There is a question whether you should do that. Many Members of Congress are divided on that point.

I returned from my home State Sunday night, and I visited two or three of the parishes wherein we have the food stamps. There is a requirement that at least something being put up.

For instance, I was present when a lady came up with 50 cents. That is all she could afford, but she got \$14 worth of stamps for that 50 cents, and I saw some come that had a few dollars, and, of course, all of that is worked out by the welfare authorities.

Mrs. MONTGOMERY. May I ask you something? How did this lady get 50 cents worth of food stamps, when a lady needed \$5 worth of food stamps for an emergency, and the clerk tells her if she could bring in \$32, she could get food stamps?

Senator ELLENDER. I asked that same question and although not exactly parallel but I did notice that some people came in while I was there, wherein stamps were not issued in the same proportion. Some of them put up as much as, say, \$33 to get \$60 worth of stamps, whereas one came with \$3 and got \$24 worth of stamps. But all of that is fixed at the welfare level, and I believe that if such a procedure were followed here in Washington, that you might have a better program.

I think it is up to the Welfare Department of a parish or county or a city to decide whether or not the city or the county or the parish is entitled to have a food stamp program, and after that decision is made, then under the law, the rate of stamps to be given to the people who are entitled to it is usually fixed in proportion to their capability of paying. I don't know too many people in Washington who are not working who are not on welfare, do you except recent residents?

Mrs. MONTGOMERY. You mean are there people on welfare who want food stamps?

Senator ELLENDER. I am sure there are those who are not able to buy the stamps, but I am sure most of those are on welfare.

Mrs. MONTGOMERY. Most of the people who receive food stamps are on welfare, but some of the people I have run into who need food stamps are not working, or are not eligible for them because they are maybe \$10 or \$12 over the income.

Senator ELLENDER. Of course, that depends on their income, and it depends on the amount of money they have used in the past to buy food. Certainly on a program of this kind, I think it is necessary to have the people spend at least the same amount of money in order to get stamps in the future as they have spent in the past.

It depends on the children and on the income and many things of that kind, and I think that all of them are treated, or should be treated in the same fashion.

Dr. LIPPEATT. Senator, we have Mrs. Miller, who would like to speak to this point.

Mrs. MILLER. Yes; I would. Just where you said, Senator, that they are on welfare. A family of five receiving between \$220 and \$239 from welfare are required to put out \$76 for food stamps, and get \$104 in food stamps.

Senator ELLENDER. Will you tell me how many people are in that family?

Mrs. MILLER. There are five.

Senator ELLENDER. How many are employed in the family?

Mrs. MILLER. On welfare, none are employed. There are four children and one mother.

Senator ELLENDER. How about the husband?

Mrs. MILLER. There is no husband.

Senator ELLENDER. You say she has \$104 in food stamps?

Mrs. MILLER. \$104. She pays \$65 rent. It leaves \$84 (?) to buy clothes, transportation, if needed to go to the doctor, and any other emergency that comes up, including all of her household items have to come out of this \$84 a month that is left.

This is the problem that we are running into. Many mothers are saying, "It is impossible to buy the food stamps every month when you are putting out a third of your income." And when you come into a family that has teenage children, even with four in the family, \$104 don't feed that family well for a month.

Senator ELLENDER. I realize that.

Mrs. MILLER. They require more in food. It is not easy for a family with teenagers to feed their family on \$104, where a family of young children might be able to eat well from that.

Senator ELLENDER. How much cash does this family get per month?

Mrs. MILLER. I know the income is between \$220 and \$239. I don't know exactly.

Senator ELLENDER. Well, let's say \$220, and they put up \$65 for food.

Mrs. MILLER. Seventy-six dollars for food, and they get \$104 in stamps.

Senator ELLENDER. So they get almost \$30 more by using the cash to buy stamps.

Mrs. MILLER. That's true.

Senator ELLENDER. That is a help, isn't it?

## MANY OTHER NEEDS

Mrs. MILLER. But there are so many other needs.

Senator ELLENDER. I understand that, but still she is getting \$220 from Welfare.

Mrs. MILLER. That is true, but food doesn't take care of every need a family has, although we know it is very important.

There are so many things children would have to be denied, even in school, maybe a special trip or a special program that comes up. They may need a quarter or 50 cents, and the mothers wouldn't have it to give. These are the little items that we are finding in homes that worries many mothers.

They feel their children are being denied opportunities, and if there were a little more money—this is why many of them are not buying food stamps. They would rather do without food and have other things once in a while.

Senator ELLENDER. I run into that in my own State. People had rather—would rather have an automobile than food, and a television set than food. You run across that, but people buy, as you say. They like to have everything in sight, but they don't have the money to buy it.

To me, the Welfare program is to assist them in obtaining food and paying rent, and I realize that in the city of Washington it is much higher here than in many other areas, but all in all, I think that the Welfare program in many areas has worked pretty well.

The food stamp program has also worked pretty well.

Mrs. MILLER. We don't look into a family, we don't even think in terms of them having something large like a television or a car. We think of little things that keep a home more happy, that would keep a family happier.

Senator ELLENDER. I am just citing that as an example. I know the mother would like to get a lot of things for the children that they would desire, but is unable to because of lack of income. They have to make do with the money that they receive. I realize that, and it is pretty hard, a pretty hard problem to treat everybody in the same fashion.

You can't do that, because of different living conditions.

Now, if that same lady were living in the country, she could probably save money on \$220 per month in certain areas of the country.

Senator Cook (presiding). Senator Dole?

Senator DOLE. I read the statements, and I appreciate the testimony. As I understand it, you work under the jurisdiction of the United States Department of Agriculture, is that correct?

Dr. WIGEMAN. Yes, sir, we do. I am the Director of Cooperative Extension, the same as you have in the State of Kansas.

Senator DOLE. We have the same type of pilot program now being carried on in the State of Kansas.

The reason I asked the question is that we have had testimony from various witnesses that we ought to move everything out of USDA and move it into HEW.

I happen to have confidence in the Extension Service of the USDA. I think we can accomplish our objectives at less cost. I am curious to know if you have had any specific problems because you are part of USDA and not part of HEW.

There are some people in the country who feel the USDA cannot see beyond the nose of the cow.

Dr. WIGEMAN. I would like to comment on that. I have seen this problem, having been Assistant Administrator with Dr. Davis for a while. It is my feeling beyond a doubt that the Department of Agriculture can best carry this out, if for no other reason that it is connected with the land grant universities.

It would appear to me to be a mistake at this time to set up another extension service, since you have one that is already well carried out, one that has its roots in agriculture and nutrition.

It is backed up by universities where you have research for hunger, nutrition and so forth. It is indeed in the right department. It belongs in the Extension Service, and I believe the Extension Service can best carry out this type of program.

Senator DOLE. Did you say that you think you have the capability in urban areas like Chicago and the District of Columbia to carry out these programs? We know we can do it in rural areas with the Extension Service, but can the Extension Service do it in the urban areas?

Dr. WIGEMAN. The Federal City College is pioneering in the urban area. We have just begun. We think we have been successful so far. We have 4-H, home economics and child care programs.

From all indications we have seen, and reports received from the citizens as well as the press, we think we are indeed carrying out the spirit of the land grant university in the urban area. We are confident that the Extension Service can perform a unique service in an urban setting.

Senator DOLE. I am inclined to agree with that, but I recognize some of the facts of life; the makeup of Congress, and perhaps feeling on the part of many people that we can solve this problem by changing it from one agency to the other.

I believe Senator Ellender made the statement in Florida recently, with our spectacle, or hearing, or whatever it was in Florida. He said that we already know the problem, and we know what we will find when we go out into the field. We have the necessary framework in the Extension Service. We ought to be working on the problem of malnutrition instead of having more hearings or studies or whatever they may be. We ought to really get at the root of the problem.

I am confident the Extension Service has the knowledge and the ability. They may not have the money. I think we should provide more money. I think we are doing a disservice to the poor people of America by trying to make it appear that if we create some other group in some other agency we can better solve their problem.

Secondly, I am wondering if you feel the food stamp program is effective? I was impressed Monday with the testimony of Ben Heineman, who is the chairman of the President's Committee on Income Maintenance. There is no doubt about the fact that we are talking about more than food. We must be concerned with housing, clothing and the whole ball of wax. In other words we must have an integrated program.

Are we going to be able to solve anything with more money for food stamps?

It appears to me that we can pile food up to the ceiling, but unless people know how to prepare it, unless they are proud of the place

they live in and have adequate clothing, we haven't accomplished anything.

We may have increased the caloric intake, or the nutrients, but have we really helped these people as we should?

Dr. WIGEMAN. My feeling is that food stamps are indeed an important part of dealing with the problems of poverty and hunger and people who are, indeed, under the poverty level, as we call it.

To say that it is the total answer obviously would be wrong, but I do think from listening to Mrs. Miller and others talk that we dare not overlook the value and purpose and place of food stamps in connection with nutrition programs. But along with such programs, we should deal with problems of housing, transportation, education and the like.

I am in no position to set priorities, but I think it is an important program, and we should not, and dare not, slight it at this time.

Senator DOLE. Well, as you know, the official name of our committee is Nutrition and Human Needs. I think we have probably emphasized nutrition 90 percent of the time and human needs 10 percent of the time. My point is that we must consider the total problem. And I don't believe that any level of government has the sole responsibility, whether it be at the Federal, State or local level. We must also consider the total responsibility.

There was another member of our committee who recently remarked that many of the people who come to these hearings drive by these conditions every day on the way to the office, and are indignant when they get to the office.

They then write a hot letter to their Congressman and say, "Why don't you do something about nutrition in X area?"

I have the feeling unless we can get local participation across the country, that we are never going to find the answer to the problem. I certainly do hope you share that view, or you wouldn't be out in the field working on it now.

Dr. WIGEMAN. Yes, sir.

Senator DOLE. Thank you.

Senator COOK. Senator Ellender.

Senator ELLENDER (presiding). To what extent is the school lunch program carried on in the District of Columbia? Does every school have it?

Dr. WIGEMAN. No. We are not able to speak to that, sir. We are not familiar with that problem at all.

Senator ELLENDER. I am wondering why, because they are entitled to it. If you had local government to participate in it, there is no doubt but that you could have a school lunch program in each of the schools, and that would be a good place. This lady with four children there could probably get at least two meals, a breakfast and a lunch for the child.

Dr. WIGEMAN. Yes.

Senator ELLENDER. With those two programs, properly administered in the District of Columbia, I feel confident that we could take very good care of the children's needs.

Of course, all of these programs, as the Senator from Kansas states, in all of these programs you have to have local cooperation. We have to work together on it. It is not a program to be financed or administered wholly by the Federal Government.

Now, before the hearings end, I hope that we can get somebody to talk to us about the school lunch program. What efforts are being put forth in that direction?

I have a document here from our staff, and it shows that the total enrollment in the schools is 147,000-plus, and the total lunch program is only 38,000.

Now, there is something wrong there, because they could provide more if they desired to.

Of the 38,000, I notice 18,756 are free, so somebody is falling off on the job in the District.

Dr. WIGEMAN. Yes, sir.

Senator COOK. Doctor, let me ask you a couple of questions.

In this whole program that is taking place throughout the country, is there going to be any effort to coordinate knowledge that is acquired, for instance, in the District of Columbia, to benefit the State of Kansas or the State of Kentucky.

Dr. WIGEMAN. Yes, this is being planned with the Department of Agriculture in these programs.

Senator COOK. Do you think there is some method by which differing costs of living in various areas may be taken into account?

I make reference, for instance, to the Washington Post on March 22, there was an article, "Consumer prices in the Washington area leap dramatically in the last 12 months, surpassing the national rate of increase in almost all commodities and more than doubling it in some."

These are figures from the Labor Department. Items in Washington jumped 6 percent, and the national increase was only 4.7. While the price for meat, fish and poultry rose 3.8 percent across the Nation, it claimed 8.5 percent in Washington and its suburbs.

Fruit and vegetable costs declined 2.9 percent in the year, but in Washington they went up 6.5 percent.

#### PRICES HIGHER IN WASHINGTON

The increase rate for all items was significantly higher in Washington. The national average was 3.8 percent and in the District of Columbia, it was 7.5 percent.

Couldn't this indicate to you that this cannot be a hard and fast rule where \$76 buys \$104 worth of stamps in the District of Columbia and the same \$104 in Kentucky or Kansas or Louisiana, that there has got to be some means—[Applause.]

There has got to be some means whereby this program can fit into the situation where people find themselves.

Dr. WIGEMAN. I would hope so, and I know we would be happy to work on that problem with you, in order to come up with some kind of a formula with a sliding scale.

Senator COOK. Let me ask the aides. What problems do you hear from the people in relation to food stamps? Is there an objection that they can't afford to buy them once a month?

Mrs. HUMPHRIES. No, they can't afford to buy them—

Senator COOK. What are the other complaints they have?

Mrs. HUMPHRIES. They are too high. If they purchase the food stamps, they can't buy other things like soaps and detergents.

Senator COOK. Do you feel those should be added?

Mrs. HUMPHRIES. Yes, I do, because they are needed items.

Senator COOK. Do you hear complaints with supermarkets and grocery stores that accept the stamps?

Mrs. HUMPHRIES. I have heard that in different stores that tear them out of the book. It is like giving them your wallet. They want to be able to take them out yourself.

Senator COOK. Do you hear complaints that prices are higher at a particular time of the month? We heard that yesterday.

Mrs. HUMPHRIES. Yes, I have heard they are higher at the first of the month.

Senator COOK. Mrs. Miller?

Mrs. MILLER. I think some of our aides had looked into this before in nutrition education. At the first of the month, usually food is higher. In Washington in the markets, I and my neighbors find in the middle of the month that you do better. Monday and Tuesday is better for meat. If there is a sale on meat, that meant is not as good. It has more fat.

This is a constant complaint from shoppers, not only in the nutrition work, but from talking with the community families as well.

Senator COOK. Do you feel that if you were to have a program where you could buy stamps twice a month or even more frequently than that, that this business of higher prices at the first of the month would automatically be eliminated?

Mrs. MILLER. Some families buy twice a month, but families that have them once a month have to buy once a month. A working family receives two cards.

Senator COOK. I don't think this is usual throughout the country.

Senator ELLENDER. I don't know. I doubt that it happens here too often. That is fluctuation in the price of the goods.

Senator COOK. Do you feel that it is a problem to families because they have to continue to stay on it every month, every month, every month, when they find that, for instance, next month they have bills to pay and they should pay the bills and yet if they get off for a few months, they become ineligible, have to wait in line again, fill out the forms again? Do you hear this as a complaint?

Mrs. MILLER. Yes, I heard this just the other day, but I did encourage the homemaker to try to go earlier in the morning to buy the food stamps, try to be there at least when the doors are open, just take time for this, and see if that wouldn't help some.

But most of them, if they find it has really become a problem, they just won't bother. I ran into one case where one homemaker felt that since she didn't bother, she didn't think they would accept her again, but I had just attended a Community Action meeting, and we were told there that it was their privilege to go back and reapply again.

Senator COOK. Do they talk to you about the treatment they get?

Mrs. MONTGOMERY. Yes, they do. I have a lady who has heart trouble, and she went to get food stamps, and was talked to so nasty that she is not going back again unless somebody goes with her.

I have another family that wants food stamps, and she don't want to go down there, because she says they talk nasty to her, and she doesn't want to go down there.

Senator COOK. Do any of you other ladies have instances to relate to us?

Mrs. GAITHER. I ran across a family who needed help, and she said she wasn't interested, that food stamps were only for those on public welfare, and I showed her she could apply and receive them.

This particular family lived in an old apartment building where they still furnish wood heat to heat the rooms, and, also, she is taking care of her daughter's children because she don't know her daughter's whereabouts, and the father is someplace around town. She don't know.

So she has the expense of feeding and clothing the children. Three boys receive breakfast at Harris School and lunch at Harris School, and that helps with some of the food problem that she has in the home, so she only has one meal to feed them when they come home from school.

Senator DOLE. She is getting the stamps now, right?

Mrs. GAITHER. Yes, she is.

Senator COOK. Do you feel that the Welfare would notify people at that time and cut across the red tape—do you feel the Welfare Department is handling their part of it and nothing else?

Mrs. MONTGOMERY. I don't feel they are doing their job. I contacted a family that has nine children. She is on welfare and not receiving food stamps.

Also, I know another family, six children, a father and mother, that are—the father works, but still he is eligible. He get paid \$151 every 2 weeks, and he is eligible for food stamps, but when he went to apply for them, he was told that he was \$8 over income.

Dr. WIGEMAN. Could I have a final statement, if you don't mind?

Senator COOK. Yes.

Dr. WIGEMAN. We are convinced at the Federal City College that nutrition education is just one link in the chain of hunger.

We are not well known among the agencies. We have not carried on coordination, which is essential. It is partly our fault. We have been in communication with the United Planning Organization in the District of Columbia, but unless some people develop a better understanding of the land grant universities, we are going to have a few challenging years ahead of us.

Until that time comes that people are cognizant that we do have a land grant university, until that time comes around we will not be utilizing fully that institution which has been the great forerunner of higher education in America.

Senator COOK. Thank you.

Senator ELLENDER. Are there any further observations of the panel? If not, we want to thank you for your appearance this morning.

(The prepared statement of Dr. Selma F. Lippeatt and other testimony follow:)

PREPARED STATEMENT OF DR. SELMA F. LIPPEATT ASSOCIATE DEAN, COMMUNITY EDUCATION, THE FEDERAL CITY COLLEGE AND ASSISTANT DIRECTOR OF COOPERATIVE EXTENSION SERVICE

Mr. Chairman and Members of the Committee, our work in the District of Columbia gives strong support to research findings indicating that there is a high correlation between adequacy of food intake and the ability of a person to learn and to perform efficiently whether it be in a home, school or employment situation.

Although it is a slow and tedious process, education on an individual basis does provide the best means of insuring optimum nutrition for people with multiple needs.

In order to provide this, the Cooperative Extension Service of the District of Columbia has for the past 2½ months engaged in a person-to-person approach to nutrition education for low-income families in two pilot sections of the city: 1) the Far East, and 2) the Model Cities Area of Northwest and Near Northeast. These two areas were selected after consultation with representatives of the D.C. Health and Welfare Departments, the D.C. Schools, United Planning Organization, the Homemaker Services of Greater Washington, and community and civic groups. Both of these locations are known to contain poverty pockets and many low-income families.

Twenty-seven local women have been recruited and trained to serve as nutrition education aides in geographical areas near their own homes. The aides are paid \$2.21 per hour; usually it is possible for them to walk to the homes of the program participants. Arrangements are made for working with individual homemakers in their own homes; however, in some cases, two or three come together for food and nutrition lessons. Approximately 300 families have been reached by door-to-door contacts or by referrals from neighbors and friends, churches, and community groups.

This is an entirely voluntary program requiring a strong personal working relationship on the part of the aides and considerable motivation on the part of the homemakers. Although not all individuals contacted have shown an interest, we do expect to work with approximately 800 families within this fiscal year.

The needs of the participating families are *many* and it is quite often necessary for the aide to help with the most immediate problem the family faces before the subject of food can be discussed. Our initial effort happens to be in the area of nutrition; as time goes on we hope to broaden our offerings and concentrate on any area of family life in which a member expresses a need for improvement. Problems centering around health needs of children and adults, poor housing conditions, inadequate family income, insufficient clothing, cleanliness and sanitation, etc. are examples of these.

The overall purpose of the current program is to assist homemakers with gaining additional food and nutrition knowledge, skills and techniques to provide adequate and well-balanced meals for their families within their income constraints.

Typical of the activities carried out in the homes are: studying nutritional needs of the total family; discussing malnutrition and hidden hunger; teaching basic skills of planning, buying and preparing appetizing and nutritious meals; actually shopping with the homemaker; motivating family members to control weight wisely; and utilizing food stamps, etc.

The aides maintain evaluative records of their work with individual families and engage in weekly in-service training sessions under the direction of professional staff members of the Cooperative Extension Service.

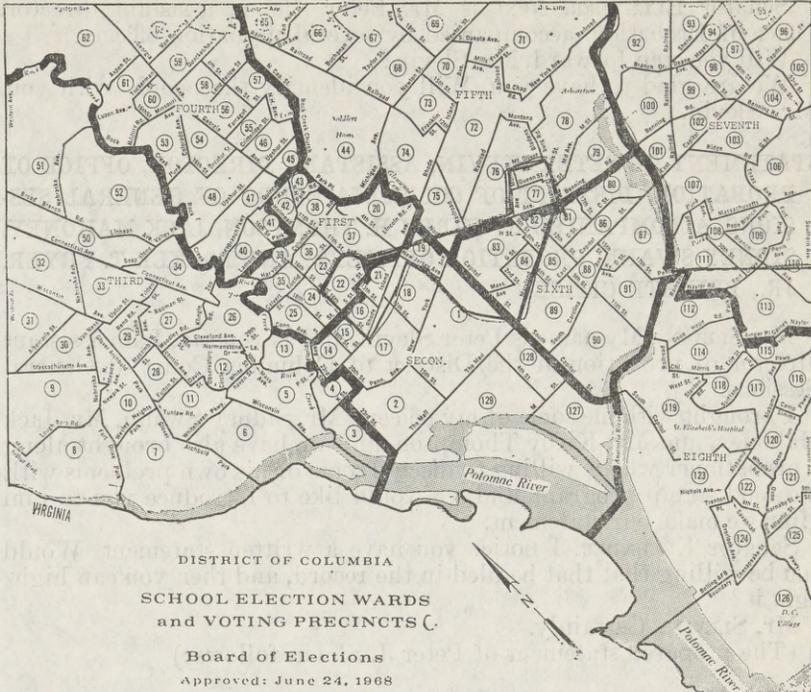
Our findings to date are necessarily inconclusive; but there is evidence to indicate that as a result of their work, the aides are themselves better managers, are more keenly aware of dietary problems and possible solutions, are setting good examples for other homemakers in their communities; and are receiving tremendous personal satisfaction in their endeavors.

Today, we have with us four of the 27 aides: Mrs. Eunice Miller, Mrs. Kathyne Gaiter, Mrs. Mary Humphries of Far East Washington and Mrs. Roberta Montgomery of the Northwest area. Their story is one of personal commitment and dedication as they assist homemakers to achieve a better state of health and well-being through better management of family resources. Perhaps their greatest satisfaction is in the visible evidence of progress.

At this time I would like for you to hear of some experiences of each of these aides with one family they have chosen to describe. These are true stories with fictitious names.

We recognize that we have hardly scratched the surface in meeting local needs, but the results of our program to date speak for themselves, and point out the potential effectiveness of a continuing person-to-person approach to community education.

We look forward to the time when there are sufficient funds available to Cooperative Extension of the Federal City College which will permit our serving all sections of the Washington Community; and furthermore, enable us to assist families in additional areas of human need as well as nutrition.



**TESTIMONY ON NUTRITION EDUCATION AIDE PROGRAM, COOPERATIVE EXTENSION  
DISTRICT OF COLUMBIA, THURSDAY, APRIL 17, 1969**

(Statement of Dr. Eugene Wiegman, Dean, Community Education, Federal City College, and Director, Cooperative Extension Service, District of Columbia; Dr. Selma Lippeatt, Associate Dean, Community Education, Federal City College, and Assistant Director, Cooperative Extension Service, District of Columbia; and Nutrition Education Aides: Mrs. Eunice Miller, Mrs. Kathryn Gaither, Mrs. Mary Humphries, and Mrs. Catherine Morrison)

Mr. Chairman, I would like to thank you for inviting the Federal City College, our nation's newest land grant institution, to testify today. As the only land grant college in an entirely urban setting, our Cooperative Extension Service has a unique function to perform.

In working with the United States Department of Agriculture prior to my position with the Federal City College, I saw firsthand the evidence of hunger and malnutrition here in the United States.

It therefore pleases me to report that our own Cooperative Extension Service has begun, in a modest way, programs concerning homemaking, buymanship, child care and 4-H youth development as well as nutrition education. In talking with Secretary Hardin and former Secretary Freeman, both were quite enthusiastic about expanding nutrition education programs in the District of Columbia. We anticipate our own nutrition education programs of the Cooperative Extension Service at the Federal City College to be tripled for next year.

At this time I would like to introduce Dr. Selma Lippeatt, an Associate Dean of the Federal City College, who is heading our nutrition education aide program. She will give you a brief summary of the program and introduce four of the nutrition aides who will share with you some of their experiences.

I would be glad to answer any question that may arise regarding college policy or the program after the testimony by Dr. Lippeatt and her aides.

Thank you very much.

Senator ELLENDER. Next is Mr. Peter Slevin, assistant director, Office of Probation, accompanied by several probation officers.

Will you step forward, Mr. Slevin?

We are glad to have you. Will you identify the people with you, Mr. Slevin.

**STATEMENT OF PETER SLEVIN, ASSISTANT DIRECTOR, OFFICE OF PROBATION, DISTRICT OF COLUMBIA COURT OF GENERAL SESSIONS, ACCOMPANIED BY KIRBY H. THOMPSON, JACK MAHONEY, SIDNEY SWANN, PROBATION OFFICERS; AND BOOKER T. FRYER, JR., PRIVATE CITIZEN**

Mr. SLEVIN. My name is Peter Slevin, and as you say, I am assistant director of probation at the District of Columbia Court of General Sessions.

I brought with me some of my officers, Mr. Sidney Swann, Mr. Jack Mahoney, and Mr. Kirby Thompson, and we have also brought along a probationer who is willing to discuss some of his own problems with the food stamp program, and we would like to introduce you to him after we make our statement.

Senator ELLENDER. I notice you have a written statement. Would you be willing that that be filed in the record, and then you can highlight it?

Mr. SLEVIN. Certainly.

(The prepared statement of Peter J. Slevin follows:)

**PREPARED STATEMENT OF PETER J. SLEVIN, JR., DIRECTOR OF PROBATION AT THE DISTRICT OF COLUMBIA COURT OF GENERAL SESSIONS**

My name is Peter J. Slevin, Jr. I am an assistant director of Probation at the District of Columbia Court of General Sessions, and in charge of the Supervision and Counseling Unit in that department. This unit is responsible for the supervision of approximately 1,700 persons who have been convicted of misdemeanors in the District of Columbia, and who have been placed on probation by the judges of our Court. Naturally, our officers have the primary duty to see to it that the probation order of the Court is abided by. Generally speaking, this entails remaining out of additional criminal involvement, observing the rules of the probation department and whatever special conditions the individual judge may impose. However, there is a more fundamental task that underlies the above, and that is to aid the person on probation to learn to meet human needs in a legitimate way; to begin to learn to lead a reasonably satisfying life, hopefully, devoid of further criminal involvement.

Our officers spend a good deal of their time and effort at the guidance and counseling of their clients and also attempt to find community resources, both public and private, where the people can obtain goods or services needed to cope with their problems.

Recently, a representative of the Food Stamp Program came to our unit to explain to our officers the nature and operation of this program. Several officers remarked that some of their people could not take advantage of the program because of lack of funds. This came to the Committee's attention and we were asked to make a statement and cite some examples. Unfortunately, it has not been possible to develop statistics and to come to any far-reaching conclusions about hunger and crime. Still, we have several examples of people who cannot afford to purchase food under a special program designed to help the poor. It is obvious that attempting to counsel and guide in the areas of personal and social difficulties is like building on sand, if there is not reasonable assurance that basic physical needs, such as hunger, can be met.

At the request of this Committee, I have brought several officers from my unit who have selected some cases that we feel are pertinent.

## CASES SUBMITTED FOR REVIEW FOR SENATE HEARING ON HUNGER

## CASE NO. I

*Family background*

The defendant, Negro male, age 38, 9th grade education. Wife and four children ranging from 6 to 15 years of age. Married 17 years. Has resided in the District of Columbia since 1959.

*Arrest record*

Feb. 1, 1951, Violation Probation Law, Atlanta, Ga., 12 months.  
Dec. 17, 1967, CDW (knife), Washington, D.C., Probation 1 year.  
May 9, 1968, CDW (gun), Washington, D.C., 6 months.

The defendant denies the offense of the Violation Prohibition Law in 1951. There is some question to the charge since two FBI abstracts were received in which one listed the offense, the other did not. A letter was also sent to the contributor of the fingerprints, the State Board of Corrections, Atlanta, Georgia; however, to date, no verification has been received.

*Financial status of defendant*

Total income per week	\$90
Net pay	72
Expenses:	
Monthly rent	70
Federal credit union	85
Gas (transportation to work) (per week)	22
Food stamps (\$102 value)	72
Debts owed (unable to pay):	
Federal credit union (total amount)	72
Delinquent rent	200

Total income per month equals \$309.60 (approximately) Bills per month not including unlisted expenses<sup>1</sup> or allowance to complete delinquent bills—  
—\$321.00.

*Defendant's present status*

The defendant related to this officer on March 24, 1969 that he could not afford to purchase food stamps during the months of January and February, 1969. At the present time, the entire family is ill, whereby his oldest son has not been to school for the last two weeks. He stated that the months he could not afford the food stamps, he was forced to purchase the cheapest foods available. The food consisted of salt pork, ham bones for seasoning, beans, and some vegetables. He further related that he will not be able to afford the \$72.00 for food the first of April.

He relates that he travels to work to Falls Church, Virginia each day and is expected to work in Baltimore, Maryland at least twice a week. The transportation is supported by his own finances and method of travel. He states that he has only missed one week of work since Christmas and this was due to the flu. He further related that he was required to pay the \$70.00 per month for food stamps following his sentence of six months on the Work Release Program on July 12, 1968.

*Summary of defendant*

The records relate and verify that the defendant had no involvement with the authorities until February, 1968. During this year he was arrested twice for Carrying a Dangerous Weapon. His second rearrest was made while he was trying to sell some sheets that had come from the resources of the Pullman Company. His employment record verifies that he has always been stable in the area and had the best of recommendations. What motivated the defendant to take a chance on the risk of crime, this writer cannot say; however, at this time he remains very depressed with no real hope for a peaceful future life. This is evidently a result of the suppression of economic responsibilities that are greater than capital which is honestly made. At this rate, no amount of effort can truly make him a supporting father.

<sup>1</sup>Above bills do not include clothing, household articles, school supplies, recreation, furniture and appliances, and everyday living expenses.

## CASE NO. II

*Family background*

The defendant, Negro male, age 44, 5th grade education. Wife and three dependents; wife unemployed. Married 20 years. He resided in the District Columbia for the past 15 years.

*Arrest record*

December 10, 1968, CP w/o License, Washington, D.C. Probation 6 months. The defendant has no prior arrest record.

*Financial status of defendant*

Total income per week (approximately)-----	\$100
Net pay-----	75
Expenses: (monthly)	
Rent (1 bedroom apartment)-----	64
Loan (credit union, \$800)-----	20
Gas bill-----	11
Telephone bill-----	7
Food bill-----	120

Not included in expenses are clothing, household articles, school supplies, recreation, and everyday expenses. Total income per month equals approximately \$300.00.

*Defendant's present status*

On March 24, 1969, the defendant related to this officer that he had to sacrifice many needs including an adequately spaced apartment in order that he could feed his family with the proper food each month. He further relates that there are times when he cannot afford those foods such as steak or hamburger. He relates that he borrowed from the credit union in order that he could buy clothing for the children, a T.V. and other necessary articles. At the present time, he is living in a one-bedroom apartment (in which the livingroom is convertible to a bedroom at night). The three children are two teenage girls and a younger boy. He relates that he has been a proud man whereby he looked to food stamps as a handout. However, he expressed a deep desire to have a nicer place to live for his family.

*Summary of defendant*

Probably, the only reason the defendant did not apply for food stamps was because he lacked the knowledge of what this act consisted of. His employment records verify that he has worked on his job for the last 22 years, and is able to bring home a net income of \$75.00 only per week. He has sacrificed in many areas in an attempt to keep his family together and granted that he wants to be proud the statistics show that it is impossible for him to live half way comfortable and be able to feed his family a proper diet. It is very evident that the man is unaware of his status and he has been kept in the world of promises for such a long time that life has passed him by and he continued to believed that he is providing for a well nourished family. There is no telling of how much was lost in the area of personal dignity and frustration when such a large family has had to live off so little for such a long period of time. In all probability, the danger at this time may be as evident in the children as well as it positively shows in the parent.

## CASE NO. III

The defendant is a 44 year old Negro male who is currently receiving \$260.00 per month from Public Assistance. With this amount he is supporting a wife and four children (ages 11 to 16). All reside at 305 9th Street, S.E., which is a dilapidated row house in a neighborhood slowly experiencing urban renewal. Rent for this two bedroom house is \$132.50 per month. Utilities are not included in this amount. The house is heated by a coal furnace which requires the defendant to purchase a 100 pound bag of coal at a cost of \$3.00 per bag. The frequency of this purchase varies with the weather conditions, but usually averages 5 bags per week during colder months. In order to economize, a fire is not started in the house until late afternoon and allowed to extinguish itself in early morning. During the month of February, a water pipe broke and resulted in a \$44.00 water bill. The average electric bill is approximately \$10.00 per

month. The defendant purchases \$108.00 worth of food stamps monthly at a cost of \$68.00. These figures represent necessary expenditures amounting to \$314.00 per month which is \$54.00 over the amount provided by Public Assistance. This discrepancy is accentuated by an excessive water bill not usually a part of the monthly budget. However, even if no water bill existed, a \$10.00 per month deficit remains. It is noted that everyday expenses, such as clothing and household commodities, have not yet been taken into account. The defendant explains that he balances his budget by borrowing from friends and paying them back when the heating expense is alleviated.

The defendant has a criminal record dating from 1949 when he was given a 1-4 year sentence for Homicide. He was released in 1954 after being returned for a parole violation in 1952. He served 90 days in 1956 on a larceny charge and 360 days in 1959-60 on the charge of Grand Larceny. Since this time his only record consists of two drunks and one disorderly. He is presently on probation for one year due to his arrest for intoxication while driving, and wrong side of street.

The defendant has been on public assistance for approximately two years. He was forced into this situation because of physical disabilities prohibiting regular employment. He is suffering from high blood pressure, glaucoma in both eyes, arthritis in his ankles, diabetes, and renal cyst. The defendant is not satisfied with being on public assistance. This dissatisfaction does not primarily arise from his current meager, inadequate income, but seems to be due to the meaningless life it has brought as a result.

The defendant has demonstrated a genuine desire to rid himself and his family from this social stigma. In the past three months, he has cooperated with the Department of Vocational Rehabilitation in trying to secure employment. To date, he has not been successful, but according to his caseworker, employment should be forthcoming.

According to the family's welfare worker, there have been complaints from the neighbors that the children are frequently hungry. The principal of the school reports the defendant's children arrive at school both hungry and in poor physical health. There have also been reports of the parents drinking. The caseworker has not experienced this in her visits, but does not negate the validity of this complaint. The defendant does have a history of alcoholic difficulty exemplified by his police record. Since being on probation, there has been no indication of continuance of this problem.

#### CASE NO. IV

This probationer suffers with both yellow jaundice and cirrhosis of the liver. He receives \$73.00 per month in assistance from the Department of Welfare because his health condition prevents his being able to work.

From the money he receives all of financial obligations are expected to be met. With this money he must pay for:

- (a) Boarding at \$12.50 per week
- (b) A food certificate costing \$16.00 in order to get \$22.00 worth of food
- (c) Miscellaneous articles
- (d) Transportation
- (e) Medicine
- (f) Insurance

The probationer did not have money to purchase food stamps and miscellaneous articles. He was recently arrested for shoplifting for deodorant in a drug store.

After discussing his problem with his social worker and her supervisor, it was made clear that the guidelines they operated on prevented their being able to provide him with more assistance.

When his story was explained to the Judge that placed him on probation, permission was granted to not incarcerate him at this time, but to seek the aid of the Offender Rehabilitation Center in working with him. It was the opinion of this writer that his problem would not be solved by jailing him. When released again, the prevailing problems would still be present. It would be only a matter of time before he would be rearrested and in the court again for Petit Larceny, in order to meet his basic needs.

The Offender Rehabilitation Center has encountered the same problems as this officer. They have discovered that limited financial help, and food stamps only, if he can pay more than two-third of their buying value. If he could receive food

stamps free or for less than what is required under the present system, and if he had been able to purchase deodorant, he may not have been rearrested.

It is a fact that the probationer does not have enough funds to survive on. It is also apparently true that his need for deodorant and no money to purchase any motivated this probationer to commit Petit Larceny in order to practice a good health habit (that of using deodorant).

At the time of his rearrest, he had in his possession two food stamp certificates that he had not been successful in exchanging for food stamps because of a lack of funds. It was also apparent at the time of his rearrest that one is not permitted to secure deodorant nor any other one food commodity with the stamp. Still, more apparent is the fact that this human being had a need that had to be met. He met his need by committing Petit Larceny. Motivated, encouraged, and driven by many factors, he ended up in our statistics as being rearrested while on probation.

Senator ELLENDER. Proceed whichever way you desire.

Mr. SLEVIN. I am in charge of the supervision and counseling unit in the Department. This means that this unit is responsible for the supervision of about 1,700 people who are on probation for misdemeanors here in the District of Columbia.

They have been convicted of misdemeanors and have been placed on probation. Our officers have the primary duty to see to it that the probation order of the court is abided by.

Generally speaking, this entails observing rules of the Probation Department, and whatever special conditions the judge may impose. However, there is a more fundamental task that lies underneath what we have just talked about, and that is to try to help the person on probation to learn to meet human needs in a legitimate way.

In other words, to begin to learn to lead a reasonably satisfying life, and hopefully avoid a future involvement with crime.

Our officers spend a good deal of their time and effort at the guidance and counseling of their clients and also attempt to find community resources, both public and private, where the people can obtain goods or services needed to cope with their problems.

Recently, we had a representative of the food stamp program come to our unit to explain to our officers the nature and operation of this program. Several officers remarked that some of their people could not take advantage of the program because of lack of funds. This came to the committee's attention and we were asked to make a statement and cite some examples.

We don't have in back of us a lot of statistics and a lot of research which would be proposed to develop some sort of relationship between hunger and crime. Still, we do have several examples which you will hear of people who are on probation and still cannot afford to purchase food under a special program that is designed to help people who are poor.

It is obvious that attempting to counsel and guide people, fellow human beings in the areas of personal and social difficulties, is like trying to build a house on sand, if there is not reasonable assurance that basal physical needs such as hunger can be met.

Now, at the request of the committee, I brought several officers from my unit who have selected some cases that we feel are pertinent.

So I would like to turn the microphone over to Mr. Sidney Swann, who will present the first case.

Senator ELLENDER. All right, Mr. Swann.

## 1,700 ON PROBATION

You say you have 1,700 on probation now?

Mr. SWANN. That's right, sir.

Senator ELLENDER. How many probation officers do you have?

Mr. SLEVIN. We have 17 probation officers who are responsible for 1,700. I might mention there is a separate unit which handles all the presentence investigations.

Senator ELLENDER. How often do they have to report to a probation officer?

Mr. SLEVIN. We have a minimal report of once a month. There has to be some contact with the probation officer once a month. However, in working with people who are on probation, we have to see a good deal of these people more often than once a month.

Senator ELLENDER. Do you help them to get a job?

Mr. SLEVIN. Yes, we do, sir.

Senator ELLENDER. All right, you may proceed.

Mr. SWANN. Sir, I have the witness here besides me in the first case. He will be available for questioning.

This defendant is a Negro male, age 38—

Senator DOLE. You say you have the witness?

Mr. SWANN. Yes, the one I am speaking about in the first case. He has a ninth grade education, a wife and four children, ranging from 6 to 15 years of age. He is married 17 years. He has resided in the District since 1959.

His income is approximately \$90 a week with a net pay of \$72. His monthly rent consists of \$70, a Federal Credit Union bill of \$85, gas, transportation to and from work, \$22 a week, and food stamps, \$72 per month for a \$102 value.

This comes to a total of approximately \$308 per month. His total income is \$321 per month, which does not include such things as clothing, school supplies, or household articles, or what-have-you.

On March 24, 1969 he related to me that he could not afford to purchase food stamps during the months of January and February. At the present time, he also said that the entire family is ill, whereby his oldest son has not been to school for the past two weeks.

He stated that the months that he could have bought the food stamps, he was forced to buy the cheapest food available. These consist of salt fat pork and hambones for seasoning.

He further related that he would not be able to afford the \$72 for food the first of April. He travels to work to Falls Church every day, and is expected to travel to Baltimore twice a week. This is supported by his own finances and method of travel. He states that he has missed 1 week of work since Christmas, and this is because of flu. He was required to pay \$72 for food stamps while he was under sentencing.

We did not have his probation revoked, so that he would not have to serve the additional time in jail.

This is his second offense. His work record is excellent, but at this time he is not able to add to the support of the family. The Department had no involvement with the authorities until February 1968. During this year he was arrested twice for carrying a dangerous weapon.

Senator ELLENDER. Are you describing another one now?

Mr. SWANN. No, I am giving a summary.

His employer also indicates that he is stable, and he has the best recommendations. What motivated the defendant to take the risk of crime, I cannot say. However, at this time, he remains very depressed with no real hope for a future peaceful life.

This is evidently the result of responsibilities which are greater than his means of earning at this date.

Senator ELLENDER. Do you wish to testify?

You say you have been in Washington since 1959?

Mr. FRYER. Since 1959, yes.

Senator ELLENDER. Did I understand it correctly when you said that your income was \$321 a month?

Mr. FRYER. Approximately that, yes.

Senator ELLENDER. And you have four children?

Mr. FRYER. Four children, and we are expecting another.

Senator ELLENDER. And a wife.

Mr. FRYER. Yes.

Senator ELLENDER. That makes six in the family.

Mr. FRYER. Six so far, at present, I mean.

Senator ELLENDER. We will take care of that.

Did you apply to get stamps?

Mr. FRYER. Yes, I did.

Senator ELLENDER. According to your testimony here, 12 times 321, you get a salary of \$3,852 for the year. Did you give that information to the person to whom you applied?

Mr. FRYER. Yes.

Senator ELLENDER. Why were you refused food stamps?

Mr. FRYER. I wasn't refused. This came to me, the food stamps came to me while I was on the work release program, and it was worked out by my case worker, and my family received some support from Welfare, and food stamps.

We still receive the food stamps, but at times I am not able to purchase them.

Senator ELLENDER. You mean with a salary of \$221 a month—

Mr. FRYER. \$309 per month. There are times that I am not.

Senator ELLENDER. How much in food stamps do you buy per month?

Mr. FRYER. \$72 worth.

Senator ELLENDER. That is cash. How many stamps do you get for that?

Mr. FRYER. \$102 worth, something like that.

Senator ELLENDER. \$102?

Mr. FRYER. Yes.

Senator ELLENDER. I see. Do you get any other welfare assistance?

Mr. FRYER. No, sir.

Senator ELLENDER. And your complaint is that you should get more stamps for the funds that you pay?

Mr. FRYER. Well, my only complaint is that due to my two arrests, I had to get a job with a lower income than what I was making, and I am just not able to make it to support my family like they are supposed to be supported.

Senator ELLENDER. Do any of your children go to school?

Mr. FRYER. All of them.

Senator ELLENDER. Don't they receive school lunches?

Mr. FRYER. Three of them do, and one don't.

Senator ELLENDER. Why is it that one doesn't get it?

Mr. FRYER. I don't think they have any in his class, from what I can understand. I didn't question it any more. I have been giving him the money he needs for lunch each day, and when I don't have the money for his lunch, he don't go to school. We can't send him.

His school is too far to come home. We also have to pay the bus-fare, too, back and forth to school.

Senator ELLENDER. For schoolchildren?

Mr. FRYER. You see, it is too far for him to come home for lunch, and if I don't have the money to give him for lunch, we have to keep him home.

Senator ELLENDER. You don't have bus service for the school children in Washington?

Mr. FRYER. No, sir; not way out where he has to go to school at.

Senator ELLENDER. Are there any further questions?

Senator DOLE. What is your opinion of the food stamp program? Do you think it helps you at all?

Mr. FRYER. It helps when I am able to purchase. It gives me a little break, and maybe I can pay a bill or something like that.

If I could get a lower rate on food stamps, of lower cash out of my pocket, that would give me a tremendous break.

Senator DOLE. That is about a dollar a day, the only benefit, isn't it?

Mr. FRYER. I haven't counted it up. It doesn't last a month, that is for sure.

Senator DOLE. Do you own any property of your own?

Mr. FRYER. An automobile. I don't own it yet.

Senator DOLE. What kind is it?

Mr. FRYER. A Ford station wagon, a 1965. That is my biggest payment, \$85 a month, and my rent is \$70 a month.

Senator DOLE. Does that include utilities?

Mr. FRYER. Utilities are included. I am living now in National Capital Housing, which it took me 5 or 6 or 7 years to get in there.

Senator DOLE. Is part of that rent paid by rent supplements?

Mr. FRYER. I beg your pardon?

Senator DOLE. Is part of the rent paid through rent supplements?

Mr. FRYER. No, I pay it myself.

Senator DOLE. Is it satisfactory?

Mr. FRYER. The house itself is OK. I have four bedrooms, a kitchen and two baths, all on the same floor. What happens is they took two small apartments and converted it into a large apartment so that it would be large enough for my family.

Senator DOLE. From that standpoint, you think that is adequate?

Mr. FRYER. This is adequate, I would say. It is not exactly what I want, but I never will get what I want in life. I am pretty sure of that, but it is adequate for the time being, until I can do better.

Senator DOLE. I think we have had testimony that some people are paying as much as \$195 for two or three little rooms.

Mr. FRYER. Yes, I know. I know.

Senator DOLE. So as far as rent is concerned, you probably have a bargain. What do you think the Federal Government should do to improve your situation?

Mr. FRYER. The only thing I can do is fall in with the rest, and see if we can get a lower rate on food stamps, which would give us a break.

Some talked about supermarkets that go up at the end of the month when food stamps are coming.

Senator DOLE. I think Senator Percy pointed out yesterday, if you have any names of specific places, this would be helpful to the committee, and you could furnish the information to the staff—a particular store, and a particular time or times, we can investigate that. This practice shouldn't be tolerated.

Mr. FRYER. I most certainly will, but not public-wise. I will have to do it confidentially. I can give you the names of the places.

Senator DOLE. I think it would be helpful if the committee had it.

Mr. FRYER. I wouldn't want to give a statement on it.

Senator DOLE. I share your view. We don't want to make anything spectacular out of this.

Mr. FRYER. Some things have happened. They would probably knock you off themselves.

Senator DOLE. I understand, but you can give the information to the staff, in a quiet conference away from the TV cameras, and we can check it out. We have an obligation in this area, and if a pattern develops in the District of Columbia or anywhere in the country, we are going to be talking to the people who operate the stores.

Mr. FRYER. I live in an area where there is a tremendous amount of people, and everybody that I talk with—in fact, I am very friendly with the people who are friendly with me in my neighborhood, everybody that I talk with has this same problem, and they have this same complaint about every time, you know. They get the food stamps, the food goes up, and sometimes they say if you don't have the money to purchase your food stamps, you have to buy food, cash money, out of your pocket.

The family has got to eat, and that is where it catches you right in the middle again.

You can't even save \$35 a week, and it is going to cost you \$40 or \$50.

Senator DOLE. This is a sort of month-end inflation.

You mentioned, also, that you have illness in your family. Is this a temporary thing?

Mr. FRYER. It is temporary.

Senator DOLE. Are they back in school?

Mr. FRYER. All but my baby. He is not in school. He has a cold. My oldest son had a cold. He has been out of school for about 2 weeks now.

But he is doing OK. I would say it is just normal illness like any other family, a cold or flu or something. My wife—

Senator DOLE. I think the point you make is that you are on such a tight margin that even the normal illness is enough to put you on the verge of disaster.

Mr. FRYER. Certainly, anything that takes a dollar.

Senator DOLE. There is just no cushion for you at the end of the

month, because you apparently have some indebtedness and you are a little behind on your rent.

Mr. FRYER. That is for sure.

Senator DOLE. And you owe the Federal Credit Union an amount in addition to your monthly payment.

TOO MUCH CASH FOR FOOD STAMPS

So I would say, unless you have some specific suggestion, I guess one of the points you want to make is that you are paying too much money for the value of food stamps you receive and you would like to see that liberalized?

Mr. FRYER. That is the suggestion I want to make.

Senator DOLE. I commend you for what you are now doing on probation, and hope you will bear with us while we work out the other part and stay on our side.

Mr. FRYER. I certainly will.

Senator ELLENDER. Any further questions? [Applause.]

Senator Cook?

Senator COOK. Would it help you if the rules were not so rigid?

In other words, for instance, once a month you have to pay \$72. If you could fall in half that category, rather than the hard and fast rule, "Here it is, here is what you are qualified for, and you can't do anything else?"

Mr. FRYER. Even a half would be a help. A man in my position would be helped.

I would say this, if I may. I know there are a lot more in my same position or worse, who will have to take what we can get if we don't get what we are asking for.

Senator COOK. Do you get them twice a month?

Mr. FRYER. Once a month. I have to buy the whole thing. I can't buy half.

Senator COOK. We have had people testify who are qualified for twice a month. Have you inquired about that?

Mr. FRYER. No, I haven't but this would be a tremendous help. That is for sure.

Senator COOK. What problems do you have to go through when you miss a month?

Mr. FRYER. None whatsoever.

Senator COOK. In other words it is not difficult to get back on the program after a period of absence?

Mr. FRYER. Somebody was kind enough, I don't know who it was, one time I bought food, but I was helped to set it up for our family. The amount that we are supposed to get comes in once a month.

The only thing—I am sorry. We get a card. My wife has to go down to the Southeast Center and purchase the stamps.

Senator COOK. I think that you would do well to talk to him, because we have had a number of people who get two cards each month, one for the first 2 weeks and one for the second 2 weeks, and I would suggest you gentlemen might check into this, because it might be of tremendous help to you.

We find that one of the real problems is that many people are not on the program because they cannot buy that one big lick at the first

of the month, and if you could do it on a 2-week basis, it would help you, perhaps.

Mr. FRYER. It would be a tremendous help to me, a tremendous help.

Senator COOK. Thank you.

Senator ELLENDER. Senator Pell?

Senator PELL. I was struck by one statement that you made earlier, that you feel there is a ceiling on how high you can rise in your employment.

Mr. FRYER. I beg your pardon?

Senator PELL. I understand that you feel there is a ceiling as to how much you can earn.

Mr. FRYER. What happened there, when I was arrested, I had a job making more money than I am making now, and after having an incident with the officer in the work-release center, I was rearrested and I was sent to Lorton Institution, which I was there about 10 days, and at the particular time I lost my job, the job that I had, so then when I got back on the program, my probation officer here, and also Mr. Walter Brinkley, they got busy on my case and worked along with me and got me back to the work-release program, which at that particular time I had to get another job, and at that particular time I had to get what I could take, or I had to take what I could get—I am sorry—and so I have the job I have now.

Senator PELL. What is your job now?

Mr. FRYER. Truck driver and warehouseman.

Senator PELL. Do you see any possibility of your wages going up?

Mr. FRYER. There is a possibility. If it doesn't go up, I am not going to have a job not very much longer. I have promises for the future, but it is the present situation that I am basing on now.

Senator PELL. Thank you.

Senator ELLENDER. When you applied for food stamps, were you called upon to disclose how much cash you used per month for food?

Mr. FRYER. Yes, sir. Like I say, Mr. Brinkley was handling the case for me, and he was handling my finances also. The work-release center is set up so that you go out every day for work, but when you get paid, you bring your money back to them. They give you so much a week for meals and transportation, and the rest goes into the finance department of the work-release center.

Senator ELLENDER. I see. Well, you evidently told them that the amount of money you spent out of your salary for food was \$72.

Mr. FRYER. I wasn't asked any questions at all. This was set up for the family. They took my earnings—

Senator ELLENDER. Did you spend as much as that per month for food?

Mr. FRYER. Sure.

Senator ELLENDER. More than \$72?

Mr. FRYER. No, the \$72 a month. I am sorry. I didn't get the point.

Senator COOK. Did you spend more than that on food?

Mr. FRYER. No, definitely no. You mean per month? More than \$72 a month? Naturally. Food, say for a week, would cost me at least \$35. When I don't have food stamps, I buy food by the week, each weekend when I get paid.

Senator ELLENDER. Even with the food stamps, you have to spend additional cash.

Mr. FRYER. Yes.

Senator ELLENDER. Why not now?

Mr. FRYER. Where I would spend \$35 to get a week's supply of groceries, I have to get \$70 about to purchase the food stamps.

Senator ELLENDER. How long have you been using food stamps?

Mr. FRYER. How long?

Senator ELLENDER. Yes.

Mr. FRYER. I think it has been about a year now. I would say approximately a year.

Senator ELLENDER. Would you be able to tell us whether or not you are able to buy as much food with stamps as you can with the cash? Is there any difference made by the storekeeper?

Mr. FRYER. By the storekeeper?

Senator ELLENDER. Yes.

Mr. FRYER. I would say that my wife would be the only one that could straighten that point out.

Senator ELLENDER. She would know.

Mr. FRYER. I wouldn't know. Those questions I would not ask as long as I don't get a complaint from the household.

Senator ELLENDER. Are there any further questions?

Does anybody else desire to make a statement?

Mr. SLEVIN. Senator, we have several other examples which our officers are here to give their statements.

Mr. SWANN. This is case No. 2. The man is not here at the present time, but I will give you information concerning him.

Senator DOLE. Is this witness here?

Mr. SWANN. No, this witness is not here.

Senator DOLE. I think we have all read the case. You can summarize it.

Mr. SWANN. This is another case. He is 44 years of age, has a fifth grade education, a wife and three dependents. He has been married 20 years, and has resided in the District of Columbia for the past 15 years.

In 1968 he was charged with carrying a pistol without a license and was placed on probation for 6 months. This is his first record of any type, criminal or traffic.

On March 24, 1969, he told me that he had to sacrifice many needs, including adequate space in an apartment, in order to feed his family. His total income per month equals approximately \$300, approximately \$75 take-home pay each week.

His expenses include rent \$64.50, loans from credit unions \$20, gas bill \$11, telephone bill \$7, food bill approximately \$120 per month. After \$22.50, that leaves him \$88.50 for clothing, house supplies, recreation, schooling and other expenses.

He further relates that there are times that he cannot afford such foods as steak or hamburger for his family. He states that he borrowed from the credit union so that he could buy clothing for the children, a TV and other necessary articles.

He lives in a one-bedroom apartment now. Two children are teenage girls, and there is a younger boy. He indicates he has been a proud man, and looked on food stamps as a handout.

Senator DOLE. I think that last paragraph is a summary, and to save time, he does know about food stamps now. You made him aware of the program, is that correct?

Mr. SWANN. Yes. One point I wanted to bring out is this man's work record. He has been on the job 22 years, and is only bringing home \$72 a week. This gives an indication of how unaware he is of what is really happening, not only as far as work is concerned, but also within the family.

The family has been crowded together in order that he could provide for them over the years, and at the present time he is still unaware, and he is afraid. He is afraid to apply for food stamps. He is afraid of probation, and he is afraid to speak out on his job, and at this time, he just wants to be left alone, because of the fear of what would happen to him.

Senator DOLE. Is he participating now in the food stamp program?

Mr. SWANN. No, he has not.

Senator DOLE. Have you talked to him about it?

Mr. SWANN. Yes, I have.

Senator DOLE. Do the nutrition aids who were here earlier know about this?

Mr. SWANN. He doesn't want to be contacted. He is just afraid of any type of contact.

Senator ELLENDER. What is he afraid of?

Mr. SWANN. His past work record has a great effect on him. He worked on one job for 22 years and no advancement. This type of suppression—

Senator DOLE. Have you talked to his employer?

Mr. SWANN. No; I have not. He requested that I not approach his employer.

Senator DOLE. Don't you think you should?

Mr. SWANN. I think I should, but not against his will. Where he would go from there, I don't think he has any confidence about getting another job.

Senator DOLE. Does his employer know he is on probation?

Mr. SWANN. I don't think so.

Senator DOLE. I wouldn't want to disturb his peace of mind but he has also a wife and three children.

Mr. SWANN. Yes; and he makes \$72 a week for 22 years. If I approach his employer—

Senator DOLE. Have you talked with his wife?

Mr. SWANN. No; I didn't talk with her because she—I talked with her, but when I talked with her, this was the first time she found he was on probation.

Senator DOLE. I think there is a communications gap here between what you are supposed to do and maybe what we are supposed to do. I think somebody ought to contact someone in the family, and if he doesn't want to proceed, despite the bad situation, you should do something or someone else should do something.

Mr. SWANN. One thing you have to realize is that people who have been subjected to this kind of treatment for years, when you go into their lives, you expose possibilities of losing what little they have.

Senator DOLE. We want to expose him to the possibility of getting more than he has. He is obviously eligible for food stamps and maybe public housing and a number of other programs. It gets back to the basic premise that we must obtain local cooperation; the Government

can't force participation on the people unless they are aware of the value of the programs.

Don't you think you could in some tactful way consult with his wife or visit with his daughters?

Mr. SWANN. This is the first time that I approached him that he was aware, which I talked to him——

Senator DOLE. How long ago has that been?

Mr. SWANN. This was in March. He was not even aware of the need for privacy for teenage children, even teenage daughters. When I talked to him about how much this would affect their future lives, he was not aware of it.

His having a fifth grade education, you can see that he has a fear——

Senator DOLE. The children go to school, don't they?

Mr. SWANN. Yes.

Senator DOLE. Do they participate in the school lunch programs?

Mr. SWANN. Yes. They have had food, but there has been lack in other areas, or so he states.

His ability to buy food may not be as well as he thinks it is.

Senator DOLE. I agree it is an unfortunate case, but I think it is an area that you can cope with. I don't know what we can do as a committee to help this man. It is a matter of personal contact, but as you point out, it is an area where he is eligible for food stamps, he apparently is afraid of the program or doesn't know about it.

Mr. SWANN. I think this is a result of things he fears.

Senator DOLE. We don't want him to lose his job, of course, but I think this is an area where you or nutrition aides ought to be actively working. I don't know what we can do, unless you have something to suggest.

Senator ELLENDER. If he doesn't apply himself——

Senator DOLE. I was talking about the wife. I wouldn't sacrifice four people for one.

Senator ELLENDER. Is there anything else you desire to present?

Mr. SWANN. That was the last case I had.

Mr. MAHONEY. I am John Mahoney. This case has many similarities, however this individual is on public assistance. He lives within walking distance of this auditorium.

He receives \$260 per month.

Senator ELLENDER. From Welfare?

How many children does he have?

Mr. MAHONEY. Four children, and a wife.

Senator ELLENDER. So there are six in the family.

All right, proceed.

Mr. MAHONEY. He pays \$132 a month for rent. This does not include utilities. To summarize what has been presented here, it seems to me that when we look at human needs, we look at them in a fragmented way.

Welfare looks at his rent, the food stamp program has certain ceilings on rent. He happens to be in a situation where there is a slum landlord, and they can't cope with this.

He has been disabled. He is suffering from high blood pressure, glaucoma, arthritis, diabetes, and a kidney ailment.

Senator ELLENDER. Has he applied for food stamps?

Mr. MAHONEY. He has applied; he gave me yesterday his unopened food stamp envelope. His expenses were too great, when you consider the heating expenses, electricity bill, and the water bill which he is forced to pay. A waterpipe broke in February. His water is to be shut off today for nonpayment of this bill.

Senator ELLENDER. How much cash does he pay out for stamps if he is in the program?

Mr. MAHONEY. He pays out \$68 for \$108 worth of stamps.

Senator ELLENDER. That is \$40 more.

Mr. MAHONEY. Yes. He has impressed me as not being happy, as many people are led to believe that people are happy on welfare. He has demonstrated this in his cooperation with vocational rehabilitation in trying to secure employment, which has been going on for 3 months.

He has constantly shown up for appointments, and has been shifted from agency to agency without success, but his case worker thinks he will have a job within a month.

This has demonstrated to me that he has made an effort to improve his situation.

Senator ELLENDER. How long has he lived in the District, do you know?

Mr. MAHONEY. He has lived here all of his life, 44 years.

Senator ELLENDER. Any questions?

Senator COOK. I would like to ask a general question. As probation officers, do you find that a parallel, serious problem along with food is rent? Do you find that your probationary individuals have to pay a large portion of their income for rent?

Mr. SWANN. Yes, sir: I think all these problems usually run right together, such as in the case that Mr. Mahoney gave. I visited the house with him yesterday. And the rent is \$132 a month, and I looked in the icebox and they had one hamhock, some chicken legs, and a pot of greens, and on the stove was a quarter of a pint of beans.

The house is in the worst condition of any house in the District of Columbia, and it is less than nine blocks from the building we are now in.

Many of these men are actually afraid to reveal these things to us, mainly because of the consequences they believe will result.

Senator COOK. In other words, as a person on probation, the landlord might kick him out, and the landlord might really stick it to him?

Mr. SWANN. Yes, sir.

Senator COOK. Would you say that the house is fit for habitation?

Mr. SWANN. The house should be condemned.

Senator COOK. The fact that it is nine blocks from here doesn't mean anything.

Building inspectors can go by your house on Connecticut Avenue and tell you whether you can put a garage on it, but there are places in town, because of this convenient high rent, that they don't want to go.

Mr. SWANN. The sheets and mattresses were so dirty that they were as black as the bottom of my shoes.

Senator ELLENDER. Whose fault is that?

Mr. SWANN. I don't think it is their fault. They have a hotplate on top of the stove, because the stove doesn't work. The water is to be cut off today, and there will be no water for washing.

Senator COOK. Do you find this extremely hard?

Mr. SLEVIN. People have a lot of problems that are happening all at one time, and we can talk about setting up programs where we will go into certain neighborhoods and see to it that housing is the way it should be, and we can see to it that people will be trained and make jobs available in both the public and private sectors, but in the meantime this one physical need of food is something that you face every day, and although we can probably say that we can solve a lot of the other problems and perhaps you won't have a problem with having enough money for food, in the meantime, regardless of whose fault the particular problem is, you still have this daily problem of enough food to eat for yourself and for your family.

Senator COOK. But when you put it into perspective, if he is paying in some instances almost 50 percent, and sometimes even higher, of his monthly income for rent, this is directly in proportion to the fact that he doesn't have any food.

Mr. SLEVIN. That's right, sir.

Senator COOK. A man—and I can look at the gentleman in question who testified in regard to his problems—if a man has a choice of whether he is going to buy food or have a shelter for his wife and his children, he is going to pay the rent. He is going to pay his rent before he pays the \$72 for food stamps. I don't think there is any question about this. I think it is unfortunate. When we talk about nutrition, as far as he is concerned, nutrition be damned.

He is going to pay his rent first, and if he has to feed his kids ham-hocks and a pot of beans, this is what he is going to do.

I think what you have got to do is look at this whole thing. You can't just say, "Well, let's nutritionally see to it that everybody is sound and all this." I have an awful, horrid suspicion that if we decide to make food stamps totally free, and maybe we will have to, and fail to take care of all these other problems, that same man who is paying \$132 for rent will soon be paying \$150.

A large portion of housing in Washington is overpriced. I hope the owners admit their profits to their auditors around tax season.

We went to a place where there were rats. If a man is on probation, and the man knows it, he can't call his landlord and say, "Will you fix a hole in the floor, will you see to it that I have a decent bathroom?" He is out on the street the next day.

Now, in your work, you have got to see this, do you not?

Mr. SLEVIN. That's right.

Senator COOK. Thank you.

Senator ELLENDER. Is there anything further?

Mr. THOMPSON. My name is Kirby Thompson.

This probationer suffers with both yellow jaundice and cirrhosis of the liver. He receives \$73 per month in assistance from the Department of Welfare because his health condition prevents his being able to work.

All of his financial obligations are expected to be met from the money he receives. With this money he must pay for the following: Boarding at \$12.50 per week, a food certificate costing \$16 in order to get \$22 worth of food, miscellaneous articles, transportation, medicine, and insurance.

The probationer did not have money to purchase food stamps and miscellaneous articles. He was recently arrested for shoplifting for deodorant in a drugstore.

After discussing his problem with his social worker and her supervisor, it was made clear that the guidelines they operated on prevented their being able to provide him with more assistance.

When his story was explained to the judge that placed him on probation, permission was granted to not incarcerate him at this time, but to seek the aid of the Offender Rehabilitation Center in working with him. It was the opinion of this writer that his problem would not be solved by jailing him. When released again, the prevailing problems would still be present. It would be only a matter of time before he would be rearrested and in the court again for petit larceny, in order to meet his basic needs.

The Offender Rehabilitation Center has encountered the same problems as this officer. They have discovered that limited financial help, and food stamps only, if he can pay more than two-thirds of their buying value—if he could receive food stamps free or for less than what is required under the present system, and if he had been able to purchase deodorant, he may not have been rearrested.

It is a fact that the probationer does not have enough funds to survive on. It is also apparently true that his need for deodorant and no money to purchase any motivated this probationer to commit petit larceny in order to practice a good health habit (that of using deodorant).

At the time of his rearrest, he had in his possession two food stamp certificates that he had not been successful in exchanging for food stamps because of a lack of funds. It was also apparent at the time of his rearrest that one is not permitted to secure deodorant nor any other nonfood commodity with the stamp.

Still more apparent is the fact that this human being had a need that had to be met. He met his need by committing petit larceny. Motivated, encouraged and driven by many factors, he ended up in our statistics as being rearrested while on probation.

Senator ELLENDER. How much income did he get?

Mr. THOMPSON. \$73 a month assistance.

Senator ELLENDER. He was on welfare? How much does he get per month?

Mr. THOMPSON. \$73. That's all the income he has.

Senator ELLENDER. Does he have a family?

Mr. THOMPSON. No, not since he left home 50 years ago.

Senator ELLENDER. How long has he been in Washington?

Mr. THOMPSON. Since 1930.

Senator COOK. He seems to have a fetish about deodorants.

Mr. THOMPSON. I don't go along with him, but anyone will be accepted or rejected if they don't take care of their body needs.

Senator COOK. I must confess to you that I feel the list ought to be extended to include soaps and detergents, but I am not sure it should go to the extent of aerosol deodorants. This case kind of amazes me in a way.

I am wondering if he might need some psychiatric help.

Mr. THOMPSON. I am not trying to defend his position.

Senator COOK. I am not trying to make light of it either.

Mr. THOMPSON. I know his rent runs approximately \$60 a month, some months \$75, and he only gets \$73 per month.

Now when rent runs \$75 per month and he only gets \$73, where is he getting his money to buy food and clothing and other articles?

He has cirrhosis of the liver and also yellow jaundice. His liver has moved out of position in his body, and it looks as if he has a large stomach.

He is short of breath, and unable to work, and he has scars that he has received.

Senator ELLENDER. Are there further questions or further cases?

Does anybody else desire to say more? If not, we thank you very much.

Dr. Margaret Gutelius, will you step forward please?

#### STATEMENT OF MARGARET GUTELIUS, DIRECTOR, CHILD HEALTH CENTER, CHILDREN'S HOSPITAL

Dr. GUTELIUS. Mr. Chairman, I am Dr. Margaret Gutelius of Children's Hospital. I am medical director of the Child Health Center there, and also associate professor of pediatrics for G. M. Medical School, George Washington School of Medicine.

I did turn into the committee a few days ago my statement and I will review it if you want me to, the highlights of that statement.

Senator ELLENDER. I wish you would. It will be made a part of the record.

(The prepared statement of Margaret F. Gutelius follows:)

#### PREPARED STATEMENT OF MARGARET F. GUTELIUS, M.D., FOR SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS

Mr. Chairman and members of the Select Committee on Nutrition and Human Needs. My name is Dr. Margaret F. Gutelius. I am a pediatrician and work at Children's Hospital of the District of Columbia as medical director the Child Health Center, a neighborhood clinic for children under 12 years of age. I am also associate professor of pediatrics at George Washington University School of Medicine.

It is a pleasure and privilege to have the opportunity to appear before this committee and speak on the subject of hunger and malnutrition in the District of Columbia. One of my chief interests has always been in nutrition and the proper feeding of infants and children. I have some pieces of information and research data collected over the past 10 years which I think are pertinent to the concerns of this committee.

#### IRON DEFICIENCY ANEMIA

My most important information comes from a survey performed in our clinic during 1965. We studied 460 well children of preschool age from low income Negro families using the appropriate tests to detect the presence of iron deficiency anemia. These were a rather select group of children; the worst and most disorganized families do not bring their children for well child care. Thus our findings undoubtedly point *too favorable* a picture of the prevalence of iron deficiency anemia in this population group.

We found that *65 percent of the children had developed iron deficiency anemia by 18 months of age*. Ours is not an isolated finding. Similar data have been reported from other parts of the country for low income groups. However, such surveys have been all too few.

The anemia results from a poorly balanced diet and lack of iron-containing foods. Infants in underprivileged families tend to get too much milk because it is the easiest and quickest food to give them, but milk contains very little iron.

The prevalence of anemia reaches a peak at 15 to 18 months of age and then declines over the next few years when growth is less rapid. By 5 years of age we find very little iron deficiency anemia in the children of this city, but this cannot be said for some areas of extreme poverty in other sections of the United States.

Although infants tend to recover after several years from iron deficiency anemia, it is not a condition to be ignored. There is evidence that infants with anemia have a lowered resistance to infection. Dr. Andelman and Sered<sup>1</sup> in Chicago (1966), reported that there were about half as many acute infections in a large series of infants given extra iron in the first year of life, as compared with a similar group who did not receive iron. I am sure that iron deficiency anemia is also a contributing factor to the higher mortality rates among low income Negro infants and children.

Anemia may also produce fatigue and apathy so that an enemic infant is often not active and learning at a time when the greatest development of the brain is taking place. This could well effect future achievement in school.

The prevalence of iron deficiency anemia is a disgraceful finding in an affluent country. It is disgraceful for several reasons, namely, (1) the prevalence does not seem to have decreased at all in the last 30 to 40 years, (2) the disease is 5 to 10 times more common in low income groups than in middle class children, and (3) it is a disease which is easy to diagnose and easy to treat—as well as prevent. It should be a prime target for improving community health.

The problem can be solved by providing all low income children with 8 to 12 mg. of iron per day for the first 9 months of life. The iron can be supplied in the milk or cereal, or as an oral medication.

#### FOOD BUDGETS

At the present time our clinic has what we call the *Mobile Unit Research Project* in which we are working with about 100 teenage mothers and their first born infants during the first 3 years of life. We are trying to help the girls raise more healthy and competent children who will do well in school. We consider this program a Head Start from birth—an idea which is becoming popular at the present time, but we started it 4 years ago. In the course of this study we obtained information on the family diet and how much was spent per week on food. The estimates are fairly accurate because the head of the household did the main bulk of the shopping once a week at a supermarket. We found in the first 80 families studied that 70 per cent of them spent less per capita per week than the minimum amount recommended by the Department of Agriculture in 1962 for emergency use only. This amount of money spent on food will not buy a well balanced diet. It is possible to buy enough cheap food to satisfy the appetite, but such a diet will product obesity and will not promote optimal health.

#### POOR DIETS

From the above study of the family diets of 80 teenage mothers and from another research project in 1960 on children with *pica*, when we investigated the diets of 100 low income Negro families, it is clear that the following dietary faults occur in the vast majority of families: (1) Too much milk is consumed by young children and too little by older children and adults. (2) Fresh fruits are served weekly or monthly rather than daily. (3) Too much starch and sugar make up the bulk of the diet.

In conclusion, let me say that I do not see starvation where I work, nor for that matter, hunger, except in the sense of what is sometimes called "hidden hunger" from the lack of certain vitamins or minerals or other nutrients in the diet. This "hidden hunger" is not severe enough to cause symptoms of a frank deficiency disease, such as scurvy, but it is not optimal nutrition. The long-term effects of "hidden hunger" are not well-known and should be investigated in spite of the tremendous difficulties of such investigations. However, it seems assured that poor nutrition is one of the many factors in ghetto families which bring about the high infant mortality, increased mortality and morbidity in other age groups, poor school achievement and delinquency.

<sup>1</sup>Andelman, M. B. and Sered, B. R.: Utilization of dietary iron by term infants, *American Journal of Diseases of Children* III: 45-55, January 1966.

Dr. GUTELIUS. I have always been interested in nutrition and the feeding of children. I do have some information from research carried out over the past ten years that will be of interest to the committee.

The most important bit of data came from a survey that we did during 1965, wherein we tested 460 children, all of them under school age, to determine the presence of iron deficiency anemia. We were surprised that the prevalence of anemia was so tremendously high, as was everybody else, but similar figures have been found elsewhere recently. The most important finding from our study is that by 18 months of age 65 percent of these children had developed iron deficiency anemia.

This is a hemoglobin level below 10 grams, which is generally considered too low to be at all normal.

Senator ELLENDER. How were these children selected?

Dr. GUTELIUS. They were selected because they chose to come to our clinic for well child care. They weren't sick, but their mothers had enough interest to bring them for advice and counseling. They were conscientious mothers from the low-income Negro population in the vicinity of the hospital.

If we had a true cross section of this population, these figures would be worse, because the poorest families, the most disorganized families, don't bring their children for well child care.

Senator COOK. Doctor, let me ask you something. Your statement shows that the greatest iron deficiency which you found was in the 15- to 18-month-old range. Do you find that this tapers off and at 5 years of age, except for extreme poverty areas, you didn't find this extreme iron deficiency?

But what, as a pediatrician, what are the problems that can occur in physical makeup of the child, the mental makeup of this child, between 18 months of age and 5 years of age with this continual deficiency? Would you obviously find that this deficiency, say, at 15 months, that this has been brought on over a few months?

What I am trying to get, if I can, is what is the end-result of this in this child? What do you find at age 5? What are some of the deficiencies? Do you find mental deficiencies? Do you find the child has not grown properly, that they may be short, and this sort of thing in this period?

Dr. GUTELIUS. We haven't done a study to show the long-term results of anemia or malnutrition in early life, but such studies are badly needed. We do know that the height, weight, and even the head size in low-income families seem to be considerably lower than in the upper-income groups.

We also know very well that the children who come to our clinic start school about a year or two retarded in, especially, the language skills, they have a very meager vocabulary, and so on.

How much of this comes from malnutrition I don't know, but there is more and more evidence these days from other countries and other areas of this country that severe malnutrition, especially in the first 2 or 3 years of life, will affect mental development, the development of the brain cells.

Senator COOK. Let's go a little further back than that, though. It is fair to assume from a medical standpoint, if you take this 15- or 18-

month-old child, and you find a real severe anemia, a real severe iron deficiency, isn't it fair to assume that that child came from a mother who had the same problems?

In other words, what I am trying to get at is that basically, have you had an abnormal pregnancy, an abnormal birth? Isn't that fair to assume that these things also occurred?

Dr. GUTELIUS. Absolutely. An iron deficiency anemia in infancy is only one factor among dozens of others, which keeps these people in poor health.

Senator Cook. What I am getting at is, if we don't do something about this mother at the stage of, say, the last trimester of pregnancy with regard to proper food, we are not even going to give the youngster a fair chance when he gets into the world.

Isn't this true?

Dr. GUTELIUS. This is true. We have to help the mother all through pregnancy, and even between pregnancies. We used to think it was only during pregnancy when the mother's diet could affect the child.

Senator Cook. What we are doing now is that we are paying for all the errors after they have been made.

Dr. GUTELIUS. That's right, and either way you do it, it is expensive.

Senator Cook. If we could get to the mother during the early years of pregnancy and the child in the first 3 years of life, would you say as a physician that we could materially reduce mental retardation in this country?

Dr. GUTELIUS. I don't know what you mean by "materially reduce." I think it would help general health, and how much it would help the mental deficiency, I don't know.

I think it would help.

Senator Cook. Do you find mental deficiency more in the poverty groups than in other groups?

Dr. GUTELIUS. Yes, sir. What is especially common is the mild retardation that almost all of them have that go to our public schools from a ghetto area. We call it cultural mental retardation.

They haven't had the background and training that stimulate the mind to develop.

Senator Cook. It may be cultural, but it all started when they didn't get the things they really needed to make them sound individuals.

Dr. GUTELIUS. Yes; I think it is physical as well as mental surroundings that have depressed them, environmental retardation.

Senator ELLENDER. Doctor, I don't mean to argue this matter out, but as was testified to by quite a few doctors in other areas, here, I think, in Washington, as well as in other places, the great difficulty is because of malnutrition.

Some doctors say you can have the stomach full of food, but unless you have the balanced diet, you don't receive the proper vitamins to give you vitamins A, B, C, D, the iron and everything else.

So I concluded, on the testimony offered, that the problem of proper nutrition was so great that I thought that we should start now to educate people, get them in the field, and start a program now, and not wait, so that mothers can learn now to use foods as to provide the proper vitamins.

Don't you think that that is one of the problems, really?

Dr. GUTELIUS. I think a big part of the problem is education, especially in feeding infants, because the mother will feed the infants when there isn't money for the rest of them. At least they will get milk.

I also believe that education in our well baby clinics for the last 30 years has failed to teach the mothers how to prevent iron deficiency anemia.

I would like to suggest the way to get rid of this deficiency, which is the only one we have in this country. It is disgraceful because the prevalence has not improved in the past 30 years.

I think that all low-income children should get an iron supplement to their diet in some form, whether it is in the milk or as an iron preparation.

Senator ELLENDER. We had some witnesses, I recall, that testified that could be done by adding certain ingredients in food that is sold.

For instance, we had cases, as I recall, in Texas that you could put something in the water, and by the same token, those who buy foods, you could put elements in it to provide for some of the deficiencies that you speak of.

Don't you think that would be a proper approach?

Dr. GUTELIUS. Yes, I do. There are some milks that are expensive that have iron in them. The low-income people don't use them very much, or if they do, it is just for the first few weeks of life. The food is going to be more expensive, so they need help in buying it.

In our clinics, where we are supported privately, all our children get iron. We have no iron deficiency anemia.

Senator ELLENDER. Is there anything else you would like to add?

Dr. GUTELIUS. I think you have the rest of my testimony.

Senator Cook. One more question, Doctor.

Don't you feel that it is important that we have a supplemental program for pregnant mothers?

Dr. GUTELIUS. Absolutely. This is the place to begin.

I think all low-income families need more money for food. I think they need even more than the standard amount supplied by food stamps. I have families on food stamps, and it seems to me that what they are getting is just about what the Department of Agriculture recommended in 1962 as a minimum scale for emergency use only. In other words, I don't think with the food stamps they are getting a decent diet. It will keep them from getting hungry, yes, but it won't be well balanced, and it very often causes obesity.

I forget whether I answered your question or not.

Senator Cook. When you interview them with new children, have you found that when you ask them who their doctor is, that they had no doctor during pregnancy?

Dr. GUTELIUS. Most of our patients, because they are a cut above the hard-core families, have gone to a Health Department clinic, and have been delivered at D.C. General Hospital. I must say that the city clinics give every pregnant woman who comes to them capsules containing all the vitamins and minerals. There are many who do not go to a Health Department clinic.

Senator Cook. More who do not than do?

Dr. GUTELIUS. Probably. I don't have those figures.

Senator ELLENDER. Thank you very much.

(The following materials were supplied to the committee by Dr. Margaret F. Gutelius:)

#### THE PROBLEM OF IRON DEFICIENCY ANEMIA IN PRESCHOOL NEGRO CHILDREN

In 1957 Guest and Brown (1) reported from Cincinnati that the prevalence of iron deficiency anemia in children under 3 years of age was the same or somewhat higher than it had been 20 years before. It is difficult to understand why a nutritional deficiency disease which is simple to diagnose and easy to cure should continue to flourish in an affluent country where well baby clinics are available to all. The prevalence of nutritional anemia is not only an alarming statistic but also a cause of increased morbidity and probably mortality in the early years of life (2, 3). It is a disease primarily of the lower socioeconomic groups and should be a prime target for improved community health.

The purpose of this report is to discuss the results found in a series of hemoglobin and hematocrit determinations performed on preschool Negro children during 1965 at the Child Health Center of Children's Hospital in Washington, D.C. Recent studies showing analogous results should stimulate public health programs similar to those which wiped out infantile rickets and scurvy in a preceding generation.

#### CLINICAL MATERIAL AND PROCEDURES

The patients were all Negro children from low income families, the majority of whom lived in the environs of the Child Health Center. This area is a Negro ghetto typical of those found in the central core of large northern cities. The families tend to be large, the mother is often head of the household, incomes are irregular and derived from unskilled labor, the young child's diet consists to a great extent in foods which are most easily prepared especially milk from a bottle, which is often used as a pacifier. The excessive consumption of milk is abetted by the necessity for hiring babysitters who are underpaid and untrained. About 15 per cent of the families in the study were supported by public assistance.

Hemoglobin and hematocrit levels were obtained on the preschool children over 2 months of age who attended the Child Health Center in 1965 and who had no record on their charts of a previous hemoglobin determination. Since no routine testing was performed before 1965, it was possible for some children to reach 5 or 6 years of age without a test. On the other hand, many children had had hemoglobin levels taken in the past because the examining physician found some indication, such as poor diet, prematurity, pallor or frequent illness. Thus many of the highest risk children had already been tested and were not included in this series. Of course, an unknown number of the poorest and most disorganized families in the area did not come for well baby care at all, a fact which would also tend to make the results reported here more favorable than the true prevalence of nutritional anemia in the total preschool population of this area.

Hemoglobin concentrations were measured by the cyanmethemoglobin method with the Coleman-Junior spectrophotometer. Microhematocrits were spun for 5 minutes in an International Micro-Capillary Centrifuge. When the hemoglobin level was below 10.0 gm. per 100 ml, a smear for red cell pathology was examined. The presence of microcytosis and hypochromia was considered diagnostic of iron deficiency anemia. Any child with anemia of doubtful etiology was not included in the study and was referred to the Hematology Clinic for complete diagnostic work up.

#### RESULTS

A total of 460 preschool children were tested from approximately 800 who attended the clinics in 1965. The mean hemoglobin concentration was 10.40 gm per 100 ml; the mean hematocrit 32.5. The lowest findings were in the children from 12 to 17 months of age whose mean hemoglobin level was 9.11 gm per 100 ml and the mean hematocrit 29.9 (table 1).<sup>1</sup>

<sup>1</sup> Table 1 can be found on p. 2296.

Iron deficiency anemia, i.e., hemoglobin concentration below 10.0 gm per 100 ml with corroborative evidence on smear for red cell pathology, was found in 133 children, or 28.9 percent of the total number. This group included only one pair of twins and 9 patients with birth weights below 5½ pounds; such patients would often have been tested previously. The incidence of iron deficiency anemia reached a peak of 65.0 percent in the children from 12 to 17 months of age and then fell off rapidly in the older age groups (table 2).<sup>2</sup>

Those with anemia ranged in age from 3 months to 5 ½ years. Relatively few cases of severe anemia were discovered; 10 children (about 7 percent of those with anemia) had hemoglobin levels below 7.0 gm and these were all under 3 years of age. Among the small number tested under 6 months of age (17), over one third had already developed iron deficiency anemia.

When one follows the standard of Guest and Brown (1) and considers hemoglobin concentrations below 10.5 gm per 100 ml as indicating significant anemia, then almost half of the patients in the present series fell below this level (table 3). The peak (84.8 per cent) was again found for the children from 12 to 17 months of age, but the percent below 10.5 gm per 100 ml remained relatively high through the older age groups. This finding suggests that many children though slowly overcoming their anemia, still had levels in the borderline range for many years. Seventy-seven per cent of the total series had hemoglobin concentrations below 11.5 gm per 100 ml (table 3).<sup>3</sup>

All of the cases which could be followed responded rapidly to oral iron medication and were found to have hemoglobin levels above 10 gm per 100 ml within a few months. There were 23 children who moved from the area and were lost to study at the Child Health Center. Ten cases required many months of follow-up with 2 to 4 home visits, before the nurse could impress upon the parents and innumerable (as well as constantly changing) baby sitters, the importance of giving the iron preparation regularly.

#### COMMENTS

The exact percentages reported in the present study are not important, but serious attention ought to be given to the implications of the findings. It should be emphasized again that the results do not indicate the true prevalence of iron deficiency anemia in Negro children from low income families of Washington, D.C. This report shows more nearly the prevalence in children considered normal by the pediatric resident staff and attending physicians.

Normal ranges for hemoglobin levels in the first years of life are not well established but no authority suggests that levels below 10 gm per 100 ml are normal. Guest and others (4) propose 12.5 gm per 100 ml as desirable for all ages between 3 months and adolescence. Smith (5) considers the normal level for infancy between 11 and 12 gm per 100 ml, that for children between 12.5 and 13.5 gm per 100 ml. A level of 11.5 gm per 100 ml may be accepted as optimal for infants and since it agrees well with the levels found in several studies after prophylactic iron medication was given orally (2, 6-8, 10).

Besides the high prevalence of anemia, two minor points of interest are emphasized by the present report. In population where iron deficiency is common, the condition develops early (3, 8, 11). Over one-third of the infants tested in this series had already developed anemia by 6 months of age. While many more cases will be found by routine testing delayed until one year of age, still one would tend to agree with Lahey (12) that infants who do not receive prophylactic iron medication should be tested first at 5 to 6 months of age.

Another point concerns the use of iron given intramuscularly which has been recommended for prematures (13) but it also seems to have valid use in the occasional child who cannot take iron by mouth or whose caretakers cannot be trusted to give it. For 10 children in the present series, adequate treatment was delayed for many months, and many hours of nursing time were required in order to make certain that the medication was given. However the necessity for giving iron intramuscularly should be evaluated carefully.

Sporadic reports for the past 4 decades on the high incidence of iron deficiency anemia in underprivileged infants have been received, for the most part, with inertia and neglect. In 1928 an excellent and comprehensive study by Mackay

<sup>2 3</sup> Tables 2 and 3 can be found on p. 2296.

(3) should have aroused the medical profession to wipe out this deficiency disease. Mackay found that the incidence of iron deficiency anemia was virtually universal in 541 "normal" infants of impoverished families from the east end of London. The condition was prevented in a group of similar infants who were supplied with a formula to which the manufacturer had added an iron salt. Furthermore, the morbidity rate for total attacks of acute illness during a period of one year was reduced by one half in the treated cases. The same findings, in essence, were reported by Andelman and Jered (2) years later in 1966 for a group of infants from a low socio-economic population in Chicago.

Since 1928, the prevalence of iron deficiency anemia in children has been found to vary widely depending on the type of population studied. Andelman and Jered (2) reported the highest findings in 445 normal full term infants, almost entirely non-white, who regularly attended Child Health Stations in Chicago; 76 per cent were shown to have hemoglobin levels below 10 gm per 100 ml by 18 months of age, most of them by 12 months of age. This population was similar to that of the present study and although the percentage with anemia was higher in Chicago, it is believed that the population studied in Washington would show about the percentage with anemia if some high risk children had not been eliminated from the series. In contrast to the findings in low income Negro populations, Guest and Brown (1) reported the most favorable picture for a series which they considered a cross section of the white population in Cincinnati; 30 per cent of the 1 to 2 year old children had hemoglobin levels below 10.5 per 100 ml. The prevalence in other reports has varied between these two extremes (6, 9, 10, 14, 15). It is generally accepted that the prevalence is considerably higher in Negro children (11) and in low income groups of all races (16).

One important fact has emerged from recent studies: diet, even a good diet, cannot be depended upon to prevent nutritional anemia in many instances. Shulman's excellent discussion (9) emphasized this point, and other authorities have agreed (10, 12, 15, 17). Certainly several investigations, including the present one, have shown that normal children under pediatric supervision are still in jeopardy of developing iron deficiency (2, 8, 13, 15). In support of this finding is the fact that the recent recommendation of the American Academy of Pediatrics (18) for 1.5 mg of iron per kilogram of body weight per day in the first year of life is difficult to achieve with any diet not fortified with iron. Thus it follows that some prophylactic measure to augment iron intake must be undertaken. Many authorities in the field have suggested routine prophylaxis of some kind (2-4, 7-10, 12, 15, 17).

The most simple and easy method, as well as the most certain especially for the prevention of iron deficiency anemia in underprivileged families, is by the incorporation of iron into infant formulas. Several studies with iron fortified formulas have shown most satisfactory results, as well as good utilization of iron even in the earliest months of life (2, 3, 8, 9, 19). Andelman's careful study (2) demonstrated that 12 mg of iron per quart of formula beginning at birth (or at 3 months of age) and continued to 9 months decreased the incidence of nutritional anemia from 76 per cent in 445 control infants to 9 per cent in the study group of 609 infants. The infants receiving iron were protected through 18 months of age. Moreover, those starting the fortified formula at birth had significantly higher levels of hemoglobin at 18 months than did those starting at 3 months.

The amount of iron recommended daily for prophylaxis varies from 5 to 25 mg. Lahey (12) suggests 10 to 15 mg. In recent years many proprietary formulas have included 5 to 12 mg. of iron per reconstituted quart. The addition of 12 mg. per reconstituted quart have proved highly successful in prevention studies (2, 8).

One might ask, "Why worry about iron deficiency anemia since most children outgrow the condition between 3 and 5 years of age?" A generally accepted reason, though one of recent origin, concerns the fact that "anemia begets anemia" and children with a moderately low level of hemoglobin may be subject to occult gastro-intestinal bleeding which can depress the level to a dangerous degree (20).

Guest and his coworkers (4) list several other reasons for the prevention of iron deficiency anemia: (1) Moderate anemia may become one of serious degree with superimposed infection. (2) There is less resistance to infection. (3) The habit of pica may be encouraged. (4) When infection does occur, children with anemia are sicker and develop more complications.

The decreased resistance to infection in children with nutritional anemia is probably not proven to the satisfaction of skeptics. Certainly the reports of Andelman and Jered (2) and MacKay (3) showing a statistically significant decrease during the period of a year or more in the number of infections in large series of treated cases as compared with an untreated series, should be given serious consideration. Andelman also notes several other minor studies with similar results. In such a complex problem as resistance to infection, large controlled series and prolonged observations are necessary for proof, but it would seem that the evidence is sufficient for at least providing low income groups with the same preventive measure now supplied by many proprietary formulas for those who can afford them. This would mean adding iron to the evaporated milk which is still used for infant formulas by the great majority of clinic patients.

Several recommendations seem warranted from the present information on the high prevalence of iron deficiency anemia which is found in the well baby clinics of large cities: (1) Routine laboratory testing should be performed on those not receiving prophylactic iron medication by 6 months of age and again at 12 months of age. (2) Injections of iron by the intramuscular route should be considered for certain unusual cases. (3) Evaporated milks should be prepared by the manufacturer with 10 to 12 mg. of iron per can.

#### SUMMARY

In a series of 460 preschool Negro children from low income families, 133 or 29 percent, were found to have hemoglobin levels below 10 gm per 100 ml and almost one half were below 10.5 gm per 100 ml. These children were a select group who had been receiving well child care, but none had ever had a hemoglobin determination previously. The prevalence of anemia (hemoglobin levels below 10.0 gm per 100 ml) was high by 6 months of age and reached a peak of 65.0 percent in those 12 to 17 months of age and then fell off rapidly in the older age groups.

Since individual supervision in well child clinics has failed to solve the problem of iron deficiency anemia during the past 30 years, it seems imperative that 10 to 12 mg of iron per can should be added to evaporated milk as a public health measure.

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TABLE I.—MEAN HEMOGLOBIN CONCENTRATIONS, RANGE OF CONCENTRATIONS AND MICROHEMATOCRIT LEVELS IN 460 PRESCHOOL NEGRO CHILDREN

Age	Number	Hemoglobin average	Gm/100 ml range	Hematocrit average
0 to 5 months.....	17	10.29*	8.9-11.9	32.4
6 to 11 months.....	137	10.03	4.4-13.0	31.5
12 to 17 months.....	46	9.11	6.0-12.6	29.9
18 to 23 months.....	43	10.14	5.4-12.4	31.9
2 to 3 years.....	73	10.54	6.5-12.7	33.1
3 to 4 years.....	48	11.19	9.4-13.2	34.3
4 to 5 years.....	68	11.21	8.5-14.5	34.1
5 to 6 years.....	28	1.17	9.6-12.8	34.2
0 to 6 years.....	460	10.40	4.4-14.5	32.5

TABLE II.—HEMOGLOBIN CONCENTRATIONS UNDER 10 GM. PER 100 ML. IN 460 PRESCHOOL NEGRO CHILDREN

Age	Total number	Hemoglobin <10 gm. per 100 ml.	
		Number	Percent
0 to 5 months.....	17	6	35.3
6 to 11 months.....	137	63	46.0
12 to 17 months.....	46	30	65.2
18 to 23 months.....	43	11	25.6
2 to 3 years.....	73	14	19.2
3 to 4 years.....	48	4	8.3
4 to 5 years.....	68	4	5.9
5 to 6 years.....	28	1	3.6
0 to 6 years.....	460	133	28.9

TABLE III.—PERCENT OF 460 PRESCHOOL NEGRO CHILDREN WITH HEMOGLOBIN CONCENTRATIONS BELOW 10.5, AND BELOW 11.5 GM/100 ML

Age	Total number	Percent of hemoglobin concentrations	
		<10.5 gm/100 ml	<11.5 gm/100 ml
1 year.....	154	61.0	86.4
1 to 2 years.....	89	68.5	87.7
2 to 3 years.....	73	42.5	79.5
3 to 4 years.....	48	25.0	60.4
4 to 5 years.....	68	26.5	57.4
5 to 6 years.....	28	21.4	60.7
0 to 6 years.....	460	48.3	77.0

NUTRITIONAL STUDIES OF CHILDREN WITH PICA.  
I. CONTROLLED STUDY EVALUATING NUTRI-  
TIONAL STATUS. II. TREATMENT OF PICA  
WITH IRON GIVEN INTRAMUSCULARLY

BY

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## NUTRITIONAL STUDIES OF CHILDREN WITH PICA

### I. Controlled Study Evaluating Nutritional Status

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**P**ICA IS DEFINED as the persistent ingestion of substances commonly considered unfit for food. The importance of pica is based on the fact that the habit is a frequent cause of poisoning in young children. This relationship has been amply demonstrated in patients with chronic lead intoxication, but it is also true in cases of acute toxic ingestion. In a consecutive series of 148 such cases at Children's Hospital in Washington, D.C., 79 mothers were available for interview and the presence of pica confirmed in 55% of the children.<sup>1</sup>

The surprisingly high prevalence of pica, especially in clinic patients,<sup>2</sup> adds to the importance of understanding the problem. A recent survey in this city shows the presence of pica in 35% of 380 Negro children aged 1 to 6 years.<sup>1</sup>

The etiology of pica and the relative importance of various etiologic factors remains to be established. Nutritional, as well as psychologic,<sup>3,4</sup> socioeconomic,<sup>5,6</sup> cultural,<sup>7</sup> and organic<sup>8</sup> factors have all been implicated in causing pica. The purpose of the present study is to clarify the possible role of nutritional factors in the etiology of pica. Part I compares the nutritional status of 30 Negro children with pica and 28 control children. Part II presents the results of treating pica with iron given intramuscularly.

#### SUMMARY OF PREVIOUS INVESTIGATIONS

In the long history of pica, well reviewed by Cooper,<sup>9</sup> there are conflicting reports on the association of pica with malnutrition. In

evaluating this evidence it is important to note the existence of two types of pica first differentiated by Thomson.<sup>10</sup> The malignant or cachectic type, associated with grossly inadequate diets, is no longer a serious problem in this country.<sup>11,12</sup> The benign type, found primarily in young children and pregnant women, has never been proved to be associated with poor nutrition.<sup>13-15</sup>

In the past few decades pica in children has been studied primarily in relation to concomitant lead poisoning.<sup>16-18</sup> Since 1957, however, three studies have marked an increasing interest in pica itself and the role of nutritional deficiencies in causing pica. Cooper<sup>2</sup> pointed out the frequency of "feeding problems" in children with pica, Gardner and Tevetogli<sup>19</sup> studied Latin American children with anemias refractory to iron medication alone and symptoms suggesting cachectic pica, and Lanzkowsky<sup>20</sup> cured 12 cases of pica with iron given intramuscularly.

#### CLINICAL MATERIAL

Patients with pica and control children were selected from the clinic population of Children's Hospital and screened by the medical social worker (C.C.D.) during the period from February, 1959, to May, 1960. The study was confined to Negro children between 2 and 5 years of age who weighed at least 5 lb (2.3 kg) at birth and who were without chronic illness (including chronic lead poisoning), mental deficiency, or organic brain damage.

The pica series included only those who

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had ingested unsuitable materials more frequently than once a week for at least 6 months; the control series had not ingested such materials after 18 months of age or for at least 18 months prior to study. This arbitrary definition was necessary because the majority of Negro children were found to continue with persistent ingestion of unfit substances well into the second year of life, with the result that controls were more difficult to find than cases.

Mothers of suitable children were asked to join an extended study that would include treatment for pica in the cases and the opportunity for health advice in the controls. The mothers of 11 subjects and 16 possible controls were unable or unwilling to join the project, but only one child failed to finish the study after keeping the first appointment. The controls are open to the obvious objection of having mothers interested in health. Siblings of cases might have made better controls but none were acceptable; most of them had pica also.

This study is based on 30 cases and 28 controls. Six other children in each group were completely studied but had to be excluded when more detailed information revealed that they did not meet the criteria for acceptance. Two of these controls ate laundry starch during visits with the research team.

#### METHODS AND PROCEDURES

Each child was studied during two visits to the Research Center and one home visit. The following information was obtained for each child.

##### Historical Information

A complete medical history was recorded. The dietary history was taken by the same pediatrician (M.F.G.) for all children. The average daily intake in household measures was estimated and scored from 0 to 5 for the following categories of food: milk and milk products, meats, citrous fruits and other good sources of vitamin C, other fruits and vegetables, and sugar and sweets (high score for low intake). A detailed his-

tory of pica for the whole family was taken by the psychiatrist (F.K.M.).

##### Physical Examination

Special attention was directed to evidence of specific vitamin or mineral deficiencies.<sup>21</sup> The same pediatrician gave each child clinical ratings of good, fair, or poor for general development, posture, muscle tone, color of the mucous membranes and fat pad thickness.<sup>22</sup>

##### Anthropometry

The following measurements were taken by one of two pediatricians who examined alternate children, using standardized techniques:<sup>23</sup> weight, height on wooden stadiometer,<sup>o</sup> bicristal diameter with small spreading calipers (B. Herman, Zurich), chest circumference with cloth tapes checked on a metal scale, calf circumference,<sup>24</sup> and skinfold thickness over right triceps<sup>25</sup> with Harpenden calipers.<sup>26</sup>

##### Psychometric Examination

The Merrill-Palmer test was given and supplementary information was obtained by the psychologist (E.M.L.).

##### Laboratory Tests

The hemoglobin concentration by the cyanmethemoglobin method with the Coleman-Junior spectrophotometer, a sickle-cell preparation with sodium metabisulfite tablets, and smear for erythrocyte pathology examined by a skilled hematologist, were obtained for each child. These three procedures are considered adequate for the diagnosis of most of the anemias of childhood.<sup>27</sup> Any child with anemia of doubtful etiology was sent to the Hematology Clinic for complete diagnostic evaluation.

Other laboratory tests included fasting plasma level of ascorbic acid,<sup>28</sup> standard urinalysis, and stool examination for ova and occult blood. Each child was also tested for the presence of tuberculosis.

<sup>o</sup> Loaned by Dr. Nancy Bayley, National Institute of Mental Health.

### Observation Periods

There were three observation periods for pica of 30 minutes each. Two took place in the playroom through a one-way screen, and one was in the home where the visiting nurse observed the child's activities while the social worker talked with the mother.

### Socioeconomic Data

The social worker visited each home in order to obtain complete information on the neighborhood, housing, play resources, income, and food budget of each family, as well as the birthplace, educational achievement, and occupation of the parents.

### STATISTICAL PROCEDURES

In this paper differences are reported as statistically significant at the 5% level of confidence or better ( $p \leq 0.05$ ). In testing for significance the two-tailed t-test for uncorrelated means was used for measurements, and all information that could be meaningfully converted to numerical scores; otherwise the chi-square test with Yate's correction for continuity was employed.

### RESULTS

#### Homogeneity of Sample Groups

The pica and control groups came from the same socioeconomic background and were also well matched for factors that might affect nutrition (Table I). There was no significant difference between the two groups in age, sex, intelligence quotient, number attending well-baby clinics in the first year of life, number born and reared in Washington, D.C., weekly income of family per capita, weekly expenditure on food per capita, size of the household, crowding per room, and the birthplace, education, or occupation of parents. The two groups lived in the same sections of the city, and the types of dwelling were not significantly different.

#### Description of Pica

Most of the children with pica ingested several unsuitable substances; paper was

the most popular, followed by plaster, dirt, matches, and laundry starch. The onset in all but four cases occurred between 6 and 13 months of age. The pica had been present for an average of 24 months, with a range of 6 to 54 months. The frequency varied from several times a week in 12 cases to innumerable times a day in six cases. The presence of pica was confirmed in 11 patients during observation periods with the research team.

#### Medical Histories

Although only basically healthy children were studied, the series with pica were reported to have more frequent and more severe respiratory infections ( $p \leq 0.05$ ). Illnesses recorded on the charts at the Hospital are shown in Table II. The records are significantly different in the number with hemoglobin concentrations below 10 gm/100 ml when under 2 years of age, and in the days of hospitalization for each group.

#### Physical Findings

There were strikingly similar distributions of various abnormalities in the two series. This was true not only for the few minor physical defects noted but also for the clinical evaluations given for general development, posture, color of the mucous membranes, muscle tone, and fat pad thick-

TABLE I  
GENERAL INFORMATION ON 30 CHILDREN WITH  
PICA AND 28 CONTROL CHILDREN\*

Data	Pica	Control
Average age in months	34.1	36.1
Sex		
Total number of males	16	13
Total number of females	14	15
Average intelligence quotient	94.2	98.6
Average number of siblings	3.2	2.3
Average number of persons per room	1.4	1.3
Average weekly income per capita	\$10.12	\$12.13
Average weekly expenditure on food per capita	\$ 3.93	\$ 3.97

\* No statistically significant difference was detected between the two groups for any of these data.

ness. The children with pica had a slight advantage in muscle tone and fat pad thickness. No findings other than pallor, which proved to be an unreliable sign of low hemoglobin concentration, were considered to indicate dietary deficiencies at the time of study.

### Anthropometry

No significant inferiority was found in the pica series for any of the anthropometric measurements. This was true when comparing the two series, using (1) the means for each measurement (Table III), (2) means for the 19 pairs from the two series that could be matched exactly for age and sex, and (3) percentile ratings for each child as determined from the norms for white children.<sup>23, 24</sup> Figure 1 shows the percentage of children from each group above and below the 50 percentile of norms for white children for weight, height, and calf circumference. It is of interest that the correlation between measurements and clinical evaluations of fat pad thickness is significant at the 1% level. The results of anthro-

TABLE II

RECORDED ILLNESSES ON CHARTS AT CHILDREN'S HOSPITAL FOR CHILDREN WITH PICA AND CONTROL CHILDREN

<i>Illness</i>	<i>Pica</i> ( <i>N</i> = 30)	<i>Control</i> ( <i>N</i> = 28)	<i>Signifi-</i> <i>cance of</i> <i>Difference*</i>
Total attacks of:			
Gastroenteritis	23	13	N.S.
Bronchitis	33	26	N.S.
Otitis media	30	19	N.S.
Pneumonia	8	5	N.S.
Anemia under 2 years of age (hemoglobin concentration under 10.0 gm/ml)	9 ( <i>N</i> = 9)	1 ( <i>N</i> = 7)	0.005
Total clinic visits	301	210	N.S.
Total days of hospitalization	138	39	0.05

\* N.S. indicates not significant.

TABLE III  
ANTHROPOMETRIC MEASUREMENTS—COMPARISON OF MEANS FOR CHILDREN WITH PICA AND CONTROL CHILDREN\*

<i>Measurement</i>	<i>Pica</i> ( <i>N</i> = 30)	<i>Control</i> ( <i>N</i> = 28)
Weight (kg)	13.93	13.77
Height (cm)	92.68	94.89
Weight/height × 100	150	145
Bicristal diameter (cm)	14.27	14.49
Chest circumference (cm)	50.78	49.85
Calf circumference (cm)	20.30	20.36
Skinfold thickness (mm)	9.44 ( <i>N</i> = 23)	8.96 ( <i>N</i> = 18)

\* No statistically significant difference was detected between the two groups for any of these measurements.

pometry indicated not only normal growth and development in the children with pica, but adequate intake of calories and protein.

### Laboratory Findings

The hemoglobin concentrations of the children with pica were lower than those of the control series. The difference between the means is small but statistically significant ( $p < 0.01$ ) both for the whole series (Table IV) and for 21 pairs matched for age.

Thirteen children with pica and only one control showed hemoglobin concentrations below 10.0 gm/100 ml. This was in spite of the fact that nine in the pica series and only

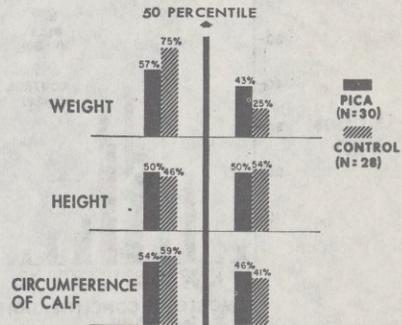


FIG. 1. Percentage of cases and controls falling above and below the 50 percentile of norms for white children in weight, height, and calf circumference.

TABLE IV  
COMPARISON OF HEMOGLOBIN CONCENTRATIONS IN  
CHILDREN WITH PICA AND CONTROL CHILDREN\*

Series	Number	Mean (gm/100 ml)	Standard Deviation	Range
Total group				
Pica	30	10.13	1.36	6.8-12.6
Control	28	11.20	1.02	9.9-14.0
Matched pairs (age)				
Pica	21	9.98	1.42	6.8-12.3
Control	21	11.13	1.06	9.9-14.0

\* Difference between means for pica and control series is significant at 1% level, or above ( $p < 0.01$ ).

two controls had received iron medicaments orally in the past. In Figure 2 the percentage of cases and controls by hemoglobin level shows distinct but overlapping distribution curves for the two series.

The fasting plasma levels of ascorbic acid were also lower in the series with pica than in the controls (Table V). The difference between the means is significant ( $p < 0.05$ ). In Figure 3 the distribution curves show that the chief difference between the two groups involves the high levels of several controls who were receiving vitamin medication.

Results of other laboratory procedures

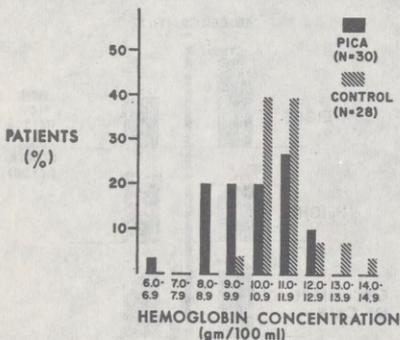


FIG. 2. Distribution of hemoglobin concentrations, showing percentage of cases and controls at various levels. Median for pica series is 10.3 gm/100 ml. Median for controls is 11.0 gm/100 ml.

TABLE V  
COMPARISON OF FASTING PLASMA LEVELS OF  
ASCORBIC ACID IN CHILDREN WITH PICA  
AND CONTROL CHILDREN\*

Series	Number	Mean (mg/100 ml)	Standard Deviation	Range
Pica	28	0.61	0.257	0.10-1.10
Control	25	0.87	0.507	0.20-2.00

\* Difference between the two means is significant ( $p < 0.05$ ).

performed for the present study were essentially normal for all children examined in both series.

#### Dietary Histories

The findings concerning dietary faults at the time of study are tabulated in Table VI by showing the total number in each series with scores of 3 or below for each variable investigated. The scores of the children with pica were significantly less satisfactory for the intake of milk, meats, vitamin C, and variety.

Brief dietary histories for the first year of life revealed the following problems: irregular intake of vitamin supplements, continued use throughout the year of the strained variety of solid foods, refusal of all meats, refusal of vegetables, poor variety in the diet, poor appetite. When each child

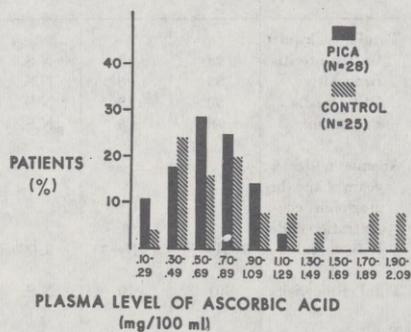


FIG. 3. Distribution of levels of ascorbic acid in plasma. Median for the pica series is 0.63 mg/100 ml. Median for the controls is 0.80 mg/100 ml.

TABLE VI  
DIETARY FAULTS AT TIME OF STUDY

<i>Foods for Which Average Daily Intake Was Unsatisfactory</i>	<i>Pica (N=30)</i>	<i>Control (N=28)</i>	<i>Significance of Difference</i>
Milk (>32 oz)	11	7	..
Milk (<8 oz)	7	1	..
Totals	18	8	0.05
Meats	10	1	0.01
Foods rich in vitamin C	15	7	0.01
Other fruits and vegetables	14	10	N.S.
Sugar (excessive)	16	13	N.S.
Variety	12	3	0.01

was rated for the total number of dietary faults in the first year of life the pica series had significantly more than the control series ( $p < 0.05$ ).

#### COMMENT

Although low concentration of hemoglobin and ascorbic acid in blood, as well as poor diets, are shown by this study to be associated with pica, it cannot be said that poor nutrition causes pica. Many other adverse findings in the families and homes of the cases were also associated with pica and might well contribute to causing pica. These findings include more unmarried mothers, more frequent changes of residence, more siblings farmed out to relatives, less adequate play resources and playmates, more homes with peeling plaster and paint, and more families with major emotional problems. All these unfavorable conditions, including the nutritional ones, reflect the fact that the families and homes in the pica series were not satisfactory for the nurture of children. Poverty certainly contributed to the problem, but the control children were living on approximately the same incomes.

It is to be expected that children from seriously disorganized homes would have more behavior problems than the control children. This was found to be true, especially in behavior patterns involving orality, namely, use of a pacifier in infancy, thumb sucking, continued use of the bottle after 24 months of age, sucking on objects, and the amount of mouthing recorded during the observation periods. The children with pica were also reported to have significantly more disciplinary problems and severe temper tantrums, but there was no difference between the two groups in age and ease of toilet training, or the number of problems involving sleep, fears, and jealousy.

It should be noted that there is no evidence in this study that pica *per se* causes poor nutrition. Most of the children with pica also liked to eat and tended to be heavy; hence pica had not interfered with food intake, as it may in the cachectic type of pica.

#### SUMMARY

Thirty Negro children with pica were compared nutritionally with 28 control children from the same socioeconomic background. The following findings were statistically significant: lower hemoglobin concentrations, lower levels of ascorbic acid in plasma, less adequate diets, more reported respiratory illness, more recorded days of hospitalization, and more recorded anemia in infancy. No difference was detected between the two groups in clinical evaluation of nutrition or in the number of physical defects. Evidence from anthropometry showed no inferiority in the pica group. Ancillary information indicated that many unfavorable familial and environmental circumstances were also associated with pica, as well as certain behavior disorders of childhood, especially those involving orality.

(Please turn the page to Part II)

## II. Treatment of Pica with Iron Given Intramuscularly

IRON DEFICIENCY is the most probable single nutritional lack that might play a role in the etiology of pica. Epidemiologic evidence indicates the association of the two conditions, both of which occur most frequently in young children and pregnant women of the Negro race from the lowest socioeconomic stratum.<sup>29,30</sup> Lack of iron is also the only possible deficiency of any known nutrient in infants receiving adequate milk and vitamin supplements, a situation that is usual even among needy children especially during the first year of life in the large cities of the United States.

The medical literature has only occasionally noted the occurrence of severe iron-deficiency anemia with benign pica,<sup>10</sup> until lead poisoning was recognized as a complication of pica.<sup>19</sup> No study in this country has demonstrated the effect of iron alone on the habit of pica.

It remained for Lanzkowsky<sup>20</sup> in South Africa, in a population where lead poisoning was not a problem, to show that children with severe pica had severe iron-deficiency anemia and that the pica could be promptly and permanently cured by iron given intramuscularly. It is important to confirm Lanzkowsky's findings in other areas, and in children with less severe pica and anemia. It is also necessary to add a control series.

### CLINICAL MATERIAL

There were 31 patients in this experiment—30 comprising the pica group in Part I, and another child (Case 8) who had to be excluded from the nutritional comparisons because he weighed only 4 lb 10 oz (2,098 gm) at birth.

### METHODS AND PROCEDURES

Besides the studies described in Part I, a pica rating was devised for each child in order to facilitate tabulation and comparison of any changes that might take place after treatment. Four factors from the pica history—duration, frequency, intensity, and resistance to control—were each rated on a

scale of 0 to 4. A score of 0 to 2 was added for the results of the first playroom observation period, with a score of 1 being given for a single incident of pica, and a score of 2 for two or more incidents. The maximal total rating possible was 18, and a child with severe pica usually scored 11 to 14. The scores based on the history of pica remained constant over a period of weeks. This was demonstrated by 10 patients who were rated first by the social worker at the time of screening and again several weeks later by the psychiatrist. Inclusion or exclusion of the score for the observation period in the pica rating did not change the results of this experiment, but the observation score was thought to add weight to the severest cases of pica.

Iron therapy was given intramuscularly for two reasons, namely, (1) in order to be sure that the patient received the medication, and (2) in order to increase body stores of iron that may still be low in young children, even after extended treatment with orally given iron.<sup>31</sup>

Iron therapy was considered permissible in these patients because only one of them demonstrated the hemoglobin level suggested as "normal" in the recent literature.<sup>32</sup> It was assumed that the patients also had low iron stores, a condition that few young children escape.<sup>33</sup> Plasma iron and iron-binding capacity were *not* performed, as the work of Beutler *et al.*<sup>34</sup> has demonstrated that neither test is reliable in showing the presence of low iron stores when the hemoglobin concentration is above 9 gm/100 ml.

Immediately after the initial study was completed each child was assigned by a randomized system to one of two groups. The first group received an iron-dextran<sup>o</sup> preparation given intramuscularly, and the second group received sterile saline solution intramuscularly. In order to equalize the trauma of injections, each patient received three injections on three successive days. The dosage of iron-dextran was based

<sup>o</sup> Imferon, supplied by Lakeside Laboratories, Inc.

on body weight and hemoglobin concentration, and 10% was added to the total calculated on the formula recommended by Lahey<sup>35</sup>:

$$\text{mg of iron} = (\text{wt in kg}) \times (13.5 - \text{observed hgb}) \times 2.5$$

Neither the mothers nor the members of the research team who did the re-evaluations after treatment knew which injections the patient had received. Each mother was informed that the child was receiving injections for treatment of pica, and that she need not change her habits in caring for him, with one exception. If the child had pica for paint or plaster, the mother was warned to prevent the ingestion of such lead-containing substances. *No other advice was given on any subject.*

Both the treated group and control group were seen for first re-evaluation at 2 to 3 months, and a second time 9 to 10 months after the treatment period, when the hemoglobin concentration, pica history, and observation period were repeated. The children had a final check on the status of pica 13 to 27 months after injections.

## RESULTS

Table VII shows the hemoglobin levels and pica ratings before treatment, at 2 to 3 months after treatment and at 9 to 10 months after treatment for the 16 who received iron. A final check on pica is also indicated. Table VIII shows the same information for the group of 16 who received saline solution.

One child (Case 19) was given saline solution originally. When he showed no improvement at the first re-evaluation, he was given iron; therefore his case appears in both Tables.

### Treated Group

At first re-evaluation the increase in the mean hemoglobin concentration and the decrease in the mean pica rating were both highly significant ( $p < 0.001$ ). Only four patients still had a history of pica, and all of these were remarkably improved.

At the second re-evaluation there was no significant change in hemoglobin levels or

pica ratings. Three patients had a history of pica, all representing relapses after the remissions reported at first re-evaluation.

A final check on pica was possible for 14 cases at 15 to 27 months after treatment. Again three children had pica; one case was a new relapse.

### Control Group

At first re-evaluation the increase in the mean hemoglobin concentration was small but significant ( $p < 0.05$ ). The decrease in the mean pica rating was highly significant ( $p < 0.001$ ). Eight patients still had pica, and all were remarkably improved, with two exceptions; Patient 19 was somewhat worse and was treated with iron.

At second re-evaluation there was again a small but significant increase in mean hemoglobin concentration ( $p < 0.05$ ). There was no significant change in pica ratings. Three patients had a history of pica, two representing relapses.

A final check on pica was possible for 13 cases at 13 to 24 months after the treatment period. Four children had pica; two cases were new relapses.

### Comparison of Treated and Control Groups

At first re-evaluation the increase in hemoglobin concentration was significant in both groups, but significantly higher in the treated group ( $p < 0.01$ ). The improvement in pica was slightly greater in the treated group, but not significantly so. Apparent cures took place within 1 to 5 weeks after the treatment period, usually very promptly. All of the 18 patients who had pica for paint or plaster had stopped ingesting such substances, but complete cures were *not* more numerous in those warned against toxic substances than in those who received no warnings at all.

At the second re-evaluation the increase in hemoglobin concentration was significant only in the control group so that at this time the mean hemoglobin levels in the two groups were practically identical. The pica ratings were again not significantly different in the two groups, nor were they signifi-

TABLE VII

HEMOGLOBIN CONCENTRATIONS AND PICA RATINGS BEFORE TREATMENT, 2 TO 3 MONTHS AFTER TREATMENT, 9 TO 10 MONTHS AFTER TREATMENT, AND FINAL STATUS OF PICA FOR 16 CHILDREN WHO RECEIVED IRON

Case	Before Treatment		2-3 Months after Treatment		9-10 Months after Treatment		Status of Pica 15-27 Months after Treatment
	Hemoglobin (gm/100 ml)	Pica Rating	Hemoglobin (gm/100 ml)	Pica Rating	Hemoglobin (gm/100 ml)	Pica Rating	
1	8.7	10	12.9	0	11.7	10	0
2	11.2	13	11.1	0	*	0	0
5	12.3	10	11.2	0	11.3	12	3+
7	11.0	18	12.2	5	11.9	0	0
11	11.0	9	*	0	11.3	8	+
14	8.6	12	13.0	7†	14.0	0	0
16	9.3	6	10.6	0	11.3	0	0
18	8.3	7	11.9	0	11.9	0	..‡
20	10.2	6	13.2	(2)§	12.2	0	0
21	9.8	9	11.3	13	12.0	(1)§	0
(19)	9.3	10	11.3	0	11.0	0	+
22	11.2	10	11.9	0	..‡	..	..‡
24	8.4	7	11.6	5	12.0	0	0
25	6.8	16	11.6	(2)§	11.6	(2)§	0
27	11.3	9	12.2	0	13.4	0	0
28	10.4	7	11.9	0	*	0	0
Means	9.86	9.6	11.86	2.1	11.97	2.2	..

\* Patient unable to return, but pica history obtained from mother.

† Paper chewed, with possible ingestion.

‡ Patient lost to study.

§ Laundry starch ingested during observation period.

|| Pica for laundry starch only.

cantly different from those at the first re-evaluation.

At a final check on pica the difference between the two groups was again not significant.

There were four relapses in each group, two severe ones in the treated groups and three in the controls. Two in each series went back to ingesting paint and plaster. Relapses took place in the presence of continued high levels of hemoglobin, and all severe relapses took place in children with initial levels of hemoglobin above 10.5 gm/100 ml.

There was no correlation in either group between changes in hemoglobin concentration and changes in pica ratings. There was no significant tendency for patients with lower hemoglobin concentrations to respond to iron more favorably than those with higher hemoglobin concentrations, or to

respond more favorably to iron than to saline solution.

The lack of any specific response to iron therapy is illustrated by a pair of identical twins (Cases 13 and 14). The pica improved slowly in both girls in an identical fashion, although one received iron and the other saline solution.

#### COMMENT

The results of the present study are at variance with those of Lanzkowsky.<sup>20</sup> Several reasons for this lack of agreement are possible. The anemia was much more severe in the South African children studied by Lanzkowsky, hence iron deficiency, if a factor, may have played a more important role in those cases than in the present experiment. The pica in the South African children was primarily for sand and stones; this may indicate a specific craving to sat-

TABLE VIII

HEMOGLOBIN CONCENTRATIONS AND PICA RATINGS BEFORE INJECTIONS, 2 TO 3 MONTHS AFTER INJECTIONS, 9 TO 10 MONTHS AFTER INJECTIONS, AND FINAL STATUS OF PICA FOR 16 CHILDREN WHO RECEIVED SALINE SOLUTION

Case	Before Injections		2 to 3 Months after Injections		9 to 10 Months after Injections		Status of Pica 13-24 Months after Treatment
	Hemoglobin (gm/100 ml)	Pica Rating	Hemoglobin (gm/100 ml)	Pica Rating	Hemoglobin (gm/100 ml)	Pica Rating	
3	10.0	8	11.2	0	11.9	0	..*
4	9.8	8	..†	0	11.0	0	0
6	10.6	12	10.4	0	11.0	12	3+
8	11.2	8	12.9	0	..†	0	+
9	9.6	14	10.7	11	12.6	5§	0
10	9.7	8	10.4	0	9.3	0	0
12	10.6	11	11.0	9‡	11.6	0	3+
13	8.6	11	9.6	7‡	11.9	0	0
15	11.7	7	11.9	4	11.6	0	0
17	8.3	4	9.8	0	13.1	0	0
19	9.0	9	9.3	10	..¶	..	..¶
23	11.3	12	11.6	0	12.2	7	2+
26	10.4	10	10.7	8	..*	..	..*
29	11.0	13	12.2	5	13.1	0	0
30	12.2	11	11.9	0	11.8	0	0
31	12.6	14	11.3	6	12.8	(2)	0
Means	10.41	10.0	10.99	3.8	11.84	1.9	..

\* Patient lost to study.

† Patient unable to return, but pica history obtained from mother.

‡ Paper chewed, with possible ingestion.

§ Pica for laundry starch only.

|| Laundry starch ingested during observation period.

¶ Patient given iron (Table VII).

isfy a specific need, since many soils are known to contain appreciable amounts of iron.<sup>19, 36</sup> However, it is important to note that if there had been no control series in the present experiment, the results would have tended to confirm the findings of Lanzkowsky on the efficacy of iron medication.

Some explanation is necessary for the small but significant increase in hemoglobin levels during a period of 2 to 3 months in the children given saline injections. Some of this increase is that which is known to take place gradually in the preschool years.<sup>32</sup> It is also probable that in taking dietary histories, questions about various foods stimulated some mothers to improve the children's diets even though no advice was given.

Although improvement in hemoglobin

level may have been a factor in the large number of cures obtained for both treated and control groups, other factors were obviously involved.

1. The interest and attention given mother and child in a long and extensive study, including visits to the home, certainly contributed to the success. This conclusion is supported by the results in a series of 14 consecutive cases seen in the regular Pica Clinic of the Outpatient Department at Children's Hospital where the study was very brief. Alternate patients were given injections of iron, the others saline solution. After 2 to 3 months, only 8 of the 14 were cured or improved, and 6 remained the same or became worse. This is not equal to the success in the present study, and the difference is significant ( $p > 0.01$ ). There was

again approximately equal success with iron and saline solution.

2. Fear of repetition of a painful experience may be another factor. This possibility is supported by the temporary remissions of a few months in pica, which occur on returning home after hospitalization for treatment of chronic lead poisoning.<sup>1</sup>

3. Finally, some children in both groups may have been cured in the process of growing up.

Further information concerning factors involved in curing pica can be obtained from the comparison of those with and without relapses. It has already been noted that the five patients with severe relapses had relatively high hemoglobin levels from the beginning. However, they all came from the most severely disturbed family situations in the whole study.

There were only six children whose family situations were considered relatively good. None of these patients had relapses. The parents of Patient 27 had the highest income in the series, but she was an only child with poor play space and no playmates. Although her initial hemoglobin concentration was good, she was reported to be cured about 4 weeks after iron therapy. However, the cure coincided with a trip to visit relatives in North Carolina—a type of therapy recommended by Thomson<sup>10</sup> in 1895. There were other families in which the nondirective but supportive work of the research team enabled parents to take such known curative measures as repairing plaster, increasing discipline, and securing more play facilities.

In one child, also from a stable family situation, iron therapy may have been the important factor involved in the cure. Patient 25 had the lowest hemoglobin level and the most severe pica in the study. She responded to iron therapy immediately and was reported to act like a different child. She had no history of pica in the 15 months following treatment.

These observations indicate that the cure of pica in this series resulted from a complex of psychologic and environmental fac-

tors and that iron therapy was a minor factor, if any.

#### SUMMARY

In a double-blind experiment 16 children with pica received suitable doses of iron given intramuscularly, and 16 received similar injections of saline solution. Iron was not significantly more effective than saline solution in curing or improving the habit of pica. There was no correlation between changes in pica and changes in hemoglobin concentration. At 2 to 3 months after the treatment period, 10 treated children and 8 controls were without pica. The improvement in hemoglobin concentration was significantly greater in the treated group, but improvement in pica was approximately the same and highly significant in both groups. At 13 to 27 months after the treatment period, 11 of 14 children remaining in the treated group and 9 of 13 remaining controls were reported to be without pica. There were five severe relapses, two in the treated group and three in the controls, all of which took place in children with initial levels of hemoglobin above 10.5 gm/100 ml. These five children also came from the most seriously disturbed family situations in the whole series. If iron medication is a factor in curing certain cases of pica, the number of such cases in the present series is not sufficient to affect the statistical results.

#### FINAL CONCLUSIONS

There is no evidence from the nutritional studies reported here that any nutritional deficiency is etiologically related to pica. If poor nutrition is more important in causing pica than other unfavorable findings in all fields of investigation—physical health, mental health, family situation, and surroundings—this study cannot demonstrate it. Iron medication is not a specific therapy for pica. If the improved hemoglobin concentrations found in both treated and control cases (Part II) contributed to the cures of pica, other types of studies are necessary to prove this hypothesis: The cure of pica, like the cause, seems to be a complicated

problem involving multiple factors in varying degrees. Interest and sympathetic support of the family are factors in curing children with pica.

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SENATOR ELLENDER. Dr. Murray Grant?

**STATEMENT OF MURRAY GRANT, DIRECTOR, DISTRICT DEPARTMENT OF HEALTH, ACCOMPANIED BY MRS. LOIS EARL, DIRECTOR, NUTRITION PROGRAM**

Dr. GRANT. Mr. Chairman, I am Murray Grant, and with me is Mrs. Lois Earl, who is the Chief of our Nutrition Division in our Department.

(The prepared statement of Murray Grant, M.D., follows:)

PREPARED STATEMENT OF MURRAY GRANT, M.D., D.P.H., DIRECTOR, DISTRICT OF COLUMBIA DEPARTMENT OF PUBLIC HEALTH, BEFORE THE SELECT SENATE COMMITTEE ON NUTRITION AND HUMAN NEEDS

In the District of Columbia there has hitherto been no systematic collection of data on the incidence of undernutrition or overt malnutrition. For those segments of the resident population receiving health supervision at public expense, by means of nutritional interviews it has been learned that dietary inadequacies do exist and routine supplementation of the diet with vitamins and minerals is provided during periods of increased nutritional requirements. Within the limits of our available resources there is also provided nutritional counselling on the selection, purchase, and preparation of foods as well as social service assistance in obtaining additional financial or other help when necessary. Families are found eating fairly well at the beginning of the month but eating poorly the last week or two of the month when little or no money is left. For many, this seems to be a repetitive cycle month after month. Any unexpected emergency that requires cash further depletes monies that should be used for food.

Such data as we do have on this subject are as follows. Some 15,000 to 16,000 resident women currently become pregnant each year and about 5,000 of these women receive prenatal care at Departmental clinics. All are given mineral and vitamin supplements during pregnancy. Routine blood studies are done on each new patient. Review of the last 100 patients confirms our impression that about two percent of these patients have significantly low hemoglobin values under ten grams when first seen; about 60 percent have hemoglobin values of less than twelve grams.

There are currently between 15,000 and 16,000 resident live births a year. Approximately 8,500 of these newborn infants receive health supervision in Departmental clinics. They are routinely given vitamin supplements. The incidence of frank malnutrition is estimated to be not more than one percent and is usually due to neglect, improper feeding, or illness. Blood studies are done only when indicated in the judgment of the examining physician. Supplemental iron for anemia is prescribed for about 25 percent or about 2,100 of these patients. A review of the last 100 infants admitted to our Gales Health Center showed 25 with hemoglobin levels under ten grams which confirms these estimates.

There are approximately 70,000 resident children aged one through four years in the District of Columbia. About 30,000 of these children receive health supervision in Departmental clinics. Data are not available on the actual incidence of overt malnutrition, but in the judgment of the clinic physicians this is an infrequent occurrence. Supplemental iron is prescribed for about 25 percent of these patients. A review of the last 400 admissions showed about 100 with low hemoglobin but none with marginal clinical malnutrition. For this age group, community resources that provide additional food are very limited.

Among 7,700 four and five year old children enrolled in summer Head Start Programs in 1966 and 1967, nutritional problems were noted in one to two percent of the children, and hemoglobin values under ten grams were found in ten percent of 3,000 children tested.

There are over 100,000 children in public and parochial elementary schools. About 50,000 of these children are examined each year by school physicians. Nutritional problems, obesity as well as undernutrition, are found in less than one percent of the children. In the school year 1967-68, of the 9,110 conditions needing follow-up only 160, or less than one percent, were labeled nutrition.

While this appears to be a small number, these were so obvious as to be checked. It is quite possible that poor nutrition may well be related to many of the other conditions. In the school dental survey program, of the 143,974 oral inspections, approximately 40 percent showed dental defects that needed either urgent or routine care. Adequate diet is a major factor which relates to good dental health and poor food selection and inadequate income to buy food contributes to the increased incidence of dental caries.

The adult and geriatric population seen at our clinics come primarily because of a chronic disease. In these age groups poor nutritional status can be both cause and/or effect in relation to the chronic disease condition. Prescribed therapeutic diets require active nutritional supervision for the patients. Among 456 Home Care patients, about 53 percent are on therapeutic diets ordered by the physician. This does not say that there may be no more needing special diets. When the physician sees the socio-economic status and educational level at such low levels he often gives dietary guidelines rather than prescribing special dietary regimes. At the clinics in our low cost housing projects, we find even more special diets being prescribed. At Garfield Terrace, of the 163 records reviewed, 69 percent of the patients have prescribed diets and at Claridge Towers, of the 265 patients, 79 percent have prescribed diets. In the Home Care program, home care health aides assist the patient in food buying, menu planning, food preparation, etc. For many patients there is not enough money available for necessary food.

These fragmentary statistics fail to give an adequate picture of the prevalence of hunger and marginal nutrition in the District of Columbia. Other evidence is more revealing. It is well known that public assistance payments are insufficient to provide an adequate food intake, and close to 40,000 individuals are on public assistance. The inadequacy of these payments is especially poignant in the case of persons who need special, more expensive diets—the young infant with severe allergies, the diabetic, the geriatric patient with multiple disease conditions—to name but a few. Fixed expenses leave insufficient money to purchase Food Stamps. Eating is done on a day to day basis as money is available. Diets become mostly carbohydrate as money is less available. What money that is available is spent poorly because of lack of knowledge about food needs and food values.

To be sure, the Food Stamp Program is available to public assistance recipients and to certain non-welfare recipients. About 14,000 individuals on welfare and about 12,000 non-welfare individuals currently participate in this program. Restrictive federal regulations, tedious certification procedures, and insufficient neighborhood processing facilities impair the utilization of this program. Many non-welfare families who would be eligible refuse to participate in the program because of the stigma they feel is attached to any "welfare" activity.

Free school breakfast and lunch programs are another source of supplemental food for children in needy families. Yet, here again our nutritionists find that many needy families refuse to participate in this program. Some feel it a stigma to be earmarked as needy. Others want their children home and off the streets during the noon hour. It should also be noted that these school feeding programs reach only school age children and our pre-school age group have little or no community food resource to assist them. For only the few that are in day care is additional food outside the home available.

In closing, it should be pointed out that deficient and impaired nutrition is not confined to the needy or near needy. It is also found among the more affluent because of ignorance regarding the proper selection and preparation of foods and because of food fads and idiosyncrasies.

In view of these findings and observations, we feel there is good reason to believe that hunger, marginal nutrition, and nutritional deficiencies constitute a significant problem in the District of Columbia. The full extent of this problem cannot be documented without a systematic nutritional survey.

Dr. GRANT. In the District of Columbia there has hitherto been no systematic collection of data on the incidence of undernutrition or overt malnutrition. For those segments of the resident population receiving health supervision at public expense, by means of nutritional interviews it has been learned that dietary inadequacies do exist and routine supplementation of the diet with vitamins and minerals is provided during period of increased nutritional requirements.

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Among 456 home care patients, about 53 percent are on therapeutic diets ordered by the physician. This does not say that there may be no more needing special diets. When the physician sees the socio-economic status and educational level at such low levels, he often gives dietary guidelines rather than prescribing special dietary regimens.

At the clinics in our low-cost housing projects, we find even more special diets being prescribed. At Garfield Terrace, of the 183 records reviewed, 69 percent of the patients have prescribed diets and at Claridge Towers, of the 265 patients, 79 percent have prescribed diets.

In the home care program, home care health aides assist the patient in food buying, menu planning, food preparation and so forth. For many patients there is not enough money available for necessary food.

These fragmentary statistics fail to give an adequate picture of the prevalence of hunger and marginal nutrition in the District of Columbia. Other evidence perhaps is more revealing. It is well known that public assistance payments are insufficient to provide an adequate food intake, and close to 40,000 individuals are on public assistance.

The inadequacy of these payments is especially poignant in the case of persons who need special, more expensive diets—the young infant with severe allergies, the diabetic, the geriatric patient with multiple disease conditions—to name but a few.

Fixed expenses leave insufficient money to purchase Food Stamps. Eating is done on a day-to-day basis as money is available. Diets become mostly carbohydrates as money is less available. What money that is available is spent poorly because of lack of knowledge about food needs and food values.

To be sure, the food stamp program is available to public assistance recipients and to certain nonwelfare recipients. About 14,000 individuals on welfare and about 12,000 nonwelfare individuals currently participate in this program.

Restrictive Federal regulations, tedious certification procedures, and insufficient neighborhood processing facilities impair the utilization of this program. Many nonwelfare families who would be eligible refuse to participate in the program because of the stigma they feel is attached to any welfare activity.

Free school breakfast and lunch programs are another source of supplemental food for children in needy families. Yet, here again our nutritionists find that many needy families refuse to participate in this program. Some feel it is a stigma to be earmarked as needy. Others want their children home and off the streets during the noon hour.

It should also be noted that these school feeding programs reach only school age children and our preschool age group have little or no community food resource to assist them. For only the few that are in day care is additional food outside the home available.

In closing, it should be pointed out that deficient and impaired nutrition is not confined to the needy or near needy. It is also found among the more affluent because of ignorance regarding the proper selection and preparation of foods and because of food fads and idiosyncrasies.

In view of these findings and observations, Mr. Chairman, we feel there is good reason to believe that hunger, marginal nutrition and nutritional deficiencies constitute a significant problem in the District of Columbia. The full extent of this problem cannot be documented without a systematic nutritional survey.

Senator ELLENDER. Thank you very much, Dr. Grant.

We have previously heard testimony of the kind you have just given us, and it really indicates that the problem is really one of getting sufficient food and a proper balance to give a balanced diet.

Dr. GRANT. Yes.

Senator ELLENDER. What do you suggest we do about these families that refuse to participate in these programs? They certainly would benefit by it. I wonder if you could make suggestions as to how we could have them participate in the program.

Dr. GRANT. I think there are two steps, Mr. Chairman, that I would suggest. The first of these is to endeavor, by a variety of mechanisms, to remove the welfare stigma attached to the program.

The second would be to endeavor, insofar as we can, to educate these individuals on the need for the proper foods and the best way by which they can receive these foods, and it is to this latter end that we have a number of nutritionists in our department who spend a great deal of their time in that particular effort.

Senator ELLENDER. Well, now, were you here when these nutritionists appeared on the panel this morning?

Dr. GRANT. No, sir.

Senator ELLENDER. We have quite a few, and the Department of Agriculture, as I understand, has funds to provide 5,000 nutritionists over the country, so as to do the very thing you are proposing. We feel that by providing more funds in that direction, and also by providing more food, that we will be able to beat the problem. I am just wondering, though, if the people refuse to participate in it, it may be of no advantage in the District and other parts of the country, if they don't like the stigma of welfare or being assisted by the Government.

Dr. GRANT. Mr. Chairman, this stigma to which I referred is a problem in many health activities throughout the country. We find that facilities and services are provided at the neighborhood level, and in some cases these are not utilized as much as we might expect for a variety of reasons.

People don't know they exist in spite of the efforts we may make to get across to them that these facilities do exist.

A stigma is attached. I can give you an example in a little different field, but I think the analogy is a reasonable one. Some 2 or 3 years ago during the course of developing our birth control program, we established a trailer in a low-income area of the city. It was specifically designed as a birth control unit, and our experience was that people refused to use it because of the stigma attached to the program and the problem.

This is not the same as what we are talking about, Mr. Chairman, but I think it is analogous. There is this difficulty in getting people of low income to take advantage of some of the services and programs we have available, and I think much of your effort must be directed at this particular problem.

We have in our particular Department, Mr. Chairman, some 26 nutritionists who direct their efforts partially at this particular problem.

Senator ELLENDER. Do they go to the families and try to educate the housewife?

Dr. GRANT. Yes, sir. They either go themselves, or by working with the public health nurses, who actually visit families in their homes.

The nutritionists work with these nurses. We do spend a good deal of time on this whole problem, Mr. Chairman.

Senator ELLENDER. You are familiar with the school lunch program in the District?

Dr. GRANT. Somewhat familiar with it; yes.

Senator ELLENDER. Do your nutritionists take part in that in indicating the type of diet that should be fed?

Dr. GRANT. Yes; our nutritionists are intimately involved in the school program, including the school lunch program.

Senator ELLENDER. Do you have occasion to take a particular group in a school lunch program and compare them with children who did not participate in the school lunch program?

Dr. GRANT. I know of no such study along these lines, Mr. Chairman.

Senator ELLENDER. It might be interesting to see how much of a difference the school lunch program makes.

Dr. GRANT. I believe that is correct, Mr. Chairman. It would not be easy, because this involves a very detailed evaluation, dietary, emotional and physical. But it might well be worth doing.

Senator ELLENDER. Yes, I realize the difficulty you would have. Yet, it might give us some inkling of what we should do with respect to the school lunch programs.

Dr. GRANT. Yes, sir.

Senator ELLENDER. Senator Cook?

Senator COOK. Doctor, I think your Department ought to be commended for prescribing therapeutic diets. You give the figures that your physicians have done this in two instances.

In a way, this is commendable, but what good does it do to prescribe diets to people if there is no supplemental food program in this community to see to it that these diets can, in fact, be accomplished.

Dr. GRANT. That is exactly correct, sir. This is the basis of the problem. While it is true that our nutritionists do assist in food buying and menu planning and try to assure that the dollar is used to maximum effect in terms of nutritional value, the fact is, as you have stated it, sir, that it does little good if the people don't have the money to purchase the food for the proper diet.

Senator COOK. Whose responsibility is it to see that a supplemental food program be initiated in this community?

Dr. GRANT. I find it difficult to answer that question, Senator. There has been no supplemental food program in this community,

other than the food stamp program, and as you know, Senator, we are working closely with the Department of Public Welfare to develop a supplemental food program, using food available through the Department of Agriculture.

We are hopeful to get this in effect soon, and it would be primarily the Health Department's responsibility, working with the Welfare Department, to implement it.

Senator COOK. You feel it is your primary responsibility?

Dr. GRANT. I think it is a joint responsibility.

Senator COOK. Are you aware of the fact that the District Welfare Department did, in fact, make allowances for pregnant mothers and special dietary people that were prescribed as a result of coming from your department, but the Agriculture Department after a recent audit has disallowed these special benefits?

Dr. GRANT. No, sir, I was not aware of that.

Senator COOK. Are you aware of the fact that in talking to Welfare people, they feel that the reason they do not have such a program in this community was because they had not gotten cooperation from the Public Health Department?

Dr. GRANT. I was not aware of that. We have been working closely together.

Senator COOK. If there was such a program in existence at one time and there is not now because it has been disallowed, this would indicate to me that these two Departments have not been working very closely together. [Applause.] Apparently the biggest effort in this regard has been on the part of the Welfare Department, and not your Department.

Dr. GRANT. I am not certain I am sure what program you are discussing. The food stamp program has been a Welfare Department program. The supplementary program has not been in existence in the District, to my knowledge.

Senator COOK. Have you tried to get such a program?

Dr. GRANT. We have just become aware of the fact that supplementary food programs could be made available for the District.

Since that time, the Welfare Department and my staff have been working toward that end, and I feel confident we will have this worked out in the very near future.

Senator COOK. Would it interest you to know that there are 75 programs, nationwide, that provide for supplemental food programs, and I just am wondering why the District of Columbia is so far behind.

In yesterday's testimony, and in the testimony of Welfare officials, they said emphatically that they had a supplemental program for pregnant mothers and special dietary allowances, but this was disallowed. When we look into this, we find that the Health Department claims it is waiting on the Welfare Department, and the Welfare Department is waiting on the Health Department.

Is this passing the buck back and forth?

Dr. GRANT. Senator, both our departments are working together on this particular problem, and have been since I was first notified that this food might be available.

Senator COOK. I must confess to you that I couldn't disagree with

the facts contained in your statement. I think that what I disagree with is your first sentence and your last sentence.

The first one says, "In the District of Columbia there has hitherto been no systematic collection of data on the incidence of undernutrition or overt malnutrition."

The last one says, "The full extent of this problem cannot be documented without a systematic nutritional survey."

I am afraid this is where the problem is. The American individual has been so surveyed, from the top of his head to the bottom of his feet, he has been asked more questions, he has been told more things are going to be done, and apparently the Health Department's theory is that until we have another study and until we get another appropriation, or find this out, or find that out, even though you have seen malnutrition in your clinics, although you see these deficiencies in your clinics, apparently the only way we are going to get anything done is to have a great big systematic collection of data, and all these people suffering from these problems are going to be patted on the head and told, "We are working on it."

Dr. GRANT. Let me clarify. I made that comment only to point out that there has been no such study. I do not infer by that that we are waiting for such a study to be done, nor do I imply that we recommend a study be done.

I agree with you that we have enough impression that the problems exist, and we must move ahead along the lines you suggested.

Senator COOK. The only thing I can say to you is that I think this community would find it very easy to get a supplemental food program. I think there are people that are waiting to establish a supplemental food program, and I would only suggest, and I am not laying the blame at your door, but I would suggest that the Welfare Department and Health Department get together and see that one is presented. I think that there will be some agencies that really will be waiting with open arms to see that it is done. I am afraid in this instance we may have a tieup between local agencies.

Dr. GRANT. We have been getting together on this, and I would expect and hope we will have such a program in the very near future.

Senator COOK. I can only say that it does no good to have 28 nutritionists or physicians to give our special diets if nothing can be done about it. I am not sure that it may not be a total waste of time for many of these physicians to do this if it cannot, in fact, be carried out.

Thank you.

Senator ELLENDER. Mrs. Earl, do you have anything you want to add?

Mrs. EARL. Yes. I would like to have my statement go into the record.

(The prepared statement of Mrs. Lois B. Earl follows:)

STATEMENT OF LOIS B. EARL, CHIEF, NUTRITION SERVICES DIVISION, BUREAU OF SPECIAL SERVICES, DEPARTMENT OF PUBLIC HEALTH, DISTRICT OF COLUMBIA GOVERNMENT

Mr. Chairman, I am extremely appreciative of the opportunity to speak before this committee. I know that you and your committee members—by the very title of this select subcommittee—are well aware of the meaning of the trite,

old phrase, "You are what you eat" and as Dr. Ruth Leverton, one of our eminent nutritionists has so aptly stated, and I quote:

"Everything in your body was once in your food. Starting with a single cell, growing to your present size, and for as long as you live—food becomes you.

"Food becomes your blood and muscles, your bones and teeth, and every part of you.

"Food becomes your size, your strength, your energy, your stamina, and your ability to succeed.

"Food becomes your morale, your happiness, your personality, and your attitude toward life.

"Moreover, food is becoming to you—the right kind that is. It becomes you because it gives you poise, confidence, and sparkle. You will find that it wears well too.

"In short, food becomes your nutrition.

"Your nutrition can be a valuable asset or a dangerous obstacle depending on whether it is good or poor. If it is good, you are ambitious, enthusiastic, and emotionally stable; you have a radiant personal appearance and abundant energy and health which are easily recognized by yourself and those about you.

"But if your nutrition is poor you are seriously handicapped. You tire easily, you lack stamina, purpose, and enthusiasm. You are a drudge and a drag; you are subject to discontent, worry and irritability. Poor nutrition is an insidious thing. Sometimes it creeps into your life, like a spy, and slyly sabotages your enjoyment. Other times it attacks outright and quickly defeats everything you try to do."

Food is basic to life and there are many who find it difficult to appreciate the role of nutrition in health. Because visible signs of malnutrition are not always evident or obvious it is difficult for some to believe in nutrition. The effects of poor nutrition at an early age may not show until middle or old age when damage to health may be irreversible.

I am happy to say that here in the District of Columbia we do believe in the values of good nutrition and its effect on health, growth and development.

In the District of Columbia Department of Public Health we have a comprehensive nutrition program serving the programs of the Department, other Departments' of the District of Columbia and the community. Our program is charged with responsibility of planning, developing and implementing the nutrition components of the Department's programs and services.

Professionally trained and experienced public health nutritionists are employed to carry out the program activities. For those present who may not be familiar with this profession, the public health nutritionist is the member of the public health team who applies the science of nutrition to the promotion of growth and development, to the prevention of ill health, the dietary control of disease, to comprehensive continuous over-all medical care, rehabilitation and conservation of human resources. He is qualified by extensive specific training in human nutrition and public health. He is responsible for assessing community nutrition needs, planning, organizing, directing and/or conducting and evaluating the nutrition component of health services. These public health nutritionists are working across the country at the local, state, and national level.

In the District of Columbia Department of Public Health the nutrition program is serviced by a staff of twenty-five public health nutritionists and one home economist who as members of the health team provide services to all age levels of individuals and to families. The public health nutritionist works closely with all professional staff—the physician, nurse, social worker, health educator, teacher, etc. to interpret the nutrition relationship to health and disease, to provide staff education and consultation, to prepare and evaluate educational materials, etc.

In relation to the D.C. Department of Public Health program, nutritionists are assigned to all maternity clinic programs including the prenatal service provided at D.C. General. In addition, the out-patient maternity clinics at Georgetown University Hospital, Columbia Hospital for Women, and the Washington Hospital Center (hospitals providing contract service for the health department) are serviced by our nutrition staff. This provides patients and hospital staff with a resource they would not normally have. They are given specific assistance in relation to their needs, they learn about other health department services and community resources.

For services to Children and Youth, full-time coverage of services are provided at our two comprehensive health centers for mothers and children by means of our Children and Youth Project Grant. In addition to this services are provided at our five neighborhood health centers of the Area C Tri-Level Health System. We regret that our limited staff cannot provide full-time coverage at our other well-child clinics or clinics for handicapping conditions including mental retardation. For these programs consultation is provided to staff and special referrals only are serviced. This is an area of great need. In the Summer Head Start program for the past three years we have provided a comprehensive nutrition program as a part of the health services. Action in three dimensions are carried on by providing the Head Start teacher with teaching aides to try to develop good food habits by the children, mothers have group meetings to discuss nutrition needs of the family and consumer education, and most importantly special individual assistance is given to mothers whose children have been found to have a nutrition-related medical problem. Unfortunately the Head Start Program does not reach all the community and only lasts six weeks.

For adults and our aged population service is provided to clinics at Garfield Terrace and Claridge Towers where a home economist has been added to become the extended arm of the nutritionist providing support to the patient to make practical application of the special dietary prescription in the home through home visiting. Again, this adult and aged group is serviced at our Neighborhood Health Centers in the Area C Tri-Level System. Limited service is provided by our diagnostic clinic programs at our Northwest Central Clinic.

Patients cared for through our Home Care Program and those cared for in some form of group care facility have the full-time services of a nutritionist for consultation and patient conferring.

To extend the services of our limited staff, each District Nursing Office of the Department and also the Visiting Nurse Association has a nutritionist assigned for the purpose of providing nutrition consultation, staff education, home visiting and work with the school health programs. Requests for services to the schools are continually on the increase and all cannot be met due to our staff limitations.

Requests from other Departments of the government are many. For example we are called upon to prepare menus and specifications for the summer recreation programs. Next week which is Better Nutrition Week, our staff is cooperating with the Recreation Department's program "Operation Bridget" by providing a series of nutrition meetings in various parts of the city.

Time does not permit me to tell all of the positive action we are taking to try to improve the health of the community through better nutrition.

You may well ask why are certain groups receiving minimal or no service and others seemingly complete coverage. Over the years it has been extremely difficult to sell nutrition services to legislators and those who control the budget. Without the collection of systematic scientific data such as is being collected by the National Nutrition Survey, and the fact that how the body uses food varies with individuals, and without repeated biochemical testing it is impossible to know when nutrient stores are depleted and deficiency states set in and damage to tissues and body functions take place. We must show the needs through the day to day realism of what patients tell us, what we know are lacks in buying power, education, and community resources. When we compare the escalation of living costs today; when the Bureau of Labor Statistics shows that for a self supporting family of four the urban average costs for supplying the goods and services at a restricted living standard but still providing for the health of the family members is approximately \$5000; and we know that the financial resources of thousands are well below this figure; we have need for greatly improving our community resources to needy families and expanding our nutrition education programs and services.

Mrs. EARL. I do want to make a few points, however.

Senator ELLENDER. Yes; your entire statement will be put in the record.

Mrs. EARL. Thank you.

I do want to describe to you what a public health nutritionist is.

There may be people present who are not familiar with this particular profession, and the public health nutritionist is the person who

carries out the program in our Health Department. This is a person who is the member of the public health team, who applies the science of nutrition to the promotion of growth and development, to the prevention of ill health, the dietary control of disease, to comprehensive continuous overall medical care, rehabilitation, and conservation of human resources. He is qualified by extensive training in human nutrition and public health. He is responsible for assessing community nutrition needs, planning, organizing, directing, and/or conducting and evaluating the nutrition component of health services.

You will find these public health nutritionists working not only here in the District of Columbia, but also at other local and State levels, and at the national level.

Now, in addition to the nutritionists that we have in the Health Department, we also do have one home economist in a special project working with geriatric patients. Here the public health nutritionist works in the clinic helping the patient understand the diet that has been prescribed by the physician. A great deal of interpretation and simplification has to be put into that diet, so that the patient will understand it. The home economist extends the arm of the nutritionist by going into the home to work in the very practical aspect of home management to see that this diet can be realized.

Here, as in all clinics of course, we make every effort to make the patients familiar with all the community resources that are available in our city.

Now, in replying to one of the questions that was asked of Dr. Grant, I would like to make this statement about the welfare grant.

For some time, for the prenatal woman, an additional \$9 has been available to be added to the welfare grant. In general this has not been taken advantage of. It would buy considerably more food for the prenatal patient. In terms of the man-in-the-house rule that we have had in the past, people have been afraid to ask for this extra \$9, or say they were pregnant for fear their welfare grant might be taken away from them. This resource has been available and has received very little publicity.

It was the Department of Agriculture who rescinded the additional grant for food stamps for the prenatal person. I think that until the Department of Agriculture acts in liberalizing some of the requirements of the program, we can't do as much about encouraging its use. If this happens, and then we can go ahead and work with our patients and encourage them to use this food stamp program.

I do have here other members of my staff who are working more closely with the prenatal patients, the children, and the aged, and they would be glad to speak, if you have questions for them.

Senator ELLENDER. How many assistants have you?

Mrs. EARL. We have at the present time 26 professional staff persons, one of which is a home economist.

Senator ELLENDER. Do they work in the hospitals, or in the homes?

Mrs. EARL. The staff have primarily assignments to various clinics. These would be all kinds of clinics, prenatal, well baby, geriatric clinics, and dealing with all age groups.

We give very comprehensive service in relation to our children and youth project for those children, and this is a very intensive kind of program for those who have exceptional needs.

We service the maternity clinics in some of the private hospitals, such as Georgetown University, Columbia Hospital for Women, and Washington Hospital Center. We teach in the welfare school for pregnant adolescents.

We work with other agencies such as the Visiting Nurses Association, to give them consultation and direct assistance with individual patients, making home visits, giving staff education to the nurse so that she can extend the information and continue with it.

We work very closely, of course, with our public health nurses, and a nutritionist is assigned to each district nursing office. This way we are available for consultation and special assistance in every part of the city.

Senator ELLENDER. As I recall, you testified a while ago that after a diet was written out that it required refinement, that you have to work on it?

Mrs. EARL. Yes; the nutritionist works it out.

Senator ELLENDER. After the diet is refined, do you have anybody to disseminate that knowledge to the housewife?

Mrs. EARL. Yes, sir. The nutritionist does this.

Senator ELLENDER. How many have you got to disseminate this advice among all the people in Washington?

Mrs. EARL. We only have the 25. This, we understand and realize, is not sufficient to reach all of the community, and a great deal more staff could extend this information, etc.

However, we do extend our information through a great deal of staff education, working with the complete medical team, and this means the social worker, the public health nurse.

We make all this information available to them, so that they can extend what the nutritionist would do.

Senator ELLENDER. A while ago we had nutritionists that were employed here recently in order to disseminate the knowledge. To what extent do you cooperate with them?

Mrs. EARL. Are you talking about the nutrition aides?

Senator ELLENDER. Yes. [Applause.]

Mrs. EARL. These are not nutritionists, but nutrition aides.

We work very closely with them. Last week they called and said that in the far Northeast section of the city they had a group of overweight women, that they had more or less unearthed. They were interested in group discussions on weight control, and asked if we would work with them and develop some classes. The contracts have been made, and they are getting together with us next week to work out where these classes can be held so that the public health nutritionists can give the technical guidance and assistance to the program that it needs.

Senator ELLENDER. As I stated this morning, as a member of the Subcommittee on Appropriations for the Agriculture Department, we are providing more funds in order to get more of these people trained so as to disseminate nutritional information, and I am very hopeful that the people at the Washington level such as you and others can cooperate with them so that you can get this problem solved as soon as you can. In my book, no matter how much food you get, the fact remains that the housewife must be taught or shown how to cook this food and mix it so as to get the proper balanced diet.

Mrs. EARL. I certainly agree with you, and I would also like to point out that there is a great deal of education and supervision that must go along with such a program of these nutrition aides.

They can deal primarily with food, food preparation, food buying, but for many of the low-income families there is always the problem of disease and the nutrition-related aspects of disease that must be dealt with, and here is where the assistance of the public health nutritionist can play a real role in helping with these programs.

Senator ELLENDER. Do you have any questions?

Senator COOK. Mrs. Earl, you indicated there was a program whereby pregnant mothers can receive \$9 of additional money. This is from the Welfare Department; is it not?

Mrs. EARL. That's right.

Senator COOK. Your other remark was, I think, that one of the problems was that the Agriculture Department should make more things available, or make more allowances.

In this regard, I think that the Agriculture Department, at least as I understand it, would be willing to do so. In relation to the comments that you have made regarding a supplementary food program, you might agree that it is desperately needed. I think that you would find that the Department of Agriculture would certainly cooperate. But I think there has to be a program.

I think there has to be a plan, and I am not trying to belabor the point, but I think the plan has got to come from the local agencies which are interested in promoting this type of a program. Don't you?

Mrs. EARL. Yes, sir; and we are working very actively, and have been, in trying to develop this supplemental foods program. We have met with the Department of Public Welfare. We have attended meetings at Agriculture to discuss the feasibility of these programs in the District of Columbia.

Senator COOK. For instance, you said that the cooperation between your agency and the nutritional aides, has determined that there is an area where you have a high degree of obesity. This is going to require special diets; is it not?

Mrs. EARL. Not necessarily special diets. This will require special diets only if there is a special disease problem involved. It will require some knowledge about food values, and which foods have more calories, which foods have to be used so that the food intake can be directed so that weight will be lost.

Senator COOK. You are going to have to get them off starches; are you not?

Mrs. EARL. Not only starches. It may be a particular food or a quantity of food.

Senator COOK. But these people are buying food in relation to their income and not buying food that is good for them.

Mrs. EARL. That's right.

Senator COOK. And although we may prescribe what they should get rid of and what they should supplement, if we take them out of the range of what they can afford on the income they are on, then we are going to have to look to a supplemental program to provide this, aren't we?

Mrs. EARL. Yes.

Senator ELLENDER. If you have any statements, we will be glad to receive them for the record.

Mrs. EARL. I would like to make this little addition, that the supplemental foods program at the present time does not or is not available for the geriatric patient. The Department of Agriculture has put a priority on making the program available to prenatals, nursing mothers, and children under 6 years, and I think the geriatric group of people in our community are in great need of this program as well as this other group.

Senator ELLENDER. Thank you very much.

If you have any other statements, we will put them in the record.  
(The statements follow:)

STATEMENT BY LYLIS A. LING, PUBLIC HEALTH NUTRITIONIST, DEPARTMENT OF PUBLIC HEALTH, DISTRICT OF COLUMBIA GOVERNMENT

The most important five-year period in a person's life is the last three months of fetal life and the first four and three-fourths after birth according to recent testimony before this committee. I counsel every day with children who fall into this critical age category. They are my major concern as a public health nutritionist in the District of Columbia Department of Public Health. My position is made possible through the legislation authorizing Comprehensive Care Projects for Children and Youth which Children's Bureau administrates.

I should like to bring to your attention the nutrition problems which I encounter during a typical day at the clinic. Last Thursday I saw 17 patients. Thirteen were from one to six months old. Most babies under six months are reasonably well fed because their needs can be simply met. Many mothers have had instruction on infant feeding during their prenatal care. During this time the clinic reinforces the mother's concern by seeing the child from four to five times in the first six months of life—and even more often if necessary.

We find that mothers need counseling during this period for such problems as:

1. Insufficient or excessive milk intake.
2. Improper formula preparation.
3. Inadequate food supply in the home.
4. Excessive spitting up.
5. Rashes which may be caused by food allergies.
6. Low iron intake usually resulting from lack of information about iron content of the different cereal products.

For the older child, the problems are more complex and the nutrition situations are more diverse. I should like to direct your attention to the other four children whom I saw last Thursday.

First, Warren transferred to our clinic at 10 months of age. Three different people feed him so his mother knew only what he had for dinner the night before—noodles, applesauce and half of a hot dog. His growth rate is below normal. The family income is \$302 per month for three people—too high for Food Stamps, but considerably below the new lower budget standards published by the Bureau of Labor Statistics. His mother needs a great deal of expertise to provide food for the family on such a budget. She needs to be encouraged to find out what her son eats and to be sure that it is adequate for health and growth.

Second, Tony, the 10-month-old son of a family earning \$320 per month, presented a much better picture. Although he was underweight for his height, his growth curve was normal. Food intake was fair but intake of iron and Vitamin C was low. Nutrition counseling takes time. I emphasize the good points in his diet and try to involve his mother in deciding what she can do to improve it. Together we work out a list of improvements that she will try. These ideas are written down so she can refer to them at home. She has an active interest in what Tony needs and I feel the time we spend discussing nutrition will result in improved food intake for all the family.

Healthy children come to our clinic too. In the third case, Andre's mother has faithfully kept every clinic appointment for her eight-month-old son. His nutrition evaluation has been consistently good because his mother cares about what he needs and she is a wise shopper. She uses Food Stamps regularly to augment

the monthly income of \$376 for her family of 10. She has constant difficulty managing to provide food, shelter, clothing and transportation for 10 on a budget that is at least \$125 per month less than the new lower budget standards for a family of four recently published by the Bureau of Labor Statistics—and she needs continual help.

The fourth family counseled on the same day has a litany of problems. Atheia, their 14-month-old daughter was premature at birth and has shown poor weight gain since. The father attempts to support his family of five on \$280 per month which he earns as a janitor. His income should qualify them for Food Stamps, but when they applied they were refused. Atheia's health care during her first year was in a clinic where there is no nutritionist. She has transferred recently to our clinic so I will be able to work with the family to help her mother understand that pork and beans and potatoes are not an adequate dinner for a 14-month-old child. But, knowledge alone won't help unless some means is found to bring more food into the home—through a more liberal Food Stamp program and through other means such as the Supplemental Food Program.

In the four cases just cited, the head of the house was employed full time but did not earn an adequate income to support his family.

There is one other fact that I should like to bring out about the 17 families who came to clinic last Thursday. Five of the families are receiving public assistance but only two of the five are using Food Stamps. Two others seemed interested when I explained the benefits of the program and told them how they could be certified. The fifth woman had used Food Stamps but she said the certification check stopped coming so I have contacted her case worker to see what can be done.

If certification for Food Stamps for public assistance recipients was automatic as it is in some states such as New Jersey, many more people would be benefiting from the program. In addition, the time and money spent by the Welfare Department to certify these recipients through a separate process could be saved. Better services could be given to others who are not receiving public assistance but who are eligible for Food Stamps.

"At income levels under \$3000, more than a third of the diets are poor," according to the 1965 food survey completed by the U.S. Department of Agriculture. "A higher percentage of families has good diets as the income increased, but income alone does not insure a good diet." Education is needed, but it takes time. An increase in money and food resources will bring some immediate results.

Enough money for food plus knowing what to buy are as essential for good nutrition as gasoline and oil are for a car. You can't even get started without gasoline or money, but you won't make it to your goal without oil or food-buying knowledge.

The work of the Select Committee on Nutrition and Human Needs has brought national attention to the problems of hunger and poor nutrition status. I hope your efforts will also inspire national support for providing the necessary money and nutrition education so that every American can have an adequate diet.

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STATEMENT BY PATRICIA F. ROSELEIGH, PUBLIC HEALTH NUTRITIONIST, DEPARTMENT OF PUBLIC HEALTH, DISTRICT OF COLUMBIA GOVERNMENT

A concern for the good health of all members of society is a fundamental concept. During pregnancy, this concept assumes greater importance since the nutritional status of the expectant mother may affect the fetus and its subsequent mental and physical condition.

It has been documented that health and related problems are associated with poor diet. Daily, public nutritionists in our seven health department maternity clinics and three contract hospitals counsel patients and encounter a significant number who consume insufficient food with the resultant lack of one or more essential nutrient. Pregnancy imposes an additional demand for particular foods, such as those containing good quality protein, vitamins and minerals. From food histories based solely on patients' recall, the daily diet is frequently inadequate in the intraconceptual stage as well as the prenatal period. Pattern of eating may consist of no breakfast, chicken-noodle soup and a soft drink for lunch, with a main meal of meat, potatoes, and vegetables (usually greens or green beans) with Kool-aid as the beverage. Snacks frequently are chosen from high-

energy foods such as corn or potato chips, soft drinks, candy bars, cupcakes, or cookies. The mother feels it is faster and easier to purchase food at a carry-out and/or hamburger chain than spend the same amount of money preparing it at home. If money for food is limited, meat is generally the first food eliminated; if money is available, meat receives a high priority. When our clients have money, usually the first of the month or payday, they eat well but by the third week of the month, they resort to snacks or high carbohydrate foods to keep going.

These are some examples:

Mrs. B. is a pregnant diabetic and her husband is employed in a car wash with a take-home pay of \$50.00/week. Total fixed expenses for the month amount to \$153.00 which leaves approximately \$47.00 for food, clothing, and household needs. The week the rent is due, it is not uncommon to find them without food in the house. Food stamps were suggested by the nutritionist but the couple felt they could never afford to spend \$20.00 twice a month even though they would receive a total monthly bonus of \$12.00 in stamps. The patient depends upon family or friends to help them during this critical period which is a repetitive process month after month. With the result, she had difficulties with both her pregnancy and her diabetes.

One family has nine children with the mother expecting the tenth child. The father holds two jobs thus providing an income of \$6,000.00/year. The mother uses food stamps and all the resources of the community where possible, such as free health care for her preschool children, free dental care for the school age ones, etc. She shops weekly taking advantage of specials and sales. To keep the appetites of her children satisfied, she prepares meals that are filling but high in carbohydrate. Meat is a luxury item for a family of this size since even a meal of hamburger costs about \$2.69 for the meat alone. She uses large quantities of neck bones, chicken wings, hot dogs, and cold cuts. Keeping fresh fruit, milk and bread on hand is a problem since the children, if not watched, will eat the total supply of these items, the day they are purchased. This mother is concerned about her children and keeping them fed but often neglects her own physical well-being by skipping meals or pleading not being hungry if the food is in short supply. Since the husband works so hard, the mother sets aside special foods for him, particularly meat.

Many of our patients have short-term goals: survival on a day-to-day basis. They have no bank accounts, savings, or affluent relatives from whom they can borrow money for emergencies. Money is needed for many daily needs:

*Transportation.*—In the District of Columbia just one trip to a clinic requires \$.60 busfare.

*Shopping.*—If grocery stores are not in walking distance, a cab is required to transport home the bags of groceries. If the cab is kept waiting while repeated trips are made to carry in the packages, the fare is higher.

*Laundry.*—Few of our patients own washing machines so they use the coin-operated type. For a large family, this output can amount to about \$3.00—\$4.00 in a week.

The money allocated for food is "elastic"—if any type of emergency or need arises, this is the only available source of income. Many low income families who do not receive assistance are not able to provide themselves with an adequate diet. Our food programs do not reach all the people who need them. Lack of knowledge about resources available is a distressing problem.

Public Health nutritionists in maternity clinics provide nutrition education and consumer information. Correct knowledge about the daily needs of necessary foods is a serious lack. A majority of new patients have limited cooking experience and information about basic nutrition. As long as they satisfy their hunger, they feel they are eating adequately. The difference between an orange drink, an orange pop, or orange juice is not understood. Few know the necessity of daily intake of certain nutrients such as Ascorbic acid or iron. The nutritionist tries to help the family budget its income to allow sufficient money to purchase the foods for an adequate diet for the whole family. Unfortunately, the money left after the other essential elements of daily living are fixed is quite limited and requires considerable skill in purchasing food at the lowest price.

From July 1, 1968, to February 28, 1969, the Public Health nutritionists in the clinics gave service to 7,656 individual patients of which 5,608 were considered High Risk at the initial visit under the terminology established in the Maternal and Infant Care Project. Of these total patients 32.6% (2,495) required some type of therapeutic diet. Reasons for diet orders were: edema, hypertension, anemia, underweight, and obesity—all signs or symptoms of poor dietary intake.

In addition to individual conferences, 178 food demonstrations were presented to approximately 1,416 women. Weekly nutrition education classes were taught to pregnant adolescents attending Websters Girls School and at two maternity homes.

There is a need for additional time to develop meaningful teaching materials, make home visits, give follow-up assistance so urgently needed by the mothers of the new-born, either high risk or with handicapping conditions. With the initiating of the supplemental foods programs, patients will need concentrated assistance on making good use of the foods. Availability of the program, recipes, menus and directions for use of the foods offered will need to be given to help meet the needs of individuals and families. More time could be spent in working with the hard-to-reach low income families, teaching them better use of their food money, how to avail themselves of community resources such as the Food Stamp Program, free school feeding programs, etc.—all in relation to their health and/or any diseased condition.

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STATEMENT BY ANN C. WILKSHIRE, PUBLIC HEALTH NUTRITIONIST, DEPARTMENT OF PUBLIC HEALTH, DISTRICT OF COLUMBIA GOVERNMENT

The area of program activities with which I and several other public health nutritionists work is primarily the area of chronic disease. This is not limited to the aged but covers adults. In dealing with chronic disease the nutritionists make practical application of the physicians' diet prescriptions. Economic limitations, educational, cultural patterns, social and emotional factors that may interfere with the patients' ability to cope with the medical regime must be given prime consideration.

Ability to follow good medical directions is indeed primarily controlled by income level. Adapting the diet orders to the lowest priced, seasonal foods for each patient, still does not give assurance the patient will be able to follow medical orders week after week. Actually the patient may be able to proceed quite well for 2½ to 3 weeks, only to have all gains lost during the remainder of the month when he is reduced to eating inexpensive high caloric foods because money has given out. At the adult health and geriatric clinics approximately ¾'s of the patients are suffering from chronic diseases such as diabetes and cardiovascular conditions which become aggravated through lack of continuity in the diet and may lead to hospitalization. The nutritionist, as a member of the medical team aims to provide the patient with the skills to maintain himself in his own home environment as long as possible. Independence produces a more contented and happier patient and avoids the increased costs of extended care. Control of disease through adequate nutrition is economically important to the community.

Patients are seen individually to learn their eating habits by recording their food intake for the past 24 hours, to teach them normal nutrition, or instruct them on a therapeutic diet. Repetition is of great value to emphasize points that must be remembered, and the nutritionist counsels the patient each time he returns to clinic. Every opportunity is given the patient to voice questions and problems during the individual conferences and at the regularly scheduled group classes. Separate group discussions are held weekly for patients with diabetes and also for overweight patients. Food demonstrations for all adults are presented to stress consumer education and re-emphasize the nutrition information. This group method has been meaningful as good health is important to them at this age.

Home visits are made to geriatric patients by the home economist to help bridge the gap between therapeutic diet orders and other home problems such as budgeting needs and ways of easing the strain of housekeeping activities. Often patients need someone to listen to their problems and anxieties. Patients may need urging and instruction on how important it is to not skip meals. Lack of teeth or improper fitting dentures is a serious problem for many elderly and assistance must be given on preparation of food so it is more easily chewed.

About one third of the geriatric patients living in public housing units are participating in the food stamp program. An equal number of residents are ineligible for food stamps because their income is above the established USDA level for participation. The aged find difficulty in managing because they cannot always shop where prices are lowest. Shopping has to be done more often be-

cause they cannot carry heavy packages. Money too often runs out before the end of the month.

Public housing units have the advantage of adequate kitchen equipment. Many patients are less fortunate and may have only one electric burner in their room and share a refrigerator with several other people. Menus and recipes are prepared to assist patients with this problem.

Another program for our aged, the Home Care Program, is now providing comprehensive medical care to 456 home bound patients. Services are primarily for the chronically ill. The program uses a team approach for patients able to be maintained at home, but unable to be conveniently transported to and from clinic. These patients require continuing medical care.

The public health nutritionist works as a member of the team, providing direct service to patients. Training of health aides is a responsibility of the nutritionist as well as the development of diet guidelines, nutrition educational material and visual aids to augment diet instruction at the appropriate literacy level.

A sixty-seven year old obese, diabetic patient with limited walking ability due to a previous stroke, lives alone in a housing project. A social security check provides \$87.50 each month. Rent is \$30, telephone \$6.79 and a life insurance policy is \$8.90.

Mrs. A is on a 1500 calorie diabetic diet. Once every 2 weeks, a health aide does the grocery shopping. It is impossible for the patient to participate in the food stamp program, as there is no one to go regularly to the bank to pick up the stamps. This patient understands her diet instructions but because of insufficient income is often unable to follow them. At times her problems overwhelm her and she may soon have to elect to live in an extended care facility where people can care for her.

Not all patients can be cared for by clinics and/or the home care program as they may have deteriorated sufficiently to require continual nursing home care. A nutritionist works with the 23 nursing homes, 90 personal care homes and other extended care facilities in the District of Columbia that compose a complement of approximately 3,000 beds. Limited physical facilities and limited untrained personnel call for continual individual planning to improve quality of meals and diets served to patients. Many of these patients have minimal incomes or are under some form of financial assistance program and payment received by the operators may place restrictions on the food service.

Geriatric patients may pass from clinic, to home care, to the hospital and then repeat the cycle several times. During these medical transitions, the public health nutritionists work closely together to reduce patients' problems of adjusting to new dietary needs.

Mrs. EARL. I would like to give to the committee some of these materials that we developed for educational purposes.

Senator ELLENDER. Let them be filed with the committee, and we will see whether or not they should be filed in the record.

Mrs. LING. I won't read my testimony, but there is one statement I would like to reiterate before this committee, and that is to make the food stamp program more liberal, because so many of the families that I work with in the clinic are not eligible for this, and yet they are far below the income standards set up by the Bureau of Labor Statistics as needed for a minimum living standard.

Senator COOK. Don't you also find that they are not capable of doing this once a month?

Mrs. LING. Oh, sir; there is not enough income and not enough education to provide an adequate diet with this sort of income.

Senator COOK. Have you also found over a period of time that you have evaluated this in relation to the problems that you face, and that it was a program that was originally established, but has not kept up with the increase in the cost of living?

Mrs. LING. I think that is definitely true. And if welfare recipients were automatically certified for the receipt of food stamps, people would be able to take advantage of this program more easily.

Senator COOK. I think we jumped on welfare severely yesterday on this point.

Senator ELLENDER. That rule can be put in effect if the representatives want to put it into effect.

Mrs. WILKSHIRE. I am Ann Wilkshire, and I work predominantly with adults and geriatrics. I would like to make the point that many of our parents will not have a change in their status even if a supplementary program comes along, because only one-third of the patients that we service are participating in food stamps.

The other third have incomes that are above the food stamp program level. Many of these people are in retirement and social security-type programs. They are not going to be eligible for the supplementary food program we have just been discussing, so that these groups are still the ones that need a great deal of detailed nutrition education and food resources.

Senator COOK. Also, many of these programs should be expanded in many of these instances.

Mrs. WILKSHIRE. Yes.

Mrs. ROSELEIGH. I am Patricia Roseleigh. I would like to see nutrition education start at conception rather than at birth. Our patients come to us under a stress program of pregnancy in a very poor state of nutrition, and the supplementary food program would be good for only a certain period.

We need to get these patients in between pregnancies. This is a very important time for them.

Senator ELLENDER. Thank you very much. We are glad to have had you.

Mr. Mayers?

#### **STATEMENT OF DANIEL K. MAYERS, HEALTH AND WELFARE COUNCIL OF THE NATIONAL CAPITAL AREA**

Mr. MAYERS. My name is Daniel K. Mayers. I am appearing on behalf of the Health and Welfare Council of the National Capital area, specifically for its committee on Federal legislation.

The council is a private, nonprofit organization financed chiefly by the United Givers Fund. It is the focal point of voluntary efforts by those who care about planning and developing related community services for the greater metropolitan area. The council also determines the allocations of UGF funds to eligible private voluntary agencies. Although these agencies serve a wide variety of community needs, it is the poor, the needy, and the hungry who are their principal recipients.

When we heard of this committee's plan to hold hearings in Washington, we felt that we could help by providing you, perhaps for the first time, with a reliable breakdown of a major American city by income group, family size, and nutritional needs, so that the true cost of eliminating hunger and malnutrition in a finite area could be measured with some accuracy.

The appendix to our statement is a statistical study which I hope will be of help in demonstrating the true dimensions of the problem, assuming we were going to do a complete job in eliminating hunger.

Let me begin with our central conclusion: The current food stamp program in the District is reaching only approximately 11 percent of those people needing some financial assistance to maintain minimum nutritional levels. As of 3 months ago, 33,000 District of Columbia citizens were benefiting from food stamps and I understand the most recent estimate you received was 27,000.

Yet our conclusions show that there are more than 250,000 District of Columbia residents who are in need of some financial aid to achieve what the Department of Agriculture calls an "economy food plan" diet.

(The prepared statement of Daniel K. Mayers follows:)

PREPARED STATEMENT BY DANIEL K. MAYERS ON BEHALF OF THE HEALTH AND WELFARE COUNCIL OF THE NATIONAL CAPITAL AREA

My name is Daniel K. Mayers. I am appearing on behalf of the Health and Welfare Council of the National Capital Area, specifically for its Committee on Federal Legislation. The Council is a private, non-profit organization financed chiefly by the United Givers Fund. It is the focal point of voluntary efforts by those who care about planning, developing and coordinating health, welfare, recreational and related community services for the greater metropolitan area. The Council also determines the allocations of UGF funds to eligible private voluntary agencies. Although these agencies serve a wide variety of community needs, it is the poor, the needy, and the hungry who are their principal recipients.

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Let me begin with our central conclusion: The current food stamp program in the District is reaching only approximately 11% of those people needing some financial assistance to maintain minimum nutritional levels. As of three months ago, 33,000 D.C. citizens were benefiting from food stamps. Yet our conclusions show that there are more than 250,000 D.C. residents who are in need of some financial aid to achieve what the Department of Agriculture calls an "economy food plan" diet.

Let me make clear that not all these 250,000 are presently hungry people, or are suffering from malnutrition. Many of this number would require only several hundred dollars a year or less from the federal government to be able to furnish themselves with a minimally adequate diet, and until our government fulfills this responsibility, these people simply are foregoing and will forego other basic necessities in order to eat. But it is equally obvious that many others in this group are hungry, undernourished, and lack any means of correcting their condition. For example, our study shows that there are almost 70,000 people in the District who either have or whose family group has disposable incomes of less than \$1,000 a year. There are an additional 40,000 persons in the \$1,000-\$2,000 category. Many of these must be hungry people. Yet the food stamp program is not even reaching 30% of these most impoverished citizens.

What would a food stamp program cost that would guarantee this quarter million of our citizens a minimum diet for which they would not pay more than 25% of their disposable income? Our study puts the cost of such a program at \$39 million per year. And as our tables show, this cost rises to almost \$57 million if we assume that no more than 17% of income should be devoted to food purchases. (See Table 9.)<sup>1</sup>

Let me describe briefly how we arrived at these figures. As an example, let us take a family of six—parents, a pre-teen boy, a second child of 8, and two little ones between 6 and 3. The USDA tells us that this family can eat on \$1450 a year (Table 1),<sup>1</sup> and even though this comes to only 65 cents per person each day, we have used this figure. This family of six would require disposable income of \$5,800 if it is only to spend 25% of its means for food (see Table 2).<sup>1</sup> But if its disposable income is in fact only \$2,500, it can contribute only \$625 annually, and the public cost of keeping this family at minimum nutritional levels

<sup>1</sup> See tables on pp. 2337-2343.

would be \$825 (Table 3).<sup>1</sup> Our figures, derived from U.S. census statistics, show that in the District of Columbia there are 1,089 such 6-member families whose annual income is between \$2,000 and \$3,000 (Table 4),<sup>1</sup> and that the annual cost of supplementing this group's ability to achieve an adequate diet would be \$898,425 (Table 7).<sup>1</sup> By extending this methodology to all families of various sizes and income levels, we have arrived at our conclusions.

I should emphasize that we intentionally based our study on the most conservative statistics. First, family food needs were calculated for the USDA's "economy" food plan—designated for short-term emergency use when funds are especially limited. This plan does not guarantee an adequate diet. Second, family income levels in the District were projected forward to 1967 from the 1960 census figures, although the demographic trend during the last eight years undoubtedly has increased the preponderance of low-income families. Furthermore, we have allocated 25% of disposable income to food, although the national average is 17%. And our census-derived income figures inflate true disposable income by excluding federal taxes.

Mr. Chairman, we believe these figures represent the true dimensions of our problem in the District of Columbia.

We recognize that \$39,000,000 is a lot of money. But 250,000 people in a single city who lack the means to feed themselves adequately is a lot of people. If adequate food stamps for all cannot be had immediately, we must start now to help those most in need, to expand the coverage of the existing program. Moreover, the entire program must be made more accessible, and the standards must be changed to recognize that the poorest of us cannot control his hunger with any less food than his more fortunate neighbor.

The direct experience of our constituent agencies with the operation of the food stamp program in our city confirms both the present inadequacy of the present program and the need for greater federal efforts which our statistics suggest.

We have canvassed our HWC agencies during the past month to obtain up-to-date information regarding the strengths and weaknesses of our food stamp program. We talked to agency executives, professional staff workers and social work aides. We were impressed with the strong unanimity expressed by these persons that the present program falls lamentably short of meeting even a fraction of the real need.

In theory, federal programs should meet the basic needs of the poor, and private agencies only should be supplementing these programs. Yet we found that in many cases the opposite was true. Many of the poor and hungry in fact must turn to our private groups for help because they cannot afford the federal food stamp program.

The Table of Issuance for the District of Columbia, which sets the purchase price and bonus value of food stamps for families of different incomes and size, on its face provides the best evidence that a very large percentage of families who are eligible for food stamps simply cannot raise the money to buy them. For example, a family of four with a disposable income of \$70 a month is required to spend 46% of that income—\$32—in order to receive \$38 of bonus food, even though the Department of Agriculture tells us that this bonus amount is \$30 short of this family's minimum nutritional needs. Asking this family to somehow save up nearly half its meager income each month in order to purchase stamps, when faced with a barrage of recurring nondeferrable expenses such as rent, basic utilities, and clothing, explains in large part why the program is reaching so few of those who need help.

The requirement that the total monthly supply of food stamps must be purchased irrevocably. Our agencies generally reported that many families from participating. They are understandably unwilling or unable to tie up so much money so irrevocably. Our agencies generally reported that many families do not find the value of the bonus stamps sufficiently attractive to take this risk. A look at the table of bonus values surely bears this out.

Another major defect in the food stamp program as reported by our agencies is the serious shortage of certification officers and food stamp offices. With only 14 certification officers and 10 offices, four of which are open only 1 day a week, it is clear the food stamp program cannot possibly cope with the need which our statistics have documented.

<sup>1</sup> See tables on pp. 2337-2343.

We were told that applicants must usually get to the certification office before 7:30 a.m. to be seen that day. A single officer can process usually no more than 15 persons a day. Thus, if a needy person arrives early he may have to wait as much as 6 hours, or even have to come back again the next day. Many mothers of young children simply cannot leave their families that early in the day for that long a period.

Furthermore, the regulations require frequent recertification. Until recently, all those with no regular incomes had to be recertified every month. Under special conditions, they need now be recertified only every three months along with those who have regular incomes. Only those with statutory benefits, such as social security and veterans' pensions, are allowed a six-month period before recertification. If a family, for one reason or another, including emergencies or unusual expenses, does not purchase its stamps for three months or buys them irregularly, it is dropped and must be recertified.

Agency social workers report that the time required for certification and recertification, the limited hours and number of the offices, the transportation problem, and the possible loss of income from missing a work day are all very real obstacles preventing participation. As one of our agencies reported: "it is only the patient, forbearing applicant who succeeds in getting food stamps."

Let me simply report briefly other common complaints that our community representatives voiced:

"An individual even when certified has to go to a specified bank or credit union to purchase his stamps. The limited hours that banks are open may mean that it will be a day or more before the family can get their stamps.

"Social workers and clients generally cannot understand why the food stamp plan does not cover the purchase of cleaning and other household supplies, which are sold in food stores and are normally considered as part of the food budget. This is a significant deterrent to many persons who are unwilling to devote their entire income available for food and household supplies to food only.

"Nearly every agency stressed the enormous need for an active program of consumer and nutrition education, which must reach out into the community.

"There was widespread agreement that the lack of an adequate public information program which would reach potential participants throughout the city was a great obstacle to participation. It was believed that a very high percentage of eligible families did not know of the program at all or did not understand what it might mean for them."

You have heard all these complaints and suggestions from others more qualified than I. What is of special significance to HWC is that these inadequacies mean that many families eligible and in need of food stamps are not able to take advantage of the program and must be given assistance by private agencies. Our agencies report widespread requests for help. Although some are able to do so, most must refuse or give money as a loan only.

A few agencies have been able to provide some cash assistance:

1. In 1968, one of the largest private family agencies in the District paid out in direct cash relief nearly \$25,000 to help clients purchase food and food stamps. Another agency reports 1968 payments of \$19,000 for food and food stamps.

2. A neighborhood center reported that it had spent approximately \$500 during the first three months of 1969 to underwrite the purchase of stamps.

3. Another settlement house reported that through a cooperative program supported by several other agencies and churches it had distributed over 3000 cans of food to 128 families during one month alone in 1968 to meet urgent food needs.

It surely is ironic that private charity must be used to qualify the needy for basic federal assistance—that these agencies must provide "seed money" to those otherwise too poor to take advantage of federal aid. This simply is not an appropriate burden for private agencies to carry in this day and age.

Above all, we heard from our people what your Committee has heard over and over again. There is no justification, nor can one be invented, for any system which assumes that a family with no income has any less need for minimum nutrition than the identical family which can afford to make some contribution toward purchasing its food stamps. The present system, premised on the assumption, for example, that a four-member family with no income can sustain itself on

\$60 a month for food while the same family with a \$250 monthly income requires \$100, is a blemish on the integrity of our national conscience. We simply must change this aspect of our program immediately, both in the District and nationally.

In conclusion, I want only to emphasize that this problem of hunger in our city is not one about which only the needy or certain public officials are concerned. The private agencies represented by HWC are also vitally concerned. And perhaps more importantly, the many people comprising the essentially middle class segment of our city who work with and support these agencies care.

We hope that by attempting to define the dimensions of this problem in Washington we have contributed toward a chain of events that will eventually, with your help, result in a city and a nation where none need exist without a basic, nutritional diet.

Senator COOK. This is 250,000 individuals, not family units.

Mr. MAYERS. Yes.

Senator COOK. We were talking about 33,000 and 27,000. I think they were talking about the number of people that have made application.

Mr. MAYERS. Right.

Senator COOK. You are talking about individuals and not family units, right?

Mr. MAYERS. I am talking about 250,000 individuals who need help, and they were talking about 32,000 persons, I think, who were being benefited, so we are talking about 11 percent.

Senator ELLENDER. Is that peculiar to Washington? Do you find the same situation in other places?

Mr. MAYERS. Well, I come from Washington, and this is our health and welfare council. I think this same kind of study could be made in other cities, and I think it should be made.

Senator ELLENDER. To me, it is hard to believe that 89 percent of the population of Washington needs relief.

Mr. MAYERS. I didn't suggest 89. I suggested 11 percent of those needing some financial assistance are now getting food stamps. I would like to make that clear.

Senator ELLENDER. How many need food stamps? Would you be able to break that down?

Mr. MAYERS. Yes, if I could go on, I think I could make that clear.

Senator ELLENDER. All right.

Mr. MAYERS. Let me make clear that not all these 250,000 are presently hungry people, or are suffering from malnutrition. Many of this number would require only several hundred dollars a year or less from the Federal Government to be able to furnish themselves with a minimally adequate diet, and until our Government fulfills this responsibility, these people simply are foregoing and will forego other basic necessities in order to eat.

#### 111,000 HUNGRY PEOPLE

But it is equally obvious that many others in this group are hungry, undernourished and lack any means of correcting their condition. For example, our study shows that there are almost 70,000 people in the District who either have or whose family group has disposable incomes of less than \$1,000 a year. There are an additional 40,000 persons in the \$1,000-\$2,000 category. Many of these must be hungry people. Yet the

food stamp program is not even reaching 30 percent of these most impoverished citizens.

What would a food stamp program cost that would guarantee this quarter million of our citizens a minimum diet for which they would not pay more than 25 percent of their disposable income?

We estimate that a food stamp program that would guarantee to 250,000 of our citizens that they would not pay more than 25 percent of their disposable income for a minimum income would cost \$39 million per year. That 25-percent figure is a figure that Senator Talmadge and others have used recently, and Senator McGovern has used, and it is a conservative figure. Moreover, as our tables show, this cost rises to almost \$57 million if we assume that no more than 17 percent of income should be devoted to food purchases (see table 9).

Let me describe briefly how we arrived at these figures. As an example, let us take a family of six—parents, a preteen boy, a second child of eight, and two little ones between six and three. The USDA tells us that this family can eat on \$1,450 a year (table 1), and even though this comes to only 65 cents per person each day, we have used this figure.

This family of six would require disposable income of \$5,800 if it is only to spend 25 percent of its means for food (see table 2). But if its disposable income is, in fact, only \$2,500, it can contribute only \$625 annually, and the public cost of keeping this family at minimum nutritional levels would be \$825 (table 3).

Our figures, derived from U.S. Census statistics, show that in the District of Columbia there are 1,089 such six-member families whose annual income is between \$2,000 and \$3,000 (table 4), and that the annual cost of supplementing this group's ability to achieve an adequate diet would be \$898,425 (table 7). By extending this methodology to all families of various sizes and income levels, we have arrived at our conclusions.

I should emphasize that we intentionally based our study on the most conservative statistics. First, family food needs were calculated for the USDA's "economy" food plan—designated for short term emergency use when funds are especially limited. This plan does not guarantee an adequate diet.

Second, family income levels in the District were projected forward to 1967 from the 1960 Census figures, although the demographic trend during the last 8 years undoubtedly has increased the preponderance of low-income families.

Furthermore, we have allocated 25 percent of disposable income to food, although the national average is 17 percent. And our Census-derived income figures inflate true disposable income by excluding Federal taxes.

Mr. Chairman, we believe these figures represent the true dimensions of our problem in the District of Columbia.

We recognize that \$39 million is a lot of money. But 250,000 people in a single city who lack the means to feed themselves adequately is a lot of people. If adequate food stamps for all cannot be had immedi-

ately, we must start now to help those most in need, to expand the coverage of the existing program.

Moreover, the entire program must be made more accessible, and the standards must be changed to recognize that the poorest of us cannot control his hunger with any less food than his more fortunate neighbor.

We sent out to our agencies and said, "What have you heard," what have the private agencies heard? What is their experience with the food stamp programs?

Senator COOK. I think they are standard.

Mr. MAYER. We set them out and I won't repeat them. What is significant is that these inadequacies which keep them from being able to take advantage of the program so that they must be given assistance by private agencies.

The direct experience of our constituent agencies with the operation of the food stamp program in our city confirms both the present inadequacy of the present program and the need for greater Federal efforts which our statistics suggest.

We have canvassed our HWC agencies during the past month to obtain up-to-date information regarding the strengths and weaknesses of our food stamp program. We talked to agency executives, professional staff workers and social work aides. We were impressed with the strong unanimity expressed by these persons that the present program falls lamentably short of meeting even a fraction of the real need.

#### BASIC NEEDS

In theory, Federal programs should meet the basic needs of the poor, and private agencies only should be supplementing these programs. Yet we found that in many cases the opposite was true. Many of the poor and hungry, in fact, must turn to our private groups for help because they cannot afford the Federal food stamp program.

The table of issuance for the District of Columbia, which sets the purchase price and bonus value of food stamps for families of different incomes and size, on its face provide the best evidence that a very large percentage of families who are eligible for food stamps simply cannot raise the money to buy them.

For example, a family of four with a disposable income of \$70 a month is required to spend 46 percent of that income—\$32—in order to receive \$38 of bonus food, even though the Department of Agriculture tells us that the bonus amount is \$30 short of this family's minimum nutritional needs.

Asking this family to save up nearly half its meager income each month in order to purchase stamps, when faced with a barrage of recurring nondeferrable expenses such as rent, basic utilities and clothing, explains in large part why the program is reaching so few of those who need help, in order to make the people who are too poor to have that money one time a month to go in and get food stamps.

The requirement that the total monthly supply of food stamps must be purchased at one or two times each month inhibits many families from participating. They are understandably unwilling or unable

to tie up so much money so irretrievably. Our agencies generally reported that many families do not find the value of the bonus stamps sufficiently attractive to take this risk. A look at the table of bonus values surely bears this out.

Another major defect in the food stamp program as reported by our agencies is the serious shortage of certification officers and food stamp offices. With only 14 certification officers and 10 offices, four of which are open only one day a week, it is clear the food stamp program cannot possibly cope with the need which our statistics have documented.

We were told that applicants must usually get to the certification office before 7:30 a.m. to be seen that day. A single officer can process usually no more than 15 persons a day. Thus, if a needy person arrives early, he may have to wait as much as 6 hours, or even have to come back again the next day. Many mothers of young children simply cannot leave their families that early in the day for that long a period.

Furthermore, the regulations require frequent recertification. Until recently, all those with no regular incomes had to be recertified every month. Under special conditions, they need now be recertified only every 3 months along with those who have regular incomes. Only those with statutory benefits, such as social security and veterans' pensions, are allowed a 6-month period before recertification.

If a family, for one reason or another, including emergencies or unusual expenses, does not purchase its stamps for 3 months or buys them irregularly, it is dropped and must be recertified.

Agency social workers report that the time required for certification and recertification, the limited hours and number of the offices, the transportation problem, and the possible loss of income from missing a workday are all very real obstacles preventing participation. As one of our agencies reported, "It is only the patient, forebearing applicant who succeeds in getting food stamps."

Let me simply report briefly other common complaints that our community representatives voiced:

An individual even when certified has to go to a specified bank or credit union to purchase his stamps. The limited hours that banks are open may mean that it will be a day or more before the family can get their stamps.

Social workers and clients generally cannot understand why the food stamp plan does not cover the purchase of cleaning and other household supplies, which are sold in food stores and are normally considered as part of the food budget. This is a significant deterrent to many persons who are unwilling to devote their entire income available for food and household supplies to food only.

Nearly every agency stressed the enormous need for an active program of consumer and nutrition education, which must reach out into the community.

There was widespread agreement that the lack of an adequate public information program which would reach potential participants throughout the city was a great obstacle to participation. It was believed that a very high percentage of eligible families did not know of the program at all or did not understand what it might mean for them.

You have heard all these complaints and suggestions from others more qualified than I. What is of special significance to HWC is that these inadequacies mean that many families eligible and in need of food stamps are not able to take advantage of the program and must be given assistance by private agencies. Our agencies report widespread requests for help. Although some are able to do so, most must refuse or give money as a loan only.

A few agencies have been able to provide some cash assistance:

In 1968 one of the largest private family agencies in the District paid out in direct cash relief nearly \$25,000 to help clients purchase food and food stamps. Another agency reports 1968 payments of \$19,000 for food and food stamps.

A neighborhood center reported that it had spent approximately \$500 during the first 3 months of 1969 to underwrite the purchase of stamps.

Another settlement house reported that through a cooperative program supported by several other agencies and churches it had distributed over 3,000 cans of food to 128 families during one month alone in 1968 to meet urgent food needs.

It surely is ironic that private charity must be used to qualify the needy for basic Federal assistance—that these agencies must provide “seed money” to those otherwise too poor to take advantage of Federal aid. This simply is not an appropriate burden for private agencies to carry in this day and age.

Above all, we heard from our people who your committee has heard over and over again. There is no justification, nor can one be invented, for any system which assumes that a family with no income has any less need for minimum nutrition than the identical family which can afford to make some contribution toward purchasing its food stamps.

The present system, premised on the assumption, for example, that a four-member family with no income can sustain itself on \$60 a month for food while the same family with a \$250 monthly income requires \$100, is a blemish on the integrity of our national conscience. We simply must change this aspect of our program immediately, both in the District and nationally.

In conclusion, I want only to emphasize that this problem of hunger in our city is not one about which only the needy or certain public officials are concerned. The private agencies represented by HWC are also vitally concerned. And perhaps more importantly, the many people comprising the essentially middle-class segment of our city who work with and support these agencies care.

We hope that by attempting to define the dimensions of this problem in Washington, we have contributed toward a chain of events that will eventually, with your help, result in a city and a nation where none need exist without a basic, nutritional diet.

(The following tables showing the cost of providing minimum nutrition to the citizens of the District of Columbia were prepared by the Federal Legislation Committee of Health and Welfare Council of the National Capital area:)

## APPENDIX

TABLE 1.—ESTIMATED DECEMBER 1968, COST BY FAMILY SIZE OF FOOD AT HOME UNDER USDA ECONOMY FOOD PLAN (WEEKLY AND ANNUALLY)<sup>1</sup>

Family composition <sup>2</sup> (age)	Family size—							
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
Adults, 25 to 35.....	\$12.36	\$12.36	\$23 for all 4.....	\$23 for all 4.....	\$23 for all 4.....	\$23 for all 4.....	\$23 for all 4.....	\$23 for all 4.....
Child, 6 to 9.....		\$4.90 (plus 5 percent) <sup>3</sup>						
Boy, 9 to 12.....								
Child, 3 to 6.....				\$4 (less 5 percent).....	\$4	\$4	\$4	\$4
Child, 3 to 6.....					\$4 (less 10 percent).....	\$4	\$4	\$4
Child, 1 to 3.....						\$3.40 (less 10 percent).....	\$3.40	\$3.40
Girl, 12 to 15.....							\$6.10 (less 10 percent).....	\$6.10 (less 10 percent).....
Weekly total for family.....	\$13.60	\$18.12	\$23	\$25.65	\$27.90	\$30.96	\$36.45	\$36.45
Annual cost.....	\$707.20	\$942.24	\$1,196.00	\$1,333.80	\$1,450.80	\$1,609.92	\$1,895.40	\$1,895.40
Rounded annual cost.....	\$710	\$940	\$1,200	\$1,330	\$1,450	\$1,610	\$1,900	\$1,900

<sup>1</sup> From USDA, January 1969 OFE (adm.) 256.<sup>2</sup> Ages and sexes selected to represent general characteristics of impoverished families.<sup>3</sup> Figures are given for individuals on the basis of a 4-member family. Percentages in parentheses are USDA adjustment factors for individuals in families of other sizes.

TABLE 1-A.—ESTIMATED DECEMBER 1968 COST OF FOOD AT HOME FOR UNRELATED INDIVIDUALS BY AGE AND SEX UNDER USDA ECONOMY FOOD PLAN (WEEKLY AND ANNUALLY)

Sex and age <sup>1</sup>	Weekly <sup>2</sup>	Annually <sup>3</sup>
Girl 14 to 21.....	\$6.20 (plus 20 percent) — \$7.44.....	\$390
Boy 14 to 21.....	\$7.20 (plus 20 percent) — \$8.64.....	450
Male 22 to 64.....	\$6.30 (plus 20 percent) — \$7.60.....	395
Female 22 to 64.....	\$5.50 (plus 20 percent) — \$6.60.....	345
Male 65 and over.....	\$5.25 (plus 20 percent) — \$6.30.....	330
Female 65 and over.....	\$4.45 (plus 20 percent) — \$5.35.....	280

<sup>1</sup> The age and sex categories were selected to correspond with available, recent Bureau of Census distributions of unrelated individuals by age and sex.

<sup>2</sup> From USDA, January 1969 CFE (Adm.)—256. Figures are given for individuals on the basis of a 4-member family. Percentages in parentheses are USDA adjustment factors for individuals living alone. USDA figures are for different age categories (for example, girls 12 to 15 and 15 to 20, not 14 to 21) so that composite costs were ascertained.

<sup>3</sup> Annual cost figures are rounded to simplify computations.

TABLE 2.—MINIMUM ANNUAL FAMILY INCOME NECESSARY TO SUPPORT ECONOMY PLAN FOOD COSTS WITH OUTLAY OF 17/20/25 PERCENT OF INCOME FOR FOOD <sup>1</sup>

Family size	Percent		
	17	20	25
Without children.....	\$4,110	\$3,550	\$2,840
With children:			
3 (1 child).....	5,530	4,700	3,760
4 (2 children).....	7,060	6,000	4,800
5 (3 children).....	7,820	6,650	5,320
6 (4 children).....	8,530	7,250	5,800
7 (5 children).....	9,470	8,050	6,440
8 (6 children).....	11,180	9,500	7,600

<sup>1</sup> The income referred to is disposable income or income after taxes and is derived from the annual food costs ascertained in table 1.

TABLE 2A.—MINIMUM ANNUAL INCOME OF UNRELATED INDIVIDUALS NECESSARY TO SUPPORT ECONOMY PLAN FOOD COSTS WITH OUTLAYS OF 17/20/25 PERCENT OF INCOME FOR FOOD <sup>1</sup>

Age and sex	17 percent	20 percent	25 percent
Female, 14 to 21.....	\$2,290	\$1,950	\$1,560
Male, 14 to 21.....	2,650	2,250	1,800
Male, 22 to 64.....	2,320	1,975	1,580
Female, 22 to 64.....	2,030	1,725	1,380
Male, 65 or over.....	1,940	1,650	1,320
Female, 65 or over.....	1,647	1,400	1,120

<sup>1</sup> The income referred to is disposable income or income after taxes and is derived from the annual food costs ascertained in table 1A.

TABLE 3.—ANNUAL AMOUNT OF BONUS STAMPS NECESSARY TO PERMIT DISTRICT OF COLUMBIA FAMILIES TO OBTAIN ECONOMY FOOD PLAN WITH OUTLAY OF 17 PERCENT, 20 PERCENT, OR 25 PERCENT OF INCOME FOR FOOD<sup>1</sup>

Family size	Income class <sup>2</sup>					
	Under \$1,000	\$1,000 to \$1,999	\$2,000 to \$2,999	\$3,000 to \$3,999	\$4,000 to \$4,999	\$5,000 to \$8,999
<b>WITHOUT CHILDREN</b>						
2 persons:						
17 percent.....	710	455	285	115	( <sup>3</sup> )	( <sup>3</sup> )
20 percent.....	710	410	210	10	( <sup>3</sup> )	( <sup>3</sup> )
25 percent.....	710	335	85	( <sup>3</sup> )	( <sup>3</sup> )	( <sup>3</sup> )
<b>WITH CHILDREN</b>						
3 (1 child):						
17 percent.....	940	685	515	335	175	( <sup>3</sup> )
20 percent.....	940	640	440	240	40	( <sup>3</sup> )
25 percent.....	940	565	315	65	( <sup>3</sup> )	( <sup>3</sup> )
4 (2 children):						
17 percent.....	1,200	945	775	605	435	10
20 percent.....	1,200	900	700	500	300	( <sup>3</sup> )
25 percent.....	1,200	825	575	325	75	( <sup>3</sup> )
5 (3 children):						
17 percent.....	1,330	1,075	905	735	565	140
20 percent.....	1,330	1,030	830	630	430	( <sup>3</sup> )
25 percent.....	1,330	955	705	455	205	( <sup>3</sup> )
6 (4 children):						
17 percent.....	1,450	1,195	1,025	855	685	260
20 percent.....	1,450	1,150	950	750	550	50
25 percent.....	1,450	1,075	825	575	325	( <sup>3</sup> )
7 (5 children):						
17 percent.....	1,610	1,355	1,185	1,015	845	420
20 percent.....	1,610	1,310	1,110	910	710	210
25 percent.....	1,610	1,235	985	735	485	( <sup>3</sup> )
8 (6 children):						
17 percent.....	1,900	1,645	1,475	1,305	1,135	710
20 percent.....	1,900	1,600	1,400	1,200	1,000	500
25 percent.....	1,900	1,525	1,275	1,025	775	150

<sup>1</sup> Based on the difference between the annual economy food plan costs by family size contained in table 1 and the annual outlay of income for food by family size. Where the annual family income was less than \$1,000, it was assumed that all necessary stamps would be provided free of charge. Where the annual family income exceeded \$1,000, it was assumed that all of the families in each income class were at the midpoint of the income range for their class and that the families spent 17 percent, 20 percent or 25 percent of their after-tax incomes for food, reducing the bonus to which they were entitled by that amount. E.g., if a 4-member family was at the \$1,500 income level (\$1,000 to \$1,999 range), their 17 percent outlay would yield \$255 for food, requiring \$945 in bonus stamps to reach economy food plan requirement of \$1,200.

<sup>2</sup> Income class was selected in light of the most recent available data (1967) on the District of Columbia. Although some families with 8 children might need bonus stamps even if their income exceeded \$9,000, the necessary data on distribution of families could not be secured.

<sup>3</sup> The family's investment of income exceeds the cost of the economy food plan, hence no bonus stamps are necessary.

TABLE 3-A.—ANNUAL AMOUNT OF BONUS STAMPS NECESSARY TO PERMIT DISTRICT OF COLUMBIA UNRELATED INDIVIDUALS TO OBTAIN ECONOMY FOOD PLAN WITH OUTLAY OF 17 PERCENT, 20 PERCENT, OR 25 PERCENT OF INCOME FOR FOOD<sup>1</sup>

Age and sex	Income class <sup>2</sup>		
	\$1,000	\$1,000 to \$1,999	\$2,000 to \$2,999
Girl, 14 to 21:			
17 percent.....	\$390	\$135	(3)
20 percent.....	390	90	(3)
25 percent.....	390	15	(3)
Boy, 14 to 21:			
17 percent.....	450	195	\$25
20 percent.....	450	150	(3)
25 percent.....	450	75	(3)
Male, 22 to 64:			
17 percent.....	395	140	(3)
20 percent.....	395	95	(3)
25 percent.....	395	20	(3)
Female, 22 to 64:			
17 percent.....	345	90	(3)
20 percent.....	345	45	(3)
25 percent.....	345	(3)	(3)
Male, 65 or over:			
17 percent.....	330	75	(3)
20 percent.....	330	30	(3)
25 percent.....	330	(3)	(3)
Female, 65 or over:			
17 percent.....	280	25	(3)
20 percent.....	280	(3)	(3)
25 percent.....	280	(3)	(3)

<sup>1</sup> Based on the difference between the annual economy food plan costs for unrelated individuals, by age and sex contained in table 1-A and the annual outlay of income for food by unrelated individuals, by age and sex. Where the annual individual income was less than \$1,000, it was assumed that all necessary stamps would be provided free of charge. Where the annual individual income exceeded \$1,000, it was assumed that all of the individuals in each income class were at the midpoint of the income range for their class and that the individuals spent 17 percent, 20 percent, or 25 percent of their after-tax incomes for food, reducing the bonus to which they were entitled by that amount; e.g., if a male aged 25 was at the \$1,500 income level (\$1,000 to \$1,999 range), then a 17-percent outlay would yield \$255 for food, requiring \$140 in bonus stamps to reach the economy food plan requirement of \$395.

<sup>2</sup> Income classes were selected in light of the most recent available data (1967) on the District of Columbia.

<sup>3</sup> Indicates that the individual's investment of income exceeds the cost of the economy food plan, hence no bonus stamps are necessary.

TABLE 4.—DISTRIBUTION OF FAMILIES BY FAMILY SIZE AND INCOME, WASHINGTON, D.C.<sup>1</sup>

Family size	Under \$1,000	\$1,000 to \$1,999	\$2,000 to \$2,999	\$3,000 to \$3,999	\$4,000 to \$4,999	\$5,000 to \$8,999
Without children: 2.....	3,077	2,208	4,380	5,249	2,932	25,376
With children:						
3 (1 child).....	1,164	836	1,658	1,987	1,110	9,604
4 (2 children).....	1,216	872	1,730	2,073	1,158	10,024
5 (3 children).....	969	695	1,379	1,653	924	7,991
6 (4 children).....	765	549	1,089	1,305	729	6,309
7 (5 children).....	544	391	775	928	518	4,487
8 (6 children).....	765	549	1,089	1,305	729	6,309

<sup>1</sup> The number of families in the District in each income range as of 1967 was obtained from the Mayor's Economic Development Program for Washington, ch. II, Chart No. 1 (Bureau of the Census data). This was distributed by family size by assuming that poor families in the District were distributed according to family size in the same manner as poor families throughout the United States. The countrywide figures as of 1966 were derived by the Social Security Administration. See Orshansky, "The Shape of Poverty in 1966," Social Security Bulletin, March, 1968, p. 7, table No. 4.

TABLE 4A.—DISTRIBUTION OF UNRELATED INDIVIDUALS BY AGE, SEX, AND INCOME, WASHINGTON, D.C.<sup>1</sup>  
NUMBER OF INDIVIDUALS

Age and sex	Under \$1,000	\$1,000 to \$1,999	\$2,000 to \$2,999
Female, 14 to 21.....	1,068	549	534
Male, 14 to 21.....	1,068	549	534
Male, 22 to 64.....	9,790	5,032	5,032
Female, 22 to 64.....	9,790	5,032	5,032
Male, 65 or over.....	6,942	3,569	3,569
Female, 65 or over.....	6,942	3,569	3,569

<sup>1</sup> The number of unrelated individuals in the District in each income range as of 1967 was obtained from the Mayor's economic development committee's overall economic development program for Washington, ch. II, chart No. 2 (Bureau of the Census data). This was further broken down by age by assuming that poor unrelated individuals in the District were distributed according to age in the same manner as poor unrelated individuals throughout the United States. The countrywide figures as of 1966 were derived by the Social Security Administration. See Orshansky, "The Shape of Poverty in 1966," Social Security Bulletin, March 1968, p. 6, table No. 3. The final analysis by sex assumed an equal division between male and female in each age group.

TABLE 5.—FOOD STAMPS IN THE DISTRICT OF COLUMBIA: ANNUAL COST OF PLAN WITH FAMILY INVESTMENT OF 17 PERCENT OF INCOME<sup>1</sup>

Family size	Income class					
	Under \$1,000	\$1,000 to \$1,999	\$2,000 to \$2,999	\$3,000 to \$3,999	\$4,000 to \$4,999	\$5,000 to \$8,999
Without children: 2.....	\$2,184,670	\$1,004,640	\$1,248,300	\$603,635		
With children:						
3 (1 child).....	1,094,160	572,660	853,870	665,645	\$194,250	
4 (2 children).....	1,459,200	824,040	1,340,750	1,254,165	503,730	\$100,240
5 (3 children).....	1,288,770	747,125	1,247,995	1,214,955	522,060	1,118,740
6 (4 children).....	1,109,250	656,055	1,116,225	1,115,775	499,365	1,640,340
7 (5 children).....	875,840	529,805	918,375	941,920	437,710	1,884,540
8 (6 children).....	1,453,500	903,105	1,606,275	1,703,025	827,415	4,479,390
Total.....	9,465,390	5,237,430	8,331,790	7,499,120	2,984,530	9,223,250
Grand total.....			42,741,510			

<sup>1</sup>The figures were determined by multiplying the number of families of a given size in a given income class in the District (see table 4) by the annual amount of bonus stamps necessary to permit such families to obtain the economy food plan with the appropriate percentage outlay of income for food (see table 3).

TABLE 6.—FOOD STAMPS IN THE DISTRICT OF COLUMBIA: ANNUAL COST OF PLAN WITH FAMILY INVESTMENT OF 20 PERCENT OF INCOME<sup>1</sup>

Family size	Income class					
	Under \$1,000	\$1,000 to \$1,999	\$2,000 to \$2,999	\$3,000 to \$3,999	\$4,000 to \$4,999	\$5,000 to \$8,999
Without children: 2.....	\$2,184,760	\$905,280	\$919,800	\$52,490		
With children:						
3 (1 child).....	1,094,160	535,040	729,520	476,880	\$44,400	
4 (2 children).....	1,459,200	784,800	1,211,000	1,036,500	347,400	
5 (3 children).....	1,288,770	715,850	1,144,570	1,041,390	397,320	
6 (4 children).....	1,109,250	631,350	1,034,550	978,750	400,950	\$315,450
7 (5 children).....	875,840	512,210	860,250	844,480	367,780	942,270
8 (6 children).....	1,453,500	878,400	1,524,600	1,566,000	729,000	3,154,500
Total.....	9,465,390	4,962,930	7,424,290	5,996,490	2,286,850	4,412,220
Grand total.....			34,558,170			

<sup>1</sup>The figures were determined by multiplying the number of families of a given size in a given income class in the District (see table 4) by the annual amount of bonus stamps necessary to permit such families to obtain the economy food plan with the appropriate percentage outlay of income for food (see table 3).

TABLE 7.—FOOD STAMPS IN THE DISTRICT OF COLUMBIA: ANNUAL COST OF PLAN WITH FAMILY INVESTMENT OF 25 PERCENT OF INCOME<sup>1</sup>

Family size	Income class					
	Under \$1,000	\$1,000 to \$1,999	\$2,000 to \$2,999	\$3,000 to \$3,999	\$4,000 to \$4,999	\$5,000 to \$8,999
Without children: 2.....	\$2,184,670	\$739,680	\$372,300			
With children:						
3 (1 child).....	1,094,160	472,340	522,270	\$129,155		
4 (2 children).....	1,459,200	719,400	994,750	673,725	\$86,850	
5 (3 children).....	1,288,770	663,725	972,195	752,115	189,420	
6 (4 children).....	1,109,250	590,175	898,425	750,375	236,925	
7 (5 children).....	875,840	482,885	763,375	682,080	251,230	
8 (6 children).....	1,453,500	837,225	1,338,475	1,337,625	564,975	\$946,350
Total.....	9,465,390	4,505,430	5,911,790	4,325,075	1,329,400	946,350
Grand total.....				26,483,435		

<sup>1</sup> The figures were determined by multiplying the number of families of a given size in a given income class in the District (see table 4) by the annual amount of bonus stamps necessary to permit such families to obtain the economy food plan with the appropriate percentage outlay of income for food (see table 3).

TABLE 8.—FOOD STAMPS IN THE DISTRICT OF COLUMBIA: ANNUAL COST OF PLAN WITH UNRELATED INDIVIDUALS' INVESTMENT OF 17/20/25 PERCENT OF INCOME<sup>1</sup>

Age and sex	Income class		
	Under \$1,000	\$1,000 to \$1,999	\$2,000 to \$2,999
17 percent participation:			
Female, 14 to 21.....	\$416,520	\$74,115	
Male, 14 to 21.....	480,600	107,055	\$13,350
Male, 22 to 64.....	3,867,050	704,480	
Female, 22 to 64.....	3,377,550	452,880	
Male, 65 or over.....	2,290,860	267,675	
Female, 65 or over.....	1,943,760	89,225	
Total.....	12,376,340	1,695,430	13,350
Total, 3 income classes.....		14,085,120	
20-percent participation:			
Female, 14 to 21.....	416,520	49,410	
Male, 14 to 21.....	480,600	82,350	
Male, 22 to 64.....	3,867,050	478,040	
Female, 22 to 64.....	3,377,550	226,440	
Male, 65 or over.....	2,290,860	107,070	
Female, 65 or over.....	1,943,760		
Total.....	12,376,340	943,310	
Total, 3 income classes.....		13,319,650	
25-percent participation:			
Female, 14 to 21.....	416,520	8,235	
Male, 14 to 21.....	480,600	41,175	
Male, 22 to 64.....	3,867,050	100,640	
Female, 22 to 64.....	3,377,550		
Male, 65 or over.....	2,290,860		
Female, 65 or over.....	1,943,760		
Total.....	12,376,340	150,050	
Total, 3 income classes.....		12,526,390	

<sup>1</sup> The figures were determined by multiplying the number of unrelated individuals of a given age and sex in a given income class in the District (see table 4A) by the annual amount of bonus stamps necessary to permit such individuals to obtain the Economy Food Plan with the appropriate percentage outlay of income for Food (see table 3A).

TABLE 9.—*Food stamps in District of Columbia: Total annual cost of plan, individuals and families combined*<sup>1</sup>

17-percent participation :	
Families -----	\$42, 741, 510
Individuals -----	14, 085, 120
Total -----	<u>56, 826, 630</u>
20-percent participation :	
Families -----	34, 558, 170
Individuals -----	13, 319, 650
Total -----	<u>47, 877, 820</u>
25-percent participation :	
Families -----	26, 483, 435
Individuals -----	12, 526, 390
Total -----	<u>39, 009, 825</u>

<sup>1</sup> Figures determined by combining relevant totals in tables 5, 6, and 7 with those totals in table 8.

TABLE 10.—*Number of individuals in District of Columbia requiring some financial assistance*

17-percent participation assumption :	
Family members -----	390, 385
Unrelated individuals -----	54, 434
Total -----	<u>444, 819</u>
20-percent participation assumption :	
Family members -----	310, 334
Unrelated individuals -----	50, 331
Total -----	<u>360, 665</u>
25-percent participation assumption :	
Family members -----	218, 697
Unrelated individuals -----	40, 267
Total -----	<u>258, 964</u>

Senator ELLENDER. Your statement contains very important figures, Mr. Mayers. I really misread the second paragraph of your statement.

Mr. MAYERS. I am sure.

Senator ELLENDER. We are very grateful to you for the statement.

Mr. MAYERS. Thank you.

Senator ELLENDER. The committee will stand in adjournment until the call of the Chairman.

(Whereupon, at 1:30 p.m. the committee adjourned, to reconvene at the call of the Chair.)

TABLE - Total assets in District of Columbia, total amount paid of...

1940	1,000,000
1941	1,000,000
1942	1,000,000
1943	1,000,000
1944	1,000,000
1945	1,000,000
1946	1,000,000
1947	1,000,000
1948	1,000,000
1949	1,000,000
1950	1,000,000

The following table shows the total assets in the District of Columbia for the years 1940 through 1950. The total amount paid for these assets is also shown.

1940	1,000,000
1941	1,000,000
1942	1,000,000
1943	1,000,000
1944	1,000,000
1945	1,000,000
1946	1,000,000
1947	1,000,000
1948	1,000,000
1949	1,000,000
1950	1,000,000

The following table shows the total assets in the District of Columbia for the years 1940 through 1950. The total amount paid for these assets is also shown.

## APPENDIX

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### BACKGROUND INFORMATION FOR DISTRICT OF COLUMBIA FIELD TOUR AND HEARINGS BY THE SENATE SELECT COMMITTEE ON NUTRITION AND HUMAN NEEDS

The following information has been assembled as a result of a two-week preliminary investigation by the staff of the Select Committee on Nutrition and Human Needs. The facts stated are drawn from interviews with program administrators, representatives of private groups, nutritionists, physicians, neighborhood workers and program participants and non-participants, and from a review of available documents. Any observations or conclusions drawn are those of the staff alone.

#### THE FOOD STAMP PROGRAM

##### *A. Participation*

The Food Stamp Program fails to serve  $\frac{3}{4}$  of those estimated to be eligible for assistance. Of approximately 122,000 persons estimated to be eligible for food stamps in the District, only 27,673 participated in the program in February 1969.

Persons on public assistance (except those in institutions such as nursing homes) are automatically eligible for food stamps, that is, they may be certified for stamps by virtue of the fact that they are already on welfare. However, of an estimated 35,000 District residents on public assistance, less than 40%, only 15,918, are on food stamps. Of the 11,755 persons who participated and who are not receiving public assistance, 1,112 were participating at the minimum purchase level, 50¢ per person per month up to a maximum of \$3.00. These persons live in families with income of less than \$20 per month. (Under the South Carolina project, these 1,112 persons would be eligible for free stamps.)

Welfare Department officials admitted to Committee staff members that caseworkers are not informing new recipients on a regular basis about the program and are tardy about completing the paper work necessary to enroll recipients. In answer to the query why every recipient isn't really "automatically" enrolled—put on the lists and sent his authorization to buy stamps every month—one reply was: "We can't force people to take part."

If a public assistance recipient should inform a caseworker that she wishes to buy stamps, she must still be certified by a Food Stamp officer which means a separate trip to another building with no guarantee that she will be seen immediately.

##### *B. Certification of eligible participants*

There are ten food stamp certification centers in the District—one main center and nine area centers. The main certification center—which the Committee will visit—is in a new office building at 122 C Street, N.W.

The shortage of certification officers for food stamps is a major weakness in local administration of the program—a weakness that has created serious conditions at certification centers.

At 122 C Street from last August through this March, 1,299 potential applicants were turned away because they arrived too late or walked away because they were kept waiting too long.

Over the years, since the program began in the District in 1965, thousands of persons have arrived at food stamp certification centers only to find that they arrived too late to be seen that day or to find that they must wait seven hours or more before being seen. Long lines often form before dawn. At times, those who arrive later than 8:30 a.m. are too late to be seen. They may have given up a day's pay or hired babysitters—there are no certification centers open during after-work hours—just to be turned away.

These conditions were the subject of a thorough management analysis by the Welfare Department late last year (Attachment G) and the subject of a high-level staff meeting this year on the "early unconscionable cut-off in food stamp services at all locations" and the "extended period of time clients have to wait before being served." They continue to exist, however, and they have probably done more to keep the program from growing than any other single factor.

The main certification center is staffed by eight certification officers five days a week. However, the officers who work at this center are the older employees, who are frequently ill, and the younger employees who are the least experienced. This slows down the certification process considerably because of the multitude of forms which must be filled out and questions answered before a person can be certified. For example, the applicant must furnish proof of residence, income, family size, etc., which the certification officer must verify.

The Welfare Department states that if an applicant does not have the necessary documentation he is not required to obtain it immediately, but is certified "pending verification" at a return visit the next month. This is not a firm policy, however, and some certification officers have been found to use their discretionary authority to require applicants to go back and obtain documentation without immediate, temporary certification.

Department officials have said they would like to use a "simplified method" of certification—accepting the applicant's word as to his income and other facts, combined with a periodic percentage check of cases. They have said they plan to do this with food stamps as soon as it is approved for regular public assistance.

Meanwhile, the present certification process is tedious and discourages applicants who walk away and do not return.

### *C. Food and income*

Aside from the administrative problems discussed above, the principal reason for poor participation in the program—as stated by administrators of the Welfare Department and by poor family after poor family—is insufficient income to meet the cash purchase requirements for stamps established by the Department of Agriculture. Families simply cannot afford to pay for food stamps and still pay rent, utility bills, buy clothing, provide for emergencies and other necessities such as chairs to sit on and beds to sleep in.

Lack of income is especially acute for those living on fixed incomes receiving public assistance, social security benefits or veterans or other pensions, all based, in varying degrees, on outdated standards. District public assistance standards, for instance, are pegged at 1957 levels for food and clothing and 1953 levels for rent. It is expected that the standards will be uniformly raised this year to 1967 levels. But only 85% of the standard will be paid this year. 100% will be paid next year. While this is certainly an improvement, it is still inadequate, considering the rapid inflationary increases in the District in the cost of food, clothing and shelter the past two years.

In hearings before the Welfare Department last year by the District Neighborhood Legal Services on behalf of several welfare recipients, the Department hearing officer concluded that assistance allowances were not only inadequate but could lead to serious nutritional problems.

"Claimant established by expert testimony of a nutritionist," the hearing officer said, "that even if she were to utilize the low-cost food plan and participated in the food stamp program, she and others, in all probability would not be able to provide an adequate (nutrient) diet for their family. The nutritionist pointed out that an inadequate diet may cause chronic anemia, gum and teeth deficiencies, hemorrhaging, eyesight and skin problems, behavioral problems, and possibly brain damage."

*The Rent Squeeze:* The lack of money for food is made more acute by high rents. The shortage of housing in the District has resulted in the poor paying exorbitant rents for increasingly substandard living conditions.

In determining income for purposes of eligibility for food stamp assistance it is assumed that 30% of income must go for rent. In fact a much higher percentage of income is generally paid for rent, and the only way a family can meet their rent payments is to spend what they would otherwise use to buy food.

The Agriculture Department recognizes the rent problem in its design of the Food Stamp program by permitting local administering agencies to use a shelter-

cost adjustment factor in determining the cash purchase requirement for food stamps. This adjustment factor is supposed to prevent the need to use money allowance which a family is assumed to need for food to pay for other necessities.

The District explains this cost-adjustment factor in its guide to caseworkers who advise applicants about the program. The guide explains that if the cost of rent to a family exceeds 30% of its net income then the amount above 30% is deducted from the net income, along with an allowance for utilities, to arrive at the "final adjusted income figure" upon which the purchase of the stamps is based.

However, in the words of the District's food stamp program manager, this "gives a family just about nothing." As an example, a family of four may have a net income of \$200 before the shelter adjustment factor is applied. The family is allowed 30% or \$60 for rent but is paying \$92. The difference, or \$32, is the adjustment factor which is subtracted from the \$200 to bring the "final adjusted figure" down to \$168, the amount on which its food stamp purchase requirement is based. With a net income of \$200, the family would be charged \$68 and receive \$24 in bonus stamps for a total stamp value of \$92. With the adjusted income of \$168, the family will be charged \$60 and receive \$28 in bonus stamps for a total stamp value of \$88.

Thus the family gets less stamps when the adjustment factor is applied.

The adjustment, moreover, is only worth \$8 to the family since that is the amount by which the price of the stamps is lowered. Thus, while the family is paying \$32 more in rent than it should, its food stamp purchases are only lowered \$8 to compensate for the high rent it pays.

In most cases, according to the District stamp program manager, the cash that families must spend for excess rent, when compared with what they gain from the shelter adjustment factor, makes it exceedingly difficult or impossible to participate in the program. He has suggested it would be far more reasonable to subtract the excess rent from the actual purchase price of the stamps. In other words, if the family income is \$200 and the stamp purchase requirement is \$68, then deduct the excess rent cost of \$32 from the \$68, arriving at a realistic cash figure of \$36 which the family could afford.

#### *D. Insufficient stamp bonus*

These problems are further complicated by other previously reported inadequacies, particularly the fact that the stamps, even if purchased regularly, will not provide a family with enough food income to buy an adequate diet for a month—"Orange Juice . . . Ice Cream . . . Red Meats . . . Fruits and Vegetables . . . Good Things To Eat!" that is recommended by the information leaflet and by the Agriculture Department in its low-cost diet plan. Families must still buy the cheaper, less nutritious foods, stretch their food, and, even with the best stretching, they run out of food by the last week of the month. Families must still beg, borrow, steal—or go hungry—the last days of the month.

#### DISTRICT OF COLUMBIA SCHOOL LUNCH PROGRAM

Total enrollment in school: 147,000 plus.

Total lunches provided daily: 38,000 plus.

Total free cold lunches daily: 183.

Total free hot lunches Elementary: 18,756.

Total free hot lunches Secondary: 2,900 plus.

Total paid hot lunches Elementary: 5,100 plus.

Total paid hot lunches Secondary (a la carte foods available to 6000 more): 11,000 plus.

Total free breakfasts served daily: 10,000 plus.

Total free half-pints of milk daily: 78,000 plus.

The director of D.C. food services says the school lunch program reaches into every one of the District's school buildings, but *it is able to feed only about 16,000 paying customers each day*. It is also said that every needy child in the city, whether from a welfare family or not, has a free lunch available to him. James Talbert, who heads the "needy child" operation, insists that principals are lenient with borderline cases where a child is suspected or known to be hungry.

There are 140 elementary school buildings in the District. 37 of these now have kitchens equipped to prepare the hot meals approved by USDA. These

kitchens also prepare the meals for all but a handful of the buildings that do not have kitchens, and truck them there daily in insulated containers. Julius Jacobs, director of food services, says *these kitchens are operating at capacity and cannot prepare enough meals to make them available for those who can pay*. Only 5100 children in the schools with kitchens, where there is no limit on number of meals served, are paying for their lunches every day. *The result in all the "satellite" schools is a pattern of discrimination against the child just above poverty level*. Jacobs and the principals agree that they should offer the hot meal to every child if it were possible.

The remaining 11,000 paying customers are located in the junior and senior high schools, where there are 45 cafeterias. Only 2900 secondary students eat free of charge every day.

The schedule used to separate poor from not-so-poor children comes from the Department of Welfare, and, according to Talbert, has not been revised since 1961.

Family size :	Monthly income cutoff
2 -----	165 (annual 1980).
3 -----	205 (annual 2460).
4 -----	235 (annual 2820).
5 -----	265 (annual 3180).
6 -----	305 (annual 3660).
7 -----	340 (annual 4080).
8 -----	375 (annual 4500).
12 -----	520 (annual 6240).

Any child who does not meet these standards, at least in a "satellite" school, must bring a lunch, go home for lunch, or go hungry. The suspicion that there may be many who do go hungry is reinforced by the presence in every elementary school of a "waiting list" for free meals. When a child receiving the free lunch is absent, another child may ask to take his place or the food is wasted. There is never a shortage of requests, so far as the staff could tell.

The small number of bag lunches served—183—is a holdover from the old lunch program, and reaches only those children who cannot pay but are located in scattered schools in such small numbers that it is impractical to truck in a hot lunch.

It should be pointed out that we are observing the District at a favorable time. Many of the hot lunch programs now in effect have been going only since February.

Unlike most other cities with a poverty population, the District is *not* now using any Title I (ESEA) funds to feed poor children. The U.S. Office of Education asked that all Title I programs be consolidated in one area, and Northwest (Cardozo) was chosen. There are still 34 Title I schools, including 18 elementary, but all feeding in them is done under the National School Lunch Act. Since Title I and NSLA in the District both concentrate on poverty children first (almost to the exclusion of all others) there is no reason to believe that fewer are being fed than when Title I was used for feeding as well as other programs.

Although USDA has no one keeping close watch on the District, the quality of the meals is said to be as good as any other place depending on the use of surplus commodities. Lately, however, there has been a series of student boycotts of the hot lunch, particularly in MacFarland and Jefferson Junior High Schools. Complaints of watery meat loaf, demeaning treatment by school officials, and other problems led to the strikes. Jacobs says he has checked into all but the Jefferson incident, about which he professes to know nothing.

The District of Columbia Government has recently completed a selected house-to-house random survey of the city population to determine the extent of poverty. Diana Josephson at the Youth Program Unit says the sample has been adjusted to agree with demographers' estimates, and is considered by them to be a more valid estimate than any census. Their figures show the following numbers of poverty and near-poverty children, based on the HEW poverty-level income figure of \$2600 annually:

Poverty :		
Aged 5-12-----		23, 500
Aged 3-20-----		13, 300
Total -----		<u>36, 800</u>
Near poverty :		
Aged 5-12-----		12, 400
Aged 13-20-----		9, 800
Total -----		<u>22, 200</u>
Above poverty :		
Aged 5-12-----		84, 000
Aged 13-20-----		86, 300
Total -----		<u>170, 300</u>

HEW's poverty scale makes an interesting contrast with that of the District Welfare Department scale now in effect for school-lunch eligibility (see preceding page) :

Family size :	HEW income cutoff (annual)
2-----	\$2, 100
3-----	2, 600
4-----	3, 300
5-----	3, 900
6-----	4, 400
7 and up-----	5, 400

Since the scale in effect in the schools is lower at each level, and is enforced carefully to limit the number eligible for the free lunch, there is a case to be made for liberalizing the District scale to conform at least with the HEW scale. Whether the schools could handle the increased load is open to question. In any case, the schools are now feeding 18,756 elementary children free of charge, while the survey estimates there are at least 23,500 children in the District in families with the lowest income level and that only includes elementary children.

In addition, the staff has talked with a dozen mothers who work and complain that their children are forced to walk home each day to an empty house just because they are above the lowest poverty level.

Other complaints about the lunch program range from too-small portions for growing boys to demeaning treatment of free-lunch children to refusal of children to participate because the food is bland and unappetizing.

#### CASE HISTORIES

The following case histories, compiled by Committee staff, reflect problems connected with the Food Stamp Program in the District.

#### STAFF NOTES TAKEN ON HOME VISITS IN THE DISTRICT OF COLUMBIA

A. Six children in five rooms, including bath, for which mother pays \$80 a month. Rats have chewed through the telephone cord 3 times; District of Columbia Sanitation had patched up the holes March 12th (The phone company charged her \$2.35 to repair the phone each time). She started on welfare four years ago, at the same time starting on stamps. She pays \$80 for \$122 in stamps and claims she never received any deductions on gross income for utilities. Gas Company made her pay a \$90 deposit for service, and the phone company \$40 deposit. She said she needed the phone due to a break-in in her apartment.

She splits her stamps, using one chit only because she says she doesn't have the other \$40. A neighbor uses the second coupon. When food runs out she goes to St. Martin's Church for help. They give her canned goods and sometimes a

dollar, but no milk for the 18-month old baby. Sometimes we go without anything at all, she said, just grits for the children.

Family has Medicaid, sometimes waits four or more hours at Children's Hospital for service. A six year old child has malformed feet. Four of the children get a free lunch in school, but they are given cards marked "Free Lunch" and must stand in a separate line because they are welfare children. The schools are Bundy, which serves breakfast as well as lunch, Slater, Langston and Perry. She shops at the Safeway at Rhode Island Avenue and Third Street where she says she is treated rudely but is no longer embarrassed at having to use stamps. She implied that the clerks sometimes take too many coupons and get nasty when you ask for them back.

B. Eleven children living in two rooms, plus a kitchen and small bath. Children aged two to sixteen years. Mother used food stamps about one year, paying \$97 for \$148 total. Receives \$406 a month public assistance. Pays \$80 rent. Three double beds in bedroom and one in the front room. A fifth bed folds away during the day. She says, "You know how children are, they like to sleep four or five together in a bed." For breakfast that morning she had fed the children cereal and milk, she said; nine of the children attend school, all get a hot lunch. Said she would give the family beans and neckbones for dinner.

Gas bill \$80 a month. Light bill \$8 to \$9 a month. The apartment was dark, shabby and crowded with children. Their only game for passing the time was jumping through a window in the wall between living room and bedroom using the filthy mattresses for springboards. In the bathroom, behind the toilet was a rathole stuffed with a coke bottle; in the living room, behind the only chest of drawers, was an open rathole the size of a softball. She said the older children stayed up late at night to fight off the rats with brooms so the little ones could get to sleep. One daughter was home from school sick. A son was home because he had no shoes and wouldn't until the next welfare check came in. George Basilliko, the landlord, had not painted the apartment in four years. On the wall was a picture of the Kennedys for which she paid \$19.95 at Walker-Thomas Department Store.

C. Five children living at home. Mother said, "I heard about the food stamps, but I took my husband's pay check down there with some overtime pay on it; they said he made too much. The family lives downstairs in a two-family house. Her sister-in-law who has six children lives upstairs, receives \$165 a month welfare. Total of four adults and ten children living in the house. Four of the children in school. Husband earns \$77 a week at Drug Fair. Rent for whole house is \$87.50 a month. Gas is \$27 a month. Light is \$24 a month.

The children were given baloney sandwiches for breakfast. She said she would borrow \$6 somewhere to feed them lunch. Her husband was bringing home a pay check to pay for dinner that night. They were three months behind on a Liberty loan that paid for furniture burnt up in a recent fire. Asked to estimate her food costs, she guessed they spent \$40 twice a month for the whole household. The previous evening, dinner consisted of black-eyed peas and fried chicken. Her children had been examined by a nutritionist at Children's Hospital who told her to give them "juices and meat". She told him, "I couldn't afford it."

D. Mother has used stamps since 1966. Hasn't bought any since last October because the price went up. She was paying \$64 for \$106 total. She lost a baby in September and her mother moved in with her. The price of stamps went up to \$84 for \$116 total. Has four children in school; receives \$191 welfare as of January. Previously received \$164. Her gas bill last month was \$116. Usually it is about \$75 a month in the cold months. The apartment below is vacant, which accounts for some of the high cost. She says the rats are so bad they "sleep with us." One died in her mattress; she threw out the mattress and asked the landlord for \$15 to buy another second-hand mattress. Her light bill last month was \$33. She says, "I can't ever catch up with all my bills." Additional income: her mother gets \$57 a month social security. She uses her neighbor's unused food chit to buy food the second half of the month. She has high blood pressure and is on a special diet and not permitted to work. Although her apartment is spotless, it is shabby and she says George Bassiliko, the well-known slum owner, will not fix it up. She has been on and off welfare four times and calls the Welfare Department "rotten" but is forced to take hand-outs due to health.

E. Woman's husband is a school custodian out of work due to a stroke. He receives \$156 every two weeks. She has been using food stamps one year. Pays \$52 for \$100 total, but says it doesn't last more than three weeks. She estimates food

costs her about \$125 a month. Four children of her own; two grand-children living with her. Rent is \$75. Gas \$35. Light \$10. Family uses a private doctor. She was critical of Safeway markets at Third and Rhode Island Avenue, and at K Street and New Jersey Avenue.

F. She is a maid at the Georgetown Inn. Nets \$52 a week. Has four children; pays \$72 a month for \$102 in stamps. Dropped out of the program last June because she had to pick up her card every month. No one from Food Stamp Office ever checked to see why she dropped out. She has been to court to fight eviction for unpaid rent. The social worker is trying to find a housing project for her family. She says she borrows money at the end of the month for food.

G. Six persons in family. Rent \$150. Mother works and lives in, contributes \$30 per month to house. Father of one child gives \$10 a week. Mother herself has an income of \$60 a month. Total income of \$130.

She used food stamps for two months last year. They wanted \$18 for \$48 worth of stamps. In November, the Department told her she would have to go on welfare or they couldn't help her any more. She was being re-certified every month. She says she ran out of food third week of the month. With several young children, she had to drag them along to the center, then to the bank for the stamps, then to the market, then home again. She says she didn't get on welfare because, "I didn't have the time."

H. Six children aged 15, 12, 11, 5, 4, and 2. Five in school. Income \$263 a month welfare. Mother pays \$88 a month for \$126 in food stamps. Prefers to buy them all at the beginning of the month. Rent \$77.50. Gas about \$23 a month, but back bill now equals \$85. Pays \$15 a month towards it. Gas company required \$50 deposit. Was on welfare last year; husband came home to live for a while, she went off welfare and used food stamps. Went back on public assistance in July, receives her card in the mail every month, says she is treated very well at the Safeway market, Fourteenth and U Streets. "I just barely make it at the end of the month," she says. "Sometimes I borrow to buy bread."

Typical breakfast would be cereal or pancakes, grits and sausage. Typical dinner—fish sticks and french fries. The four year old girl was taking an iron-deficiency liquid from Children's Hospital. She pays \$15 a month on a loan used for new appliances and linen bought from Walker-Thomas. Said their salesman told her. "You can't get credit with anyone else." He promised not to tell her social worker about it. On the wall was a plastic clock for which she said she paid \$49.95 at Walker-Thomas; she still owes them \$289 after paying \$200 in small installments.

I. Five children in the house. Three of her own, one abandoned by a sister, and a 14-year-old brother. Husband works for D.C. Recreation, brings home \$115 every two weeks. Pays \$74 a month on the mortgage for 6½ rooms and bath. Heating oil in February cost \$42, electric bill was \$45 she said because she cooks electrically. Claimed that the food stamp office made no allowance for higher utility costs in the winter. Pays \$42 twice a month for \$62 in stamps. She has dropped out of the stamp program because they are behind in their bills and can't afford it. (The house was purchased by her mother using social security checks. The mother died recently forcing her husband to meet the payments.) They are two months behind on payments to Federal Savings and Loan for the mortgage. Water \$48.91 for six months, and a telephone was installed last month when she became ill at a cost of \$21.40.

Said she had been down to the Neighborhood Improvement Center for help the previous week because, "We didn't have anything to eat." Had borrowed \$30 last month from a friend and borrowed once from Crisis, Inc. Four of the children were at home in bed and not expected up before noon. (She said they would be given one egg each and some sausage when they did get up. She and her husband, she said, never allowed themselves to eat eggs, due to the high cost.) The evening before the children had eaten potatoes and bread for dinner. If her husband brought home a pay check, she expected to cook beans and neckbones for dinner that night. Her young baby was still breast-feeding, but she admitted she couldn't give it much and supplemented its diet with Pet Milk and enormous quantities of prune juice. She said the baby had colds all the time. She has been diagnosed as having high blood pressure, and may have to go on a special diet. She has no idea how they will pay their back bills or buy food for the children.

J. Fifty-two years old, she lives alone with a boarder who pays her \$10 a week, but cooks her own food. Rent is \$79.50 for four rooms; she heats with

coal which costs her \$31 a ton. She estimated she used almost a ton a month. Gas and light costs are very small. Her public assistance check is \$98 a month. She is still paying an \$80 gas bill from her previous apartment. She pays \$18 a month for \$24 in stamps. Estimates it costs her about \$10 a week to feed herself. She has had two nervous breakdowns, must eat in small doses and take pills for her heart disease. Says a Mrs. Hart at Family and Child Services has helped her more than once with emergency food. When she moved from a \$90 apartment to her present one, the cost of stamps went up \$2 to \$18.

K. Family of three lives in a third floor, two-room walk-up. Toilet is one floor down. Rent is \$62.50 a month, paid to a Mrs. Anna Richardson who lives across the street. The building owner is said to be a Mr. Benson.

Husband is disabled with heart trouble, arthritis, and cataracts. He will be 63 in August. His total disability income is \$73 a month, leaving \$10.50 after rent is paid. He claims the food stamp office said he would have to pay \$44 a month for stamps. The couple was married in 1961 and has an 18-month old daughter who appeared small for her age, but otherwise normal. She said she couldn't afford fresh milk and gave the baby only canned milk. In the refrigerator was some meat and vegetables that she said had been given to them by relatives. They are one-half month behind in rent.

L. Eight children at home, aged 18, 15, 13, 12, 9, 6, 5, and 2. The 18-year-old works. Income is \$336 a month public assistance. Mother spends \$100 for rent (5 rooms), an average of \$47 for coal heat, \$14 for gas and \$11 for light. Pays \$106 for food stamps worth \$150 but says it "doesn't last the month," sometimes only two weeks.

She claimed she made too much from welfare and her children had been turned down for free school lunches. In any case, she was paying for all but one of them, who went to Banners High School. Five in the Bruce School, one in Cardozo. When food runs out, she borrows money from her daughter-in-law or sister, and begins the new month by paying it back.

If she is late with the rent, real estate agency charges \$5 interest. The refrigerator was packed with chicken (in the freezer) because she said she had taken advantage of a special sale at Safeway, but claimed it would not last very long. We were visiting on the 18th of the month and asked if she had any money or stamps left; she laughed, and said she had no money but produced \$4 in stamps.

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#### SENIOR CITIZENS—HUNGER AND NUTRITION

(Presented by Mrs. Mae B. Phillips, President, Senior Citizens' Clearing House Committee of Washington, D.C.)

From time to time we read about hunger in our community, our affluent nation, and in other countries of the world. We have each experienced hunger in varying degrees. While hunger and nutrition are related they are not synonymous. Hunger appears to be *felt* in the stomach just as people feel *thirst* in the mouth. Hunger may border on pain.

Nutrition, on the other hand is the process by which living things take in food and use it. Simple plants, unlike human beings, can be nourished by air, water and sunshine. Human beings have much more complicated needs. The body needs food to build new tissues and to repair tissues that wear out. Hence, nutrition is even more important to senior citizens whose restorative processes have slowed down. Food also serves as fuel. It gives us energy.

Nutrition may be good or poor, depending on the food we eat. Well-nourished persons have strong bodies, they feel good and have enough energy for their activities. Although the activities of senior citizens are somewhat curtailed, they still require energy to complete the simplest of daily tasks.

**THE PROBLEM:** Recent studies conducted to determine the nutritional needs of senior citizens reveal that they do not have well-balanced diets. Especially those who live alone. There are several reasons for this. Not only do they dislike preparing their own meals, their meals lack variety and they themselves often lack the knowledge to determine their nutritional needs. This situation is common among senior citizens of all income levels.

As a result of poor nourishment, too little food, or the wrong kinds of food, many senior citizens actually suffer from malnutrition. Serious deficiency disease attack persons who do not eat enough or who don't eat the right type of foods. Various symptoms of malnutrition occur, depending on which nutrients or food elements are lacking from their diets. Unlike hunger, that can be felt,

malnutrition is silent and subtle. Senior citizens with adequate income levels have been found to suffer with malnutrition because of poor eating habits.

Nutrition is a complex science and expert knowledge is necessary to determine the dietary needs of human beings, and senior citizens often lack this knowledge of food and are unable to obtain the advice of experts in this field. Although nutritionists have made it easy for people to plan healthful diets using several food plans, each of these plans calls for variety and variety is often lacking from the diets of the aged.

**HOW TO MEET THE PROBLEM:** Each neighbor in our community has a school. Most of these schools have cafeterias serving lunches to students in attendance. We recommend that hot lunches be prepared and served to senior citizens in school cafeterias after children have been served. Not only would this alleviate the nutritional problems of senior citizens, it could also provide additional employment opportunities at all age levels. Most school cafeterias are idle after the lunch hour, despite the fact they are well equipped to serve large quantities of food and several meals daily.

The Logan Community School in the Near Northeast section will soon install kitchen facilities and has already expressed interest in serving older persons as well as children.

In Massachusetts, legislative authorization has been given to communities to establish such a school-based program with State aid to meet expenses, which exceed the fifty cents a meal which senior citizens are charged.

**PLANNING AND IMPLEMENTATION:** The actual cost of this proposal would not greatly increase the school lunch program because the employees would already be on hand, as would the facilities and equipment to carry out the program. Since little initial planning would be needed, such a program (with the proper support) could be implemented almost immediately. The facilities, equipment and personnel are already on hand.

Support from the District and Federal government by way of food and funds would make the program an extremely simple one to administer and operate. Surplus foods could be used and each senior citizens participating in the hot meal program could pay a flat fee for each meal. The fee could be paid on a daily basis or each participant could be given a meal ticket (to be issued by the cafeteria) upon payment of a monthly cost for his meals. A simple identification card could be employed to identify a participant and establish his eligibility.

In opening the program to all, it would receive wide acceptance by senior citizens since it would not carry the stigma a program restricted to certain income levels would carry. On the other hand, as heretofore mentioned, the nutritional needs of senior citizens are characteristic among all socio-economic levels.

Responses from senior citizens indicate that such a program would receive wide acclaim by the senior citizens community and most expressed no objection to going to schools for meals, especially since no extensive travel would be involved. Participants would at least be assured of one hot nutritional meal a day.

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#### DISTRICT TOUR: CERTIFICATION CENTER

*Name.*—Main Certification Center, Food Stamps, District Welfare Department.

*Address.*—122 C Street, NW.

*Description.*—This is the largest certification center in the District, handling applicants from throughout the city. It is understaffed and overcrowded. Lines of applicants start forming early in the morning and, depending on how many persons apply and how many certification officers are available, no more applicants are accepted after the mid-morning period. From last August to this March, 440 potential applicants were turned away and 859 left after waiting hours without being seen.

The certification process is as follows: An applicant first gets his name on the list to be seen. Once seen, he is asked to produce information and documentation as to residence, family make-up, income and expenses. The certification officer attempts to verify this information. If verified and the applicant is considered eligible, he is certified and put on the mailing list. If the applicant cannot produce proper documentation and if the information supplied cannot be verified, the applicant is either temporarily certified pending verification—meaning he must return the next month to be re-certified—or he is not certified and is asked to return with more information. Each certification takes an estimated 45 minutes.

## DISTRICT TOUR : SHAW

*Name.*—Mrs. Dolores Robinson.

*Address.*—203 Bates Street, N.W.

*Family makeup.*—Mrs. Robinson and 11 children, ages 2–16.

*Income.*—\$406 a month, Aid to Dependent Children.

*Rent.*—\$80 a month, \$80 gas heat monthly (winter), \$8 electric monthly, no telephone.

*Food stamps.*—Not using.

*Special facts.*—Mrs. Robinson did use food stamps for a year, receiving \$148 in coupons for \$96 cash. That provided about \$12 for food for each member of her family, was not enough incentive to keep her in the program. The family lives in two rooms, a kitchen and small bath. She and the children share five shabby beds. Rats rampage through the house—a rathole behind the toilet is stuffed with a coke-bottle—and the older children stay up late to beat off the rats with brooms so the younger ones can sleep. When originally visited, an older daughter was home from school sick and a son was home from school because he did not have any shoes. The family diet that day consisted of cereal for breakfast, no lunch, beans and neckbones for dinner.

*Name.*—Mr. and Mrs. Hessie Coleman.

*Address.*—1512 First Street, N.W.

*Family makeup.*—The Colemans and 8 children.

*Income.*—\$390 a month, Social Security and Public Assistance.

*Rent.*—\$69.50 a month, \$45 gas heat monthly (winter), \$10 electric monthly.

*Food stamps.*—Not participating. Don't feel they can afford them.

*Name.*—Dora Crowder.

*Address.*—213 Bates Street, N.W.

*Family makeup.*—Mrs. Crowder and 6 children, aged 22 months to 14 years.

*Income.*—\$270 a month, Public Assistance.

*Rent.*—\$80 a month, \$50 gas heat (winter), \$6 electric monthly.

*Food stamps.*—\$124 worth of stamps for \$84.

*Special facts.*—Mrs. Crowder participates irregularly. One month she pays rent and does not buy stamps. The next month she buys stamps but does not pay rent.

## DISTRICT TOUR : CARDOZO

*Name.*—Dolores Hughes.

*Address.*—1365 Columbia Road, N.W.

*Family makeup.*—Mrs. Hughes, 27; Mark, 12; Charles, 7; Renaldo, 5; Sonya, 7 months.

*Occupation.*—Housewife.

*Income.*—\$160 a month, Aid to Dependent Children.

*Rent.*—\$98 a month.

*Food stamps.*—\$84 of stamps for \$52 (certified but not buying).

*Special facts.*—No hot water in the apartment. Boys all sleeps on one broken-down bed. Family diet when visited was beans and spaghetti. Baby was getting evaporated milk. The baby, at 7 months, weighs 12 pounds.

*Name.*—Josephine Holland.

*Address.*—1324 Columbia Road, N.W.

*Family makeup.*—Mrs. Holland; George, 24; Darlene, 20; Viola, 18; Ruth Ann, 17; Maggie, 11; Wallace, 9; Kirk, 8; John, 6; Robert, 4; Joseph, 4; David, 2; Irk, 2; Faith, 1½; Cassandra, 14 months.

*Occupation.*—Domestic work.

*Income.*—\$50 a week, plus \$20 a week from George.

*Rent.*—\$195 a month, \$75 a month for gas, \$15 a month for water.

*Food stamps.*—\$112 worth of stamps for \$28.

*Special facts.*—Mrs. Holland has a nervous condition costing \$20 a visit. She owes Washington Hospital Center \$100. She also owes the gas company \$75 and the telephone company \$82 as well as a fuel bill of \$30. The house the family lives in has 40 building code violations, was condemned as a rooming house in 1965. It is owned by John R. Gay. There are no cooking facilities or hot water. The family diet consists of breakfast and dinner, no lunch, powdered milk for the two babies daily, chicken and cold cuts twice weekly, potatoes, macaroni and spaghetti.

*Name.*—Mabel Watkins.

*Address.*—1339 Columbia Road, N.W.

*Occupation.*—Disabled.

*Income.*—\$113 a month in benefits.

*Rent.*—\$50 a month.

*Food stamps.*—\$22 worth of stamps for \$16.

*Special facts.*—Mrs. Watkins is diabetic, in poor health, was unable to buy stamps this month because she didn't feel well enough to go to the bank. She lives in a small room lighted by a single naked bulb. Her bathroom is down the hall. She has no cooking facilities and a non-working refrigerator. She finds it difficult to maintain a proper diet.

*Name.*—Oscar Beal.

*Address.*—1344 Columbia Road.

*Occupation.*—General Public Assistance.

*Income.*—\$80.

*Rent.*—\$60.

*Food stamps.*—Not participating.

*Special facts.*—Mr. Beal, 57, lives alone in a basement.

#### DISTRICT TOUR: ST. STEPHENS AND THE INCARNATION CHURCH

*Address.*—16th and Newton Streets, N.W.

*Description.*—This is a privately funded and managed lunch program for the elderly and otherwise destitute. Several hundreds of persons are fed a hot lunch daily. It is one of the few such programs in the city. The elderly have a special dietary problem, a combination of a lack of income, interest and energy in cooking for oneself and varying health difficulties. Programs such as this fill these needs.

The private funds for this program are running out. Without funding from some public source, this program will have to close down.

#### DISTRICT TOUR: BRUCE ELEMENTARY SCHOOL

*Address.*—Kenyon Street and Sherman Avenue, N.W.

*Constructed.*—1898, 8 rooms; 1927, 8-room addition.

*Capacity.*—510.

*Enrollment.*—597, Kindergarten through grade 6.

*Average daily attendance.*—525.

*Free lunches served daily.*—86.

*Paid lunches served daily.*—None.

*Free breakfasts served daily.*—45.

*Special facts.*—Bruce Elementary, neither the worst nor the best in the District, was selected because it is typical in many ways of the unusual lunch program operating here.

Before February 5 of this year, the Bruce School served a sandwich lunch to all children judged to be "needy." (A table of the maximum allowable income for participation is attached.) There were 62 such children out of the enrollment in December; when the hot lunch program was introduced, participation jumped 38 percent to the present 86 despite absence of any publicity except word of mouth.

The lunches are brought in daily by truck from the kitchen at Barnard Elementary School, Decatur and 4th Streets, N.W., after being cooked and packed in disposable styrofoam traypaks, then in insulated containers. A carton of milk, a napkin, and plastic utensils are distributed with the lunch. There are no lunches available for children who would like to purchase them.

Of the 140 elementary school buildings in the District, 37 have kitchens. The 103 buildings without kitchens are "satellite" schools, like the Bruce, and do not offer any lunches to those who can pay. Julius J. Jacobs, director of food services for the schools, says all kitchens are now operating at capacity and must serve the "needy" children first.

In many older buildings like the Bruce, a room has been provided for serving and eating the lunches. Space is so scarce here, however, that lunches must be served from a basement book room, and eaten at the child's desk. No survey has ever been taken to determine where the children not deemed needy eat their lunch, if they eat one at all, or whether they would like to purchase a lunch at school.

DEPARTMENT OF PUBLIC WELFARE INCOME SCALE FOR THE NEEDY LUNCH PROGRAM<sup>1</sup>

Family size :	Monthly income
2 -----	\$165
3 -----	205
4 -----	235
5 -----	265
6 -----	305
7 -----	340
8 -----	375
9 -----	415
10 -----	450
11 -----	485
12 -----	520

Add \$30 for each additional member.

<sup>1</sup> Last revised : 1961.)

## STAFF NOTES ON THE DISTRICT OF COLUMBIA

I spoke to a Mrs. Teresa Jones from the Congress Heights Area who is employed by CHASE Inc., a delegate agency of UPO. She is a mother of 6, on their various advisory boards, and well-informed about food problems in her area. She raised some interesting points.

1. A person who is employed is eligible for greater value in food stamps than one who is not. That is, a family of 6 persons pays \$3.00 for \$76 value if the head is unemployed, but \$60 for \$76-\$137 value if the head is employed. That strikes me as being incredibly perverse. That means that the family with no possibility of additional income is assumed to have smaller food needs than one with some income coming in.

2. A working person must be re-certified for food stamps every 90 days. That means that the working person must sacrifice a day's pay—and the good will of his employer—every three months for the privilege of using food stamps. For an area like Valley Green, where 47% of the families are on Public Assistance and 78.4% are female-headed, those working mothers must choose between income and food stamps every three months.

3. She spoke of "door-key children." The principals encourage kids to go home for lunch and assume that they live within walking distance. Some children walk 20 minutes each way to an empty house to get no lunch.

4. The needs of those with special diets, infants, diabetics, the aged, cannot be met by emergency measures because stores and the concerned tend not to supply the Similac or wheat germ or diabetic foods.

5. Where the neighborhood credit union disburses stamps and people are well-treated, people will more willingly spend a day waiting and do.

6. The area served by Draper, McGartney, Congress Heights, and 4 others schools have many children who must come to school by public transport. That costs \$1.00 per week per child. Assume 6 kids in a family. That is \$24.00 a month. Only 1,506 hot or bag lunches are provided in the area. Others cost \$.35 for elementary, \$.42 for junior high, and as much as \$.55 in the senior high school. If 4 kids are in elementary, 1 in junior, and 1 in senior, the cost per week is \$11.85. Lunches, plus buses, could cost that family \$72.00 per month. Results: kids go hungry.

8. Food Stamp Offices should be open Saturdays and evenings.

Some parents train their children to accept that children are meant to go to bed hungry.

She seemed to think the banks made \$.35 on every Food Stamp transaction. Is that true?

There is no provision made for informing non-public assistance families about the food programs or the school lunch program.

The parent of a child in the Lennox School, 5th and G Streets, S.E., said they have the largest program in the District, but poor facilities. 80% of the kinds are from low income families. The principal, Mrs. Jenny Gross, is concerned but may not be brave enough to confront Senators. When there was no milk for two days she spoke to a Mr. Talbert, ST-3-6111, who is the administrator for the program in the elementary schools. She has done a survey of parents in that area that we will get.

A teacher from MacFarland Jr. H.S. shed some light on the recent boycott there: the kids resented the use of paper plates and plastic utensils (because of

the implication that they could not be trusted with better things), the quality of the food, and the price, \$.42, which they think is higher than elsewhere in the District. She gave a moderate approach: lunches aren't terrible, they're just not good; some arrangements can be made if the parents won't be home at noon; there are facilities even if they aren't great; there are problems but they are not horrendous.

Etta Horne is a welfare mother and member of Citywide. Her four children refuse to take the free lunches. There is strong resentment of the stigma attached, the things parents must go through to get them certified, the fact that children are sent home from most elementary schools.

Three students with the "Modern Strivers" spoke of the poor quality of the food, that it is that old welfare stuff, that it is tasteless, that getting it is demeaning and accepting it is worse.

A member of the Teacher's Union spoke of the fact that lunches brought into a school are often ½ an hour late, that there are many administrative problems, that teachers attitudes are often bad, that there have been few if any constructive proposals made that would alleviate the problems.

She suggested that all students get a free lunch and that the lunches be more realistically geared to what students will eat.

A consumer organizer for UPO has children in Brown and Webb schools. She spoke most feelingly of the difference in attitudes toward the free lunchers. From the first year of school the children are made aware of the difference between those who get free lunches and those who do not. Essentially, she supported what has been said by others.

Two teachers at Cardozo, who claimed to know nothing in particular about lunches, were very much aware of the students' resentment of the program and their willingness to forgo lunch rather than be subject to its vagaries.

Mrs. Theresa Clark, a consumer coordinator for UPO, reports that there were so many complaints from mothers about the school lunch programs that on occasion, they have taken sample lunches into the centers to examine them.

More interesting, over the years they have decided to give consumer education to mothers that is based on the assumption that the children will not be eating the free lunches in school. That means that they counsel women to cut back on other expenses to be able to buy food that would compensate for what children do not get in school. This is due to the stigma that is attached to eating free lunches, and the fact that even those who do accept the lunches often will not eat it because the foods are strange or unappetizing.

In her experience, people eat fairly well the beginning of the month but are almost entirely on beans and bread by the end. Sometimes potatoes are substituted for the bread.

Small, newly weaned babies get bread and mashed potatoes. Often, because it quiets the child and there is literally nothing else on hand, a baby is given sweetened water for dinner and nothing else.

In sum:

All agree that the process involved in getting free lunches is demeaning and humiliating and therefore not worth the effort. That is, many kids, particularly older ones, refuse to take the free lunch and go hungry or hustle for nickels and dimes instead.

All agree that the lunches are not good. Comments range from: "They have a policy not to use any spices because not everyone would agree on the best spices. So the food is tasteless."

"The portions are so small they wouldn't keep a bird alive let alone a growing boy."

"The sandwiches they give the kids would turn your stomach. One day my boy came home and said they had peanut butter, jelly, mayonaise, and bologna all in the same sandwich. It's disgusting."

"They just don't give you any choice."

"Maybe the schools should serve hot dogs, cokes and french fries if that's what kids will eat. It makes more sense than giving them stuff they throw away."

Administration of the program has problems:

Most schools assume that all of the kids won't show, so if they are all there, some have to share.

Often there are not enough breakfasts to go around.

When a refrigerator broke down at Lennox there was no milk for two days.

There is a rule that extra lunches not given away must be thrown away.

There is a rule forbidding teachers to give kids money for food.

Cafeteria workers treat the free lunchers differently.

The regulations require that a parent come to the school to apply for lunches but since those who need it most often have parent(s) without shoes or street clothes, those are the kids least likely to get it.

If a parent wishes to have his child eat at school (and bring his own lunch) the parent must send a note to the school. Many parents resent this. The rule is apparently not a legitimate one. It has grown out of a lack of adequate lunch-hour supervision, and is an attempt by the schools to encourage as many children as possible to go home for lunch. If the note is sent, the schools tend to make an allowance, in part because they have little choice.

(The Bruce School is one of four in the city trying out a project to put neighborhood aides in the classrooms and on the playgrounds during lunch hours, largely to give the teachers a duty-free lunch period. It is reported to be working well.

Revised  
1961

**PUBLIC SCHOOLS OF THE DISTRICT OF COLUMBIA  
APPLICATION FOR FREE LUNCH**

.....  
(NAME OF SCHOOL)

1 Application is hereby made for free school lunches for .....

.....  
(Names of Children Attending Above School)

as I am unable to provide lunches because .....

2. Names of Persons in Household (Please Print). List "Head" of Household first.

	Last Name	First Name	Middle Initial	Age
1.	.....	.....	.....	.....
2.	.....	.....	.....	.....
3.	.....	.....	.....	.....
4.	.....	.....	.....	.....
5.	.....	.....	.....	.....
6.	.....	.....	.....	.....
7.	.....	.....	.....	.....
8.	.....	.....	.....	.....
9.	.....	.....	.....	.....
10.	.....	.....	.....	.....

Address

.....  
(Street and Number)

.....  
(Telephone Number)

.....  
(Apartment Number)

	Weekly	Every Two Weeks	Monthly
3. Total Income of Household .....	\$ .....	\$ .....	\$ .....
Amount received from salary or wages .....	\$ .....	\$ .....	\$ .....
Names of Wage Earners:			
.....			
Amount received from Public Assistance .....	\$ .....	\$ .....	\$ .....
Amount received from Unemployment Comp. ....	\$ .....	\$ .....	\$ .....
Amount received from Social Security .....	\$ .....	\$ .....	\$ .....
Amount received from other sources .....	\$ .....	\$ .....	\$ .....
Name Sources: .....			

Name Sources: .....

(over)

W-3

## APPLICANT'S CERTIFICATION

I declare that the above information is entirely correct with the full knowledge that should any of these statements be found false the needy lunch for which this application is made may be suspended. I further understand that I must report all subsequent changes in family status, occupation, or salary to the School Principal. Failure to report such changes may also result in suspension of this privilege. I hereby authorize any verification deemed necessary to substantiate the information submitted.

I submitted an application for free lunch last year ..... yes  no   
(please indicate)

.....  
(Date)

.....  
(Signature of Parent or Guardian)

Principal's certification of need for free lunch and statement of reasons, other than economic, of child's need. Please note names of agencies working with child or family.

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Approved  Disapproved

.....  
(Date)

.....  
(Signature of Principal)

W-3

.....  
(Address of School)

[From the Washington Post, Mar. 22, 1969]

### COST OF LIVING IS CONTINUING TO SOAR; SURGE OFFSETS GAIN IN WAGES

Prices continued to soar in February and the purchasing power of take-home wages fell below the year-ago mark, the Government announced yesterday.

The Bureau of Labor Statistics said its consumer price index rose 0.4 per cent in February to 124.6 per cent of the 1957-59 average. The index has risen 4.7 per cent in the past 12 months.

Even more ominous to Government economists was an acceleration in the upward march of wholesale prices, which tend to foreshadow what consumers may have to pay later.

The Bureau's wholesale price index increased 0.4 per cent last month to 111.1 per cent of the 1957-59 base, and preliminary figures for March showed a further 0.5 per cent rise.

In a companion report, the Bureau said rising prices more than offset a one-cent rise in hourly wages to send average weekly take-home pay expressed in 1957-59 prices for the Nation's 50 million private payroll workers below the year-ago level.

At \$78.05 for a worker with three dependents, real takehome pay fell from \$78.14 in January and \$78.16 in February of last year. It has fallen more than 2 per cent from the record \$79.86 in December and still remains below the previous peak of \$79.35 set in October of 1965.

In other words, the average worker is worse off in terms of purchasing power than he was 40 months ago despite continuing increases in productivity. This assumes he stayed in the same job during that time and it reflects tax increases as well as price inflation.

There was a modest 0.2 per cent dip in grocery prices last month but otherwise consumer items were up across the board. The biggest increases came in used cars (although they were down over the year), in home ownership, in apparel and in medical care.

There were these typical changes in index components over the past 12 months :

	<i>Percent</i>
Food at home.....	3.4
Restaurant meals.....	5.6
Housing .....	5.5
Clothes .....	6.3
New cars .....	1.5
Used cars .....	- .8
Public transport .....	6.8
Medical care .....	6.6
Reading and recreation .....	4.4
Insurance, finance .....	9.8

The BLS pointed out that the February increase in consumer prices just about matched the monthly average for last year.

But in wholesale prices, which normally move up more slowly than retail, the figures were more alarming. The wholesale index has risen at an annual rate of 5.6 percent in the past three months, for example, while the rate for the past 12 months as a whole is only 2.9 percent.

In February, the rise was fueled mostly by industrial commodities with sharp increases for lumber and plywood and lesser gains for machinery, aluminum and other nonferrous metals. In March, preliminary figures showed increases for gasoline, livestock, vegetables, lumber and smaller rises for a variety of commodities.

[Reprinted from Medical Annals of the District of Columbia, November 1967]

#### TRENDS IN NEONATAL MORTALITY AMONG NONWHITE INFANTS IN THE DISTRICT OF COLUMBIA—OBSERVATIONS BASED ON STATISTICS FROM TWO LOCAL HOSPITALS

(Althea D. Kessler, M.D.,<sup>1</sup> Thomas E. Reichelderfer, M.D.,<sup>2</sup> and Roland B. Scott, M.D.<sup>3</sup>)

In 1964 infant mortality in the United States exceeded that in 17 other countries (1). In this country more than 96 per cent of births were delivered in hospitals in 1960. This pattern continues to be followed at the present time. The purpose of this report is to examine trends in neonatal mortality with emphasis on the nonwhite (essentially Negro) population in the District of Columbia.

Comparative statistics on infant mortality for the District of Columbia and the 50 states for 1963-64 showed that the high rate of 33.5 for Washington, D.C., was exceeded only by Mississippi, whose rate was 40.4. Also, as a municipality, Washington, D.C. had a higher infant mortality than any city in the U.S.A., with a rate of 34.7 in 1964.

Our observations are based mainly upon findings in 2 local institutions, the District of Columbia General Hospital and Freedman's Hospital. In 1965 approximately 65 percent of all nonwhite births in the District of Columbia occurred in these hospitals. The D.C. General Hospital is a municipal institution serving the indigent population of Washington, D.C., Freedman's Hospital is the

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<sup>3</sup> Professor and Chairman, Department of Pediatrics, Howard University, College of Medicine; Chief Pediatrician, Freedmen's Hospital.

main teaching facility for the Howard University College of Medicine and over the years has traditionally served a Negro population. The overwhelming majority of patients admitted to the D.C. General Hospital are Negro. Essentially, all patients admitted to the maternity service of D.C. General Hospital are indigent, and about two-thirds of maternity admissions at Freedman's Hospital are also indigent.

## OBSERVATIONS

The birth rate in the District of Columbia increased to reach a peak in 1961 but has been declining since that time. It will be noted from table 1 that a peak number of births also occurred at the D.C. General Hospital in 1961 and at Freedman's Hospital in 1963. There has been a decline in births since these years.

TABLE 1.—Number of Live Births at D.C. General and Freedmen's Hospitals for a 10-year Period (1957-66)<sup>1</sup>

Year:	D.C. General Hospital	Freedmen's Hospital	Nonwhite D.C. residents
1957.....	6,106	3,092	12,764
1958.....	6,148	3,024	12,949
1959.....	6,559	3,048	13,501
1960.....	6,485	3,162	13,689
1961.....	6,715	3,305	14,302
1962.....	6,392	3,338	14,224
1963.....	5,908	3,568	14,495
1964.....	6,080	3,291	14,417
1965.....	5,948	3,057	13,948
1966.....	5,553	2,682	-----

<sup>1</sup> Comparative statistics in tables 1 to 6 are recorded for the fiscal year at the D.C. General Hospital and for the calendar year at Freedmen's Hospital.

The neonatal death rate in the District of Columbia has not changed substantially since 1950. The rate has always been somewhat higher in Negroes. In the past few years this gap has become wider because of a decline in the mortality of white neonates (2) (table 2) with no substantial decrease in the non-white rate. The neonatal mortality rates for the D.C. General Hospital, and in the past few years those of Freedmen's Hospital, are substantially higher than the average for the city.

One of the factors undoubtedly influencing the failure to lower Negro neonatal mortality is the increasing incidence of prematurity, as shown by the statistics of the Department of Public Health (2) and those of the 2 hospitals where most of these Negro infants are born (table 3). Overall premature mortality has changed very little since 1950 (table 4). The distribution of premature infants among the various weight groups has remained fairly constant during this time (table 5), and the mortality has not changed much within any one of these weight groups (table 6).

## DISCUSSION

It is observed that the mortality rates for full-term infants at the 2 hospitals have remained stable over a number of years and are indeed well within accepted limits (table 4). When one compares the incidence of prematurity for the years of 1950 and 1966 for D.C. General Hospital and Freedmen's Hospital the increases are 32 per cent and 44 per cent respectively. While the causes for this significant increase in infants of low birth weight are certainly multifactorial, a dominant consideration is the socioeconomic status of the patients who are served by these hospitals. These institutions share the responsibility for providing a large measure of the maternity services for the economically underprivileged population of the city.

The hazard of neonatal death for infants in the low birth-weight category is shown by the finding that these babies had a mean mortality which was more than 30 times that for full-term infants who were born in the same 2 local hospitals. During a period of observation (1958-1966) the percentage of infants born at the 2 local hospitals in the 1,501-2,000 Gm. weight category (mean 22.9 per cent) was somewhat greater than that which has been reported for the U.S.A. at large (19 per cent) (3). The mean mortality of 11.4 per cent for the

infants in this weight class is essentially the same as that reported from the Boston Lying-in Hospital and is considerably lower than the figure reported for the U.S.A. at large (21 percent) (3).

Traditionally, race has been regarded as a significant factor in studies dealing with both infant and maternal mortality in this country. However, when one focuses upon remedial measures it is more fruitful to regard the white-nonwhite mortality differentials as primarily socioeconomic in nature rather than racial per se. The economic deprivation of the nonwhite population is reflected in lower median income and education levels, a higher rate of unemployment, and dependence upon substandard housing and living conditions, particularly in the large urban areas (1). In the United States the nonwhite population consists of approximately 90 per cent Negro and 10 per cent other races. The significant differential in infant mortality between whites and nonwhites is shown in the reported rates of 22.3 and 41.7 respectively for the 2 groups in the U.S.A. for 1963 (4). During the same period the rates for white-nonwhite populations in the District of Columbia were 24.0 and 37.1 respectively.

TABLE 2.—NEONATAL DEATH RATE<sup>1</sup> PER 1,000 LIVE BIRTHS FOR RESIDENTS OF DISTRICT OF COLUMBIA, BY COLOR COMPARED WITH NEONATAL MORTALITY AT DISTRICT OF COLUMBIA GENERAL HOSPITAL AND FREEDMEN'S HOSPITAL (1950-66)

Year	District of Columbia			District of Columbia General Hospital	Freedmen's Hospital
	Total	White	Nonwhite		
1950	24.5	26.0	22.6	25	17
1951	23.3	21.4	25.5	29	12
1952	25.2	22.7	28.0	30	20
1953	24.0	21.0	27.1	33	21
1954	24.7	22.9	26.4	30	18
1955	24.7	17.4	30.2	30	25
1956	23.9	15.7	28.9	33	25
1957	26.0	21.3	28.5	40	23
1958	30.0	26.0	32.0	31	28
1959	27.2	23.4	29.0	34	26
1960	27.0	21.5	29.4	30	26
1961	27.0	21.3	29.4	32	24
1962	25.9	20.6	28.0	31	25
1963	23.9	17.2	26.4	33	21
1964	25.9	19.2	28.1	28	31
1965	25.1	17.6	27.0	30	30
1966				31	28

<sup>1</sup> Neonatal period is defined as the 1st 4 weeks of life.

TABLE 3.—INCIDENCE OF PREMATURITY, PERCENTAGE OF LIVE BIRTHS (2,500 GRAMS OR LESS) FOR RESIDENTS OF DISTRICT OF COLUMBIA, WHITE AND NONWHITE, AND COMPARABLE FIGURES FROM DISTRICT OF COLUMBIA GENERAL HOSPITAL AND FREEDMEN'S HOSPITAL FOR THE PERIOD 1950-66

Year	Total District of Columbia	White District of Columbia	Nonwhite District of Columbia	District of Columbia General Hospital	Freedmen's Hospital
1950	12.2	10.4	14.4	12.8	10.2
1951				12.6	9.4
1952				13.6	10.7
1953				14.3	9.9
1954				14.2	10.8
1955				15.4	11.5
1956				19.0	10.7
1957	12.0	8.0	14.2	16.0	11.0
1958	12.3	8.5	14.2	16.4	10.9
1959	12.5	8.7	14.3	17.1	13.2
1960	12.4	7.9	14.4	16.1	12.4
1961	12.5	8.9	14.0	16.0	13.4
1962	12.4	8.3	14.1	16.2	12.4
1963				17.6	12.5
1964		8.3	14.2	16.6	13.8
1965		7.8	14.0	16.7	15.0
1966				16.8	14.6

TABLE 4.—PREMATURE AND FULL-TERM MORTALITY (PERCENT) AT DISTRICT OF COLUMBIA GENERAL HOSPITAL AND FREEDMEN'S HOSPITAL, 1950-66

Year	Premature		Full-term	
	District of Columbia General	Freedmen's	District of Columbia General	Freedmen's
1950	16.1	12.0	0.5	0.6
1951	17.3	11.0	.7	.2
1952	17.3	15.0	.7	.3
1953	18.4	19.0	.5	.5
1954	18.5	16.0	.3	.3
1955	17.7	19.0	.3	.2
1956	16.4	22.0	.4	.4
1957	15.9	17.0	.4	.8
1958	16.5	21.8	.5	.4
1959	17.3	16.1	.3	.5
1960	16.3	18.8	.3	.4
1961	17.1	15.6	.5	.3
1962	17.6	16.3	.1	.5
1963	17.6	14.9	.2	.3
1964	15.0	19.2	.4	.5
1965	15.0	17.6	.4	.4
1966	15.0	18.0	.8	.2

TABLE 5.—PERCENTAGE OF PREMATURE INFANTS IN VARIOUS WEIGHT GROUPS AT THE 2 HOSPITALS, 1958-66  
DISTRICT OF COLUMBIA GENERAL HOSPITAL

Weights (in grams)	1958	1959	1960	1961	1962	1963	1964	1965	1966
0 to 1,000	8.3	10.6	9.5	9.4	10.1	10.7	9.2	8.3	8.8
1,001 to 1,500	11.4	10.0	9.3	11.8	11.6	10.0	8.3	11.6	9.7
1,501 to 2,000	20.8	23.2	18.0	18.5	21.1	20.0	22.0	20.9	19.5
2,001 to 2,500	59.5	56.2	63.2	60.3	57.2	59.3	60.5	59.2	62.0

## FREEDMEN'S HOSPITAL

0 to 1,000	12.4	10.4	10.3	10.4	10.1	7.7	10.3	8.3	9.4
1,001 to 1,500	12.7	12.2	14.1	11.8	9.6	9.5	11.4	11.0	9.9
1,501 to 2,000	21.3	18.6	19.5	24.9	20.4	21.1	18.2	21.4	23.7
2,001 to 2,500	53.6	58.8	56.1	52.9	59.9	61.7	59.9	59.2	57.0

TABLE 6.—PERCENT MORTALITY OF PREMATURE INFANTS, BY WEIGHT GROUPS, AT THE 2 HOSPITALS (1958-66)

Weights (grams)	1958	1959	1960	1961	1962	1963	1964	1965	1966
DISTRICT OF COLUMBIA GENERAL HOSPITAL									
0 to 1,000	91.5	97.0	92.0	93.0	91.0	92.0	93.6	96.0	89.0
1,001 to 1,500	43.0	41.0	37.0	41.7	51.6	43.0	36.1	40.0	22.0
1,501 to 2,000	11.0	10.0	16.4	14.1	27.2	9.0	10.0	8.0	9.0
2,001 to 2,500	2.7	1.0	1.2	1.8	7.1	3.0	1.6	1.0	.6
FREEDMEN'S HOSPITAL									
0 to 1,000	97.0	73.8	90.7	71.1	90.5	82.8	98.3	97.3	94.5
1,001 to 1,500	45.0	57.1	43.6	36.5	42.5	54.7	53.9	43.1	43.5
1,501 to 2,000	14.0	9.3	9.2	11.8	10.5	8.5	7.2	15.1	13.9
2,001 to 2,500	1.7	1.3	3.7	2.1	1.6	2.5	2.6	2.6	2.6

Harper (5) stated that "deaths among low birthweight infants now comprise one-third of all infant deaths and one-half of all neonatal deaths." It is therefore worthwhile to focus attention on this category even though the true cause of premature births can be medically confirmed in only about half of the cases. It has been established that control on the incidence of premature births can be favorably influenced by attention to the following factors:

1. Early, adequate and regular prenatal care for the mother. This includes appropriate nutritional supplementation, early diagnosis, and treatment of acute and chronic maternal disease such as infectious disease, preëclampsia, chronic hypertension, diabetes, mellitus, heart disease, sickle-cell anemia, etc. A significant number of women whose infants were delivered at the 2 local hospitals involved in this study have not received adequate prenatal medical care. In many instances this is due to failure of the patient to seek and use existing health facilities. Apparently new and more imaginative educational devices are needed in order to reach and motivate this particular segment of the population.

2. Early diagnosis of multiple pregnancy and institution of a rest program in the last trimester may circumvent a premature labor.

3. Premature rupture of fetal membranes is said to occur more commonly in the presence of nutritional deficiency (6). Multivitamins, iron, and protein supplements are of critical importance.

4. The use of anti-Rh gamma globulin shows promise of controlling Rh isoimmunization.

5. Other factors which have been associated with low birth weight are teenage pregnancy, low blood volume and small heart size, cigarette smoking, etc.

6. Within recent years pediatricians, obstetricians, anesthesiologists, and surgeons have focused increased attention upon efforts to improve the survival of all newly born infants including the premature. Recent innovations include improved methods of resuscitation; intra-uterine blood transfusions; control of nursery infections, particularly staphylococcal; early feeding to combat neonatal hypoglycemia in the premature; better microchemical techniques which provide improved controls for parenteral fluid therapy; early identification of high-risk infants; institution of intensive care units for the newly born in distress; early diagnosis and corrective surgery, particularly for conditions in the alimentary canal, respiratory tract, cardiovascular system, genitourinary tract, and central nervous system; early recognition and treatment of genetic and metabolic disorders which could lead to death or mental retardation, etc.

7. Perinatal mortality conferences provide an opportunity for continued education of the staff and the development of preventive measures and serve as a vehicle for better communications between pediatricians, obstetricians, nurses, pathologists and other members of the team.

8. Adequate nursing service from the standpoint of quality and quantity is invaluable for the early care of low birth-weight infants.

9. The pediatrician and obstetrician in particular must continue to seek better means to identify the ingredients of the heterogeneity which characterizes infants who fall in the category of low birth weight. Progress has already been made in separating "true" prematurity from postmaturity. Infants who fall in the latter category may also exhibit low birth weight.

10. Hospital administrators and health officers can contribute to the control of prematurity and infant mortality by providing adequate facilities for maternal and child care in outpatient clinics and indoor hospital services.

11. Medical schools and Federal, state and private organizations should continue to provide funds for research in this critical area.

12. In our opinion, the current status of infant mortality in the District of Columbia is of sufficient magnitude and importance to the community to warrant the holding of a city-wide conference for a discussion of the many facets of this major public health problem in an effort to evolve remedial recommendations and control measures.

#### SUMMARY

Neonatal statistics from the D.C. General Hospital and Freedmen's Hospital show a decline in the total number of births since 1961, increasing incidence of premature births since 1950, particularly evident at Freedmen's Hospital, and no substantial change in neonatal mortality since 1950.

About 65 per cent of all nonwhite births in the District of Columbia take place in these 2 institutions. They share the burden of providing obstetrical and neonatal care for a large portion of the socioeconomically underprivileged population in this city.

Remedial measures have been suggested with emphasis on controlling the mounting incidence of premature births.

Dr. Paul B. Cornely provided helpful suggestions in the preparation of this manuscript.

## References

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(4) CHASE, H. C.: White-Nonwhite Mortality Differentials in the United States. Washington, D.C.: Health Education and Welfare Indicators, June 1965, p. 27.

(5) HARPER, P. A.: Preventive Pediatrics New York: Appleton-Century-Crofts, 1962, p. 607.

(6) PAGE, E. W.: Problems of prematurity: clues to prevention, presented before the AMA National Conference on Infant Mortality, held in San Francisco, Calif., August 12-13, 1966.

## HEARINGS BEFORE D.C. DEPARTMENT OF WELFARE

## APPEAL HEARING

## SUMMARY OF FINDINGS

CASE NO.: C 29-589.0.

Case of: C ——— L. G. ———, et al 3 ——— 11th Street, S.E., Washington, D.C.

Date of hearing: December 8, 1967

PRESENT: Elbert D. Gadsden, Hearing Officer; C ——— L. G. ———, et al, Claimants; Richard Duane, NLSP, Counsel for Claimants; Martin Mendelsohn, NLSP, Co-Counsel for Claimants; Albert P. Russo, Deputy Director, Family and Children Services; Donald Gray, Chief, Public Assistance Division; D. C. ——— P ———, Unit Supervisor, Family Service Unit III-C, C ——— D, W ———, Social Service Representative.

## REASON FOR HEARING

In June and July 1967, Mrs. G. ——— and approximately 103 other recipients filed individual requests for fair hearings to challenge the adequacy of the District of Columbia Public Assistance budget standards. Mrs. G. and all of the other recipients were represented by the Welfare Alliance Organization.

In July, 1967 we received a Basic Needs Form dated June 30, 1967 which indicated Mrs. G. ——— desired clothing for her children, household furnishings and more money for shelter.

Because the basic issues in all of the recipients requests for hearings were substantially the same, the Department and Counsel for the recipients agreed to stipulate as follows:

"In response to your request, I am submitting, on behalf of the Welfare Alliance, the list of the recipient-appellants who will be the named parties in the six hearings to be scheduled by the Department some time after October 5, if possible. These recipient-appellants hereby, through counsel, waive their rights with respect to the obligation of the Department to render a decision on their claims within sixty days of the request for a hearing. The recipient-appellants herein listed will represent the entire class of recipient members of the Welfare Alliance who had requested fair hearings in July of this year. The groups herein listed are, for the most part, from separate geographical areas of the city. By agreement, the claimants represented by Neighborhood Legal Services in this matter concede that the Agency has complied with its policies with respect to the grant of assistance in each of the individual cases named herein and in the cases of all claimants for whom the Agency has written authorization for legal representation by Neighborhood Legal Services in this matter. By further agreement with the Agency, testimony at such hearings will be limited to six recipient-appellants, with the right reserved to introduce exhibits, written or oral arguments of law, and expert witnesses. The subjects of the hearings will be legal inadequacy of the public assistance grants, unavailability of special needs for

furniture and clothing, and the termination of eligibility for large families embodied in the Department's BPR tables. The groups are as follows:

Knox (1) :		Knox (2) :	
M -----	B -----	I -----	M -----
P -----	C -----	C -----	R -----
E -----	H -----	S -----	W -----
G -----	J -----	B -----	C -----
V -----	K -----	N -----	G -----
A -----	P -----	P -----	G -----
Bates St.-Defrees St. (3) :		Congress Heights, Community Laundry, Near Northeast (4) :	
A -----	R -----	E -----	R -----
E -----	P -----	F -----	M C -----
C -----	R -----	C -----	G -----
A -----	B -----	J -----	W -----
M -----	P -----	M -----	B -----
W -----	P -----	A -----	Y -----
Barry Farms (5) :		Barry Farms (6) :	
M -----	H -----	E -----	H -----
E -----	F -----	P -----	V -----
C -----	G -----	G -----	S -----
G -----	W -----	A -----	L -----
L -----	E -----	D -----	W -----
E -----	W -----	M -----	H." -----

Subsequently, the above described agreement was modified to consolidate all of the requests into two requests to be heard in two hearings under the names of C ----- L. G ----- and S ----- W -----, on behalf of the other recipients similarly situated.

REASON FOR AGENCY ACTION

Based upon current information submitted by Mrs. G -----, Agency representatives determined that she is receiving the maximum amount of assistance for which she is eligible under the District of Columbia budget standards.

AGENCY POLICY

HPA 2, RQ 1.0

"In accordance with the D.C. Commissioners Budget Standard.

"Breakdown computation of appellant's budget which is the maximum for which the family is eligible at this time:

"Food -----	\$104.00
Clothing -----	35.00
Personal and household needs -----	12.00
Rent -----	48.00
Heat -----	8.00
Utilities -----	6.00
Refrigeration -----	2.00
<b>Total basic requirements -----</b>	<b>215.00</b>
Reduction -----	6.00
<b>Total -----</b>	<b>209.00</b>
13-Percent increase -----	27.17
<b>Total payment -----</b>	<b>236.17"</b>

HPA 2, RQ 2.1—Reduced Allowance for Large Families

"Children in Assistance Unit :	<i>Reduction per family</i>
1-3 -----	\$0
4 -----	2
5 -----	6
6 -----	10
7 -----	14
8 -----	18
9 -----	22
10 -----	26"

## HPA-2, RQ 5, 1, 1, D

"*Transportation.* An allowance for the least expensive form of transportation when it can not be provided without cost to the agency, or the kind of transportation recommended in writing by a physician, clinic or hospital official.

"An allowance for transportation may be included in the assistance payment, or may be provided by bus tokens to meet a temporary need or a current and on-going need until such time as it can be included in the payment."

However, due to certain family situation changes, namely, the occurrence of the birthday of two of the children, Claimant's budget was increased to reflect those changes. The budget statement below describes the budgetary changes as of December 8, 1967:

Food .....	\$113.00
Clothing .....	38.00
Personal and household needs.....	12.00
Rent .....	48.00
Heat .....	8.00
Utilities .....	6.00
Refrigeration .....	2.00
Total basic requirements.....	227.00
Reduction .....	-6.00
Total .....	221.00
13 percent increase.....	29.00
Total payment.....	250.00

## BACKGROUND INFORMATION

"Mrs. G. applied for assistance on September 13, 1965. Assistance was approved effective September 17, 1965 and recipient has continuously received public assistance since that time.

"In July, 1967 we received a Basic Needs Form dated June 30, 1967 which indicated Mrs. G. desired clothing for her children, household furnishings and more money for shelter.

"On July 7, 1967 agency sent Mrs. G. a letter in which the Agency budget and actual computation were shown. The letter explained that we were unable to allow a special additional amount of money to buy the clothing and household items and that the family was receiving the maximum amount to which it is entitled.

"On July 12, 1967 a letter was sent to Mrs. G. requesting that she come to the office on July 18, 1967 so we could learn more about the problems and difficulties of managing on assistance payments. Mrs. G. did not attend the meeting."

## FINDINGS OF FACT

1. Mrs. G., hereinafter called Claimant, has five children ranging in ages from 6 to 13 years, and she stated that she has been a recipient of public assistance since September 20, 1965 when she ceased working because her husband shot her five times.

2. Claimant further stated that her current rent is \$85 per month not including utilities; she pays a water bill twice a year, September and February, the last two of which were \$18.17 each for each period, or \$36.34 per year; that she pays \$3 to \$5 per month for electricity; and that her fuel oil bills runs about \$35 per month. Claimant submitted in evidence a fuel oil statement from T. Washington Fuel and Coal Company at 302 12th Street, S.E.

3. The fuel oil bill represented seven oil deliveries, for a total of 724 gallons for \$134.88. The bill is stamped paid, and is subscribed: "All orders were C.O.D." If we divide the number of deliveries, namely, seven into the total cost; namely, \$134.88, it would appear that the average cost of Claimant's fuel bill was \$19 per month, rather than \$35 per month.

4. Claimant also testified that she pays \$4 to \$5 per month for gas used for cooking; that she has two bedrooms and that she and her baby daughter sleep together and her other daughter sleeps in a single bed in the same room; that her three boys all have single beds although they are jammed close together, for lack of space; and that she has two small dressers for the family.

5. Claimant's oldest child, A——, has one \$14 winter jacket, a \$1.99 raincoat and no foul weather overshoes; and he has about four pairs of trousers which cost \$2.99 each. Claimant says she has buy A—— one jacket, six pairs of trousers and four pairs of shoes each year. Except for the difference in the cost of shoes, Claimant says she spends almost the same amount on clothes for her son C—— and a little less money for her daughter's clothes.

6. C——, Claimant's 10 year old son has defective kidneys, is overweight and doctors believe she has sugar deficiency. Claimant must take him to Children's Hospital once a week at a cost of \$1 per trip. Claimant visits the Health Center at 13th and Upshur Street, N.W. once a week for a spinal and an eye condition. Claimant stated that she does not drink liquor nor smoke tobacco.

7. Claimant stated that she runs out of money every other month and has to borrow money from her neighbors until she receives her public assistance check. In response to questions propounded by the Deputy Director, Claimant said she has been purchasing food stamps; that she pays \$76 per month for food stamps, the purchasing value of which is \$112; that she was threatened with eviction on one occasion within the past two years, and she received money from her church and her husband. However, at the time eviction was threatened, Claimant was receiving a reduced assistance check under the presumption that she was receiving support payments from her husband which she said she was not receiving. Claimant's family management in 1966 is not an issue in this hearing. This hearing is concerned with how Claimant manages on her present assistance grant, that is, preferably, from August 1, 1967 to the present time, December 8, 1967.

8. Agency representatives testified that Claimant is receiving the maximum amount of assistance allowed for rent, heat, gas (for cooking) and clothing, and that the Agency policies do not provide special contingency or emergency assistance for clothing or furniture. Agency representatives did refer Claimant to Family Emergency Services Project (FESP) to apply for a sofa but Claimant was unsuccessful in obtaining one. She did not inform the Agency about her need for a bed.

9. Claimant filed an application with National Capitol Housing in June, 1967 and her name was placed on the waiting list. Agency representatives stated that Claimant's rent would cost a little less if she were able to obtain an apartment in National Capitol Housing. That is, since she now pays \$85 and the Agency allows \$48 for rent, the social worker said NCHA will probably charge \$50 or \$54 per month for rent. Claimant said a part of the financial difficulty she is experiencing is due to the fact that the Agency only allows her \$48 for her rent, which is \$85 per month. Claimant also expressed a need for transportation cost for herself and C—— to visit the clinic. However, Mrs. W. explained that Claimant had not informed her of the number of trips she (claimant) had to make to the clinic; and that this presented no problem because tokens can be provided for such transportation whenever Claimant furnishes her with the proper information.

Witness for claimant: Mrs. E. B—— R——, 6 Orleans Place, N.W.

10. Mrs. R——'s current public assistance budget is as follows:

"In accordance with the Commissioners' Budget Standards, the following is a breakdown of the maximum amount for which this family is eligible:	
"Food .....	\$88.00"
Clothing .....	27.00
Personal and household needs .....	12.00
Rent .....	48.00
Heat .....	8.00
Utilities .....	6.00
Refrigeration .....	2.00
<b>Total basic requirements .....</b>	<b>191.00</b>
Reduction by Commissioners .....	6.00
<b>Total .....</b>	<b>185.00</b>
13 percent increase .....	24.00
<b>Total payment .....</b>	<b>209.00"</b>

11. Mrs. R. stated that she pays \$69.50 per month for rent, between \$10 and \$15 per month during the entire year for electricity, between \$30 and \$40 per month during the fall and winter months, and between \$6 and \$7 per month during the

summer months for gas (heating and cooking). She further stated that she has five children and two of the girls sleep in one bed, the baby girl in the crib, and she sleeps in the other bed in her one bedroom apartment; that her two boys sleep in the other single bed, which is in the dining room with the kitchen set.

12. Mrs. R. also said she has two dressers and five chairs for the family but the Inspector condemned her furniture. She was referred to Family Emergency Services Project by Miss L, her caseworker, but she has not received any furniture in response to her request.

13. Mrs. R.'s oldest child is 4 years of age. Mrs. R. stated that she spends \$65 or \$70 per month for food; and that she no longer participates in the Food Stamp Program because she could not purchase less than \$72 worth of stamps, while she had to pay \$69.50 for rent. Her oldest child, V—— has one pair of shoes (which Mrs. R says must be replaced every month), one everyday winter coat, no boots, no raincoat, no blouses but polo sweaters. C——, Mrs. R.'s second eldest daughter, has the same clothes as V—— but R——, her next child, 2 years of age, has no winter coat but a jacket, no boots nor raincoat and her son, E——, does not have a coat. The family does not have a telephone.

14. Counsel introduced into evidence Exhibits I and II showing the badly broken plaster where rats enter in her bathroom; Exhibit III showing the overcrowded and limited space in her bedroom; Exhibit IV, showing one of her two dressers, and the dinette set cramped into the limited space in her dining room; Exhibit V showing the single bed also in her dining room; and Exhibit VI showing the deteriorated state of the kitchen wall under her sink, through which rats enter, the small cooking stove and small pantry cabinet. All of the above described exhibits are incorporated into and made a part of the record in this proceeding.

15. In response to counsel's inquiry as to whether Mrs. R. ever discussed her shortage of money with her caseworker, Mrs. G. said the Agency scheduled an Administrative Review in September, 1967 for that purpose but Mrs. R. did not appear or contact any other Agency representative. Mrs. R. said she did not appear because she did not have a babysitter.

16. One of Mrs. R.'s children has impetigo, which she said her doctor informed her sometimes comes from dirt in food or clothing; and another one of her children has club feet. Both of these children require visits to the clinic which Mrs. R. says, also, causes her to run short on money every other month. Mrs. R. has been notified by NCHA that her rent for an apartment therein will be \$65 per month. The Agency currently allows her \$64 for shelter. She has not been notified when the apartment will be available and she stated that she has no relatives from whom she can obtain assistance in an emergency.

17. Agency representatives were satisfied that Mrs. R. is receiving the amount of assistance for which she is eligible under current Agency budget standards.

Witness for claimant: Mrs. A. M. B—— I A Bates Street, N.W.

18. Mrs. B.'s current public assistance budget is as follows:

Food -----	\$163.00
Clothing -----	54.00
Personal and household needs -----	18.00
Rent -----	55.00
Heat -----	11.00
Utilities -----	8.00
Refrigeration -----	2.00
<hr/>	
Total basic requirements -----	311.00
Reduction for 4 -----	18.00
<hr/>	
Total -----	293.00
Overpayment Adjustment -----	5.00
<hr/>	
Total -----	288.00
Contingent (bus fare) -----	6.33
<hr/>	
Total -----	294.33
13 percent increase -----	38.00
<hr/>	
Total -----	332.33

19. Mrs. B. pays \$80 per month for rent, \$49 or more per month for gas, except for the last bill which was \$7, and \$17 or \$20 per month for electricity. Mrs. B. has a one bedroom apartment, eight children and she said the Housing Inspector has cited her for overcrowding and ordered her to move within 30 days but she is still there. She stated she has two single beds, two double beds and two couches; that the two boys (8 and 9 years of age) sleep on one of the double beds; that she and the baby sleep on the other double bed; that G ——— 5 and C ——— 7, sleep on one single bed; that her oldest daughter (14 years old) sleeps on the other single bed; and that her daughter E ——— sleeps on one couch and her daughter A ——— sleeps on the other couch. Both couches are in deteriorated condition, one with the springs protruding through the surface, as evidenced by Exhibits VII and VIII, respectively, and Angela has difficulty sleeping on it because the springs scratch her. Mrs. B. submitted in evidence Exhibit IX, showing a baby crib and one of the beds in her apartment. All exhibits are incorporated into and made a part of the record in this proceeding.

20. Mrs. B. further stated that she has four kitchen chairs and two "front-room chairs," both in poor condition, for her family of nine persons; that her smaller children eat in the kitchen and her larger children eat in the living room when they have a plate, since she does not have eight plates; that she purchases food stamps most of the time when she does not have to pay a large electric or gas bill, or when she does not have to purchase clothing for holiday seasons; that she usually spends \$43 to \$49 per week for food, including a low-fat, no-salt diet for herself and a special diet for her son who has asthma; that she has to attend the cardiac clinic twice per month since her heart attack and she goes for asthma treatment three times a week or more for emergency attacks; and that some trips to the clinic necessitate a taxicab for which the Agency will pay when verified.

21. Mrs. B. said she runs out of money nearly every month and she is compelled to borrow money from friends and neighbors whom she must pay when she receives her check and it creates a hardship upon her; that her 14 year old daughter, K ———, has one pair of shoes, one overcoat which was given to her, few underclothes, no raincoat and no boots; that her 13 year old daughter, A ———, has one pair of shoes and that both girls consume about three pairs of shoes per year; that her eleven year old daughter, E ———, has no foul weather clothing; that her son, J ———, who has asthma, has one pair of shoes and no foul weather clothing; and her son, J ———, has one pair of shoes and no foul weather clothing; that her 7 year old daughter, C ———, has little or no underclothes, one pair of tennis shoes, no winter clothes and no foul weather clothing.

22. Mrs. B. said her five year old son, G ———, has one pair of shoes, two pairs of trousers and no foul weather clothing; that her three year old son, C ———, has one pair of shoes and that each of her five younger children each wear out about five or six pairs of shoes a year; and that she does not have enough drinking glasses and she uses mayonnaise jars instead. Mrs. B. also said her assistance budget was \$319 before the 13% increase was added. Her current assistance budget is \$332 per month. She stated that the 13% increase has helped her somewhat.

23. Mrs. B. is paying \$25 per month above Agency rental allowance and she is on the priority list for NCHA housing but must pay an overdue bill of \$83 resulting from her previous tenancy, before she will be given an apartment. In answer to questions asked by Mr. R., Mrs. B. said when she does purchase food stamps she pays \$98 for \$142 worth of food. She said her oldest child is 14 years old and that none of her children are employed. Mrs. B. also said she did seek help from the Family and Child Services about six times during times when her public assistance was exhausted. They did help her sometimes but other times they did not have any money to give her.

24. Mrs. B. also said that her physician has advised her that her cardiac condition precludes her from engaging in part-time employment. Agency representatives explained that the Agency will pay for transportation for emergency trips to and from medical facilities, if Mrs. B. will secure a written statement from such facilities verifying the need and the visits. Mr. D., the social worker, said he was satisfied that Mrs. B. is presently receiving the maximum amount of assistance allowable under Agency budget standards.

25. Mrs. B. in her basic needs request, requested the Agency to pay her an additional \$125 per month to acquire a large apartment with more air space

for her asthmatic condition and large family. The Agency's reply to the request was as follows: "We are sorry, but we are unable to allow you any special amount of money to buy the clothes and the household items and to pay a higher rent for more adequate housing."

Both Mrs. B——'s request and the Agency's reply are incorporated into and made a part of the record in this proceeding.

The Agency scheduled a conference with Mrs. B. to discuss the subject of her request but Mrs. B. called the Agency and informed it that she could not attend because she was in the hospital.

26. Witness: Mrs. Louise Earl, Chief of Nutrition Services Division, District of Columbia Department of Public Health.

Mrs. Earl's qualification as a nutritionist and an expert on Food Budget Standards for low income families was established by the evidence at the hearing.

27. Mrs. Earl explained the three food nutrient standards established by the Food Nutrition Board of the U.S. Department of Agriculture in past years, as the Low-cost, Moderate and Liberal Plan. All three standards contain the daily nutritional allowance but vary in costs. The standards are based upon nutritional needs according to age, sex and activity level. Although the standards vary in contents as well as costs, Mrs. Earl said all of them required knowledge of recipes, ability to read recipes, and the necessary facilities to prepare meals based upon said recipes. She said she has had occasion to observe and work with some recipients and that it was her opinion that in general, recipients do not have the required education and necessary facilities to prepare meals in accordance with the recipes.

28. Mrs. Earl continued: "For example, where someone who has a little more interest in food and doing something more creative, has a little more initiative, a little more pep, they will cook a roast or make an interesting stew or something that has a little versatility to it. And we find many of these low income people, they will cook something meal by meal so that they use chops a lot, for example. This they can fry. They don't have to spend time on or they have the top of the stove cooking. This is something they can do easy. And these are usually more expensive cuts and so they end up with their food allowance not going as far as it probably could if you worked at it a little better."

29. For a family composed of a mother and four children, a boy 8, and three girls 10, 7 and 4 years of age, Mrs. Earl said the 1967 figures indicate that the low-cost food plan would cost \$121.95 per month. If the same family bought food stamps for \$68 at a purchasing power of \$100 it would still be short of \$21.95 and would probably have great difficulty providing an adequate diet for the family without exceptional cooking knowledge and cooking facilities. The economy budget, which is no longer published is the budget upon which public assistance budgets are computed.

30. Mrs. Earl continued: "I could only refer to studies that have been done at various times which show that where inadequate food intake continues over a period of time and nutrients do get down under the minimum levels that there is health breakdown.

"What sort of health breakdown?

"Well, one thing might be a chronic anemia, which is, of course, very important to the whole physical well-being of a person. It's also very important in the utilization of food—I mean if you're anemic and you don't have too much food, you still can't—the body can't use this food as efficiently if you're not anemic, so you run into this kind of complication.

"You might have certain breakdowns such as with a deficiency of Vitamin C. This can cause a problem in the gums and a breakdown of your teeth so that you have poor oral facilities for chewing and eating your food. You can't use your food as well, too. You have hemorrhaging. Lack of any number of the vitamins will put you in deficiency states where eyesight and skin problems, or any of the things that can complicate health arise."

31. Counsel for Claimant asked Mrs. Earl: Are there other what you might call behavioral problems or the way people act when they are under such a diet?

"Yes. When a person is undernourished—there are studies which show that children particularly in school, if they're undernourished, their resistance is low, they're tired, they're inattentive, they cause trouble in school, and they also cause trouble and get into bad habits and so on."

32. Counsel for Claimant cited the following statement from the "City Worker's Budget for a Moderate Living Standard," Department of Labor, Bureau of

Labor Statistics, 1967: "One of the major sources of upgrading in the 1966 standard was the food component which was based on the USDA moderate cost food plan. In the 1959 budget food costs were calculated from an average of the low and moderate cost plans. The cost of food at home in the 1966 standard is about 12 percent higher than it would have been if an average of the low and moderate cost plans based on 1965 preference patterns had been used. Since food at home represents 25 percent of total cost of consumption in the 1966 budget, the use of the higher food standard accounts for about 3 of the 24 percent increase in the overall standard.

"Although families can achieve nutritional adequacy from the low cost food plan, it has been estimated that only 23 percent of those who spend amounts equivalent to the cost of this plan actually have nutritionally adequate diets. The foods included in the plan require a considerable amount of home preparation and skill in cooking. Many of the families existing on low cost food budgets have neither the time nor the technical knowledge to produce interesting, varied and nutritionally adequate meals at this low cost."

33. It was established that the U.S. urban average cost of food for a budget type family was \$2,143 and \$2,135 for the District of Columbia, according to the "City Worker's Family Budget." In concluding, Mrs. Earl said: "Now, I think in essence what I said was that it is extremely desirable for families to have at least the amount of money available at the low cost plan level in order to buy a diet that is in some way realistic and knowing then that this would permit the purchase of foods that would give us the kind of nutrients that will maintain health.

"In addition to that, an educational program is necessary so that with the availability of people we have on low incomes, and using this amount of money, since it is at low cost and does not give extensive flexibility, that an educational program is required to make even the best use of this low cost food plan."

A copy of the City Worker's Family Budget marked Exhibit 3 is incorporated into and made a part of the record in this proceeding.

34. It was established that a family might have sufficient money and food but may not necessarily obtain adequate nutritional value therefrom because of a lack of knowledge or facilities for a beneficial preparation of the same. Mrs. Earl's testimony was generally related to low income groups of people of whom welfare recipients are a part. She did testify specifically to the facts in the family situation of the mother and four children.

35. Witness: *Dr. Frederic Solomon*, Child Psychiatrist, Professor of Neurology and Psychiatry at the Howard University College of Medicine.

Dr. Solomon is an expert and a consultant on mental problems of minority group and lower income children. He has had considerable contact with such children at the clinic of John Hopkins Hospital, which serves low-income populations and welfare recipients of all races in Baltimore; at Children's Hospital in Washington, D.C.; and at Freedmen's Hospital where he currently serves.

36. The D.C. National Capitol Housing Authority's standards dealing with overcrowding provides that the maximum number of persons living in quarters with one bedroom should be two persons; two bedrooms, five persons; three bedrooms, eight persons; and five bedrooms, twelve persons. It also states that assignment of living quarters should give priority to separation of the sexes except for husband and wife or children under four years of age.

37. Dr. Solomon agreed with the soundness of the above housing standards as they relate to mental health and personality development of children. He said these standards are the minima and families having to accept less than these would probably increase the risk of emotional disturbances learning handicap and mental illness as opposed to a family living under proper standards. Some of the ill effects of overcrowdedness are interrupted sleep which tends to cause inattentiveness in school, vulnerability to infectious or contagious diseases, diminution in ego strength (inability of the personality to cope with his environment), sleep and dream deprivation due to interrupted sleep can contribute to gross mental illness, overstimulation from noise and excitement, and the sexual curiosity of siblings may produce chronic sexual excitement and deprivation of a calm frame of mind normally associated with the very young child.

38. Dr. Solomon continued, "In any case, the thing that is lost, lost for the school age child is the relatively calm frame of mind that we ordinarily associate with the elementary school years. This frame of mind has a psychiatric

name. It is called latency and it sort of stands between the nursery school years, which tend to be somewhat excited and agitated normally, and the vicissitude of adolescence.

"A normal latency is often denied children of low-income parents and welfare recipients and is replaced by a perpetual excitement and a pre-occupation with sex or violence.

"This is no small matter. It severely handicaps the processes of education in school adjustment and personality growth in these years and contributes greatly to the impression reported by the educators that these children are unreachable or unteachable. They are indeed preoccupied and overexcited as well as exhausted."

39. Overstimulation often causes a premature preoccupation with adult sexuality. Children of overcrowded families are often driven into the streets, away from the constructive influence of their parents, by reason of the lack of space at home with respect to frequent moving which is common among low income persons, Dr. Solomon said, "In the school age child a move often means a move to a new school. Now, add constant illness, moves to a new school perhaps every year or two because of an inadequate amount of money to pay the rent or perhaps wish to get a slightly better place and so forth.

"Yes, if you put five laboratory animals into a cage that is ordinarily comfortable for one, one animal, the aggressiveness is increased, the learning is sharply reduced for the crowded animals, death due to unknown causes suddenly starts skyrocketing, vulnerability to infection and miscarried or defective pregnancies in these animals will occur.

"It is felt by myself and other medically oriented psychiatrists, biologically oriented psychiatrists, that it is surely not purely coincidental that some of these very same problems of aggressiveness, death due to unknown causes, infection vulnerability, poor learning, defective pregnancies occur with statistically much greater incidence in the crowded sections of our population."

40. Substandard housing, cockroaches, mice, rats and other insects and rodents tend to cause children to develop phobias of long standing, and nightmares. Dr. Solomon said, "Yet I feel on the basis of my clinical experience that the specifically terrifying experiences with rats and vermin are truly handicapping; that what every child needs particularly as he gets to be six, seven, eight, nine, ten, is to lay to rest some of the bodily fears that are, say, within normal limits for a four year old. If these are not laid to rest, indeed if the child does have to sleep with one eye on the bedbugs or afraid that if he gets up to urinate at night there may be a rat in the bathroom, and therefore, he'll wet his bed or he will combine nightmares with real experiences in the middle of the night that are terrifying, this child is again narrowing that part of his personality which we call available ego which might make use of the positive experience and opportunities our society and his own family make available to him."

41. A lack of adequate and decent clothing often embarrasses school age boys and girls and invariably cause them to drop out of school. Overcrowdedness also contributes to recurrent illnesses and certain kinds of infectious diseases such as encephalitis or brain fever or pneumonia which may cause brain damage; constant or recurrent illness often causes stunted growth of all parts of the body including the brain. So does malnutrition contribute to brain damage.

Mothers or parents not being able to provide adequate food, clothing, etc., tend to blame themselves and develop fears. With respect to nutrition, Dr. Solomon also said: "I feel it is a matter of general knowledge in several branches of medicine, military medicine, pediatrics and general psychiatry, that the somewhat undernourished person will tend to have inadequate stress reactions, that his adrenal glands will not aid the body's responses to stress, and these stresses are not only stresses of infection but severe psychological stresses. And I do know that it is again a matter of knowledge in various branches of medicine that a small amount of malnutrition has a cumulative effect with infection in draining the body's resources or dealing with the next infection as well as dealing with the present one."

42. Counsel quoted from the Mayor's 1969 fiscal budget address, in which he said that the District is preparing new welfare budget standards to bring them up to 70 percent of need, and that future efforts will have to consider bringing the District's budget up to full standard. A copy of the Mayor's address is attached to the record in this proceeding as Exhibit No. 1. Currently, recipients

of public assistance receive assistance in an amount considerably below that which the new standards would consider necessary.

43. Counsel for Claimant established that although the District pays 100 percent of its standard, its budget standard estimate is nevertheless lower than any other State or territory in the United States except: Arkansas, North Carolina, Puerto Rico and the Virgin Islands. To substantiate this fact, a report of "The Citizen Board of inquiry into Hunger and Malnutrition in the United States" is attached to and made a part of the record in this proceeding as Exhibit No. IV. Meanwhile, the District's cost of living index is slightly above the national average cost of living index. However, Mr. Gray pointed out that the budget standard estimates contained in Exhibit No. IV do not represent money actually paid. Exhibit No. V, a quote from the Washington Post, says the Chairman of the Welfare Advisory Council said the District pays 100 percent of need but, "The only catch is that our standards are no good."

44. According to a Welfare Department report submitted to the U.S. Senate for fiscal year 1967, 51 percent of welfare recipients do not receive sufficient allowance for shelter costs, thereby resulting in an average shelter allowance deficit of \$13.94. Exhibit No. VI, herein attached to and made a part of the record in this proceeding, establishes that all recipient families do not have the necessary minimum living space, according to standards established by the Department's Landlord Tenant Consultant Services.

45. During the Senate Appropriation Hearings for Fiscal Year 1968, Senator Byrd asked Miss Thompson, Director of the Department, "You were asking for \$6,000,000 in rental allowances. How much of that is local money?"

"Miss THOMPSON. This would all have to be local money, Mr. Chairman, because we are earning our maximum in matching funds.

"Senator BYRD. Would you please justify this item and explain how the program would work?"

"Miss THOMPSON. The rent allowances in the assistance grant is inadequate. Shelter is one of the most serious problems confronting our public assistance clients. For the average family of five the shelter allowance is around \$46 short. For example, according to our present budget estimate, a family of five is allowed \$64 for shelter and they have to pay an average of \$110 for shelter. This means that they have to cut their expenditures for food, clothing, and other expenses in order to pay the shelter costs."

46. It was established that food prices are higher in low income neighborhoods than in higher income neighborhoods.

Witness: Barbara Howard, a student majoring in Home Economics at Howard University, stated that she made a comparative shopping study for one of her courses in child nutrition; that the study entailed collecting and comparing prices of the A & P, Safeway and Giant food stores with prices of private neighborhood stores; that the prices in the private neighborhood stores were higher and the food of lesser quality than those of the chain stores. It was established that private neighborhood stores are generally located where recipients live.

47. It was further established that recipients participating in the food stamp program increase their purchasing power approximately 30 percent. However, it was pointed out that only about 49 percent of recipients eligible to participate in the program are able to do so because they must pay so great a proportion of their monthly assistance for shelter costs, which is in excess of the Department's allowance for shelter. Recipients are encouraged by the Department to participate in the food stamp program.

48. The origin and reason for the Department's Reduction in Allowances for Large Families policy, Mr. Russo said; "During the hearing on the Department of Public Welfare's 1962 appropriation, before the Senate Appropriations Subcommittee for the District of Columbia, it was made clear to the then Board of Commissioners and to the then Director of the Department of Public Welfare that because of limited appropriations, limited funds available to the District of Columbia, that there was a strong indication that economy measures be taken with respect to the total administration of D.C. Government.

"The then Director of Public Welfare, in an effort to submit a proposal in line with this objective of reducing costs, because of limited funds available to the D.C. Government, submitted a proposal to the committee recommending that for AFDC families having four or more children, that there be a reduction, a monthly reduction in the amount of the grant.

"This proposal was submitted in August of 1961 and was based on the premise that according to statistics available from the Department of Agriculture, from

the standpoint of food, that the larger the family sitting down at the same common table for their meals, the less expensive would be the cost of food. On this premise it was proposed that for an AFDC family with four children there be a monthly reduction in grant of \$2 on the fourth child, and that for each child in excess of four children in a family there would be a monthly reduction of \$4 on each additional child, starting with the fifth child.

"This proposal, as I have indicated was submitted to the Senate Appropriations Subcommittee and was approved by the Senate Appropriations Subcommittee with instructions that it be implemented, November 1, 1961."

49. In establishing the large family reduction policy, it appears that the Department arbitrarily defined a large family as consisting of four children. Mr. Russo said it is his opinion, "as conditions are today, the automatic reduction does impose a hardship on large families." He continued; "I feel that if our budget standards today reflected realistically actual costs, whether it be for shelter allowances, for food, for clothing, for personal needs, that perhaps the premise on which this automatic deduction was based would be valid, but in view of the fact, again notwithstanding the 13 percent increase, particularly with respect to the method of applying the 13 percent increase, in view of the fact that we acknowledge that the budget standards, because shelter allowances have not been updated since 1953, and because other components in the budget, particularly food and clothing, have not been updated since 1957, we acknowledge that the budget standards today again, irrespective of the 13 percent increase, particularly because of the method of applying it, are today inadequate.

"If they are made adequate by reflecting actual costs, then again I say that the principle of an automatic deduction for large families based on the premise that it is less expensive to prepare meals as the family grows larger, that this principle, if budget standards were realistic and reflect actual costs, might be valid. I do not feel that this principle is valid today for the reasons that I have given you."

50. Mr. Russo further stated that, "As Department representatives have indicated during these hearings, and as the Director of the Department, as well as the Chairman of Public Welfare Advisory Council has time and again indicated to the community, the Department in turn concedes that the current levels of determining need as reflected in the Commissioners' budget standards, taking into consideration the method of applying the 13 percent increase which was effective January 1, 1967, are inadequate in light of actual realistic current living costs for those components which comprise the Commissioners' budget standards.

"The Department of Public Welfare, with the intense involvement of the Public Welfare Advisory Council, has been for several months developing a revision of the existing budget standards to reflect current living costs and it is expected that the updated revised budget standards will be shortly presented to the city administration."

51. The Department made an effort each of the last three years in its request to Congress to increase appropriations for shelter and clothing allowances and these requests were denied by the Congress and the 13 percent cost of living increase was substituted in lieu thereof.

52. *Summary argument.*—Counsel for Claimant contended: "The point I am making, gentlemen, is simply this. The welfare recipient in the District of Columbia is forced under the present circumstances to live at a level that does not even allow he or she to deal with such basic necessities as food, shelter, clothing, and personal and household needs.

"The point I am making is this, that the present budget estimate of the Department of Public Welfare is totally unrealistic and is in desperate need of revision to reflect actual living costs. Note—We are not discussing actual living costs for frivolities. We are discussing actual living costs for the bare minimum of daily existence, food, clothing, and shelter."

Counsel for Claimant argued in his Memorandum in Support of Claimant's Position, that the D.C. budget standards do not carry out the purposes of the D.C. Public Assistance Act and Title 42 of the U.S. Code (The Social Security Act). More specifically, counsel contends the Aid to Families for Dependent Children program, as currently administered with its inadequate assistance payment levels, "does not help to maintain and strengthen family life, nor does it help parents and relatives attain maximum self-support and personal independence consistent with the maintenance of continuing parental care and protection"; that in this respect the Department has failed to carry out the purposes of

the Social Security Act, thereby, denying to Claimant and others their due process rights under the Fifth Amendment to the United States Constitution.

Claimant's memorandum is attached to and made a part of the record in this proceeding.

#### ISSUES

I. Did the Agency properly deny the requests of Claimant and others for additional assistance for clothing, household furnishings and shelter?

II. Is the Agency paying to Claimants the maximum amount of assistance for which they have established eligibility under Agency policies?

III. Has the evidence established that the current public assistance budget standards for the District of Columbia are inadequate to meet family living costs of Claimant and others?

#### CONCLUSIONS

I. The Agency properly denied the requests of Claimant et al's for additional assistance for clothing, household furnishings and shelter because:

a. The maximum amount of assistance allowable to Claimant for clothing under current Agency budgetary standards is \$38, which she is currently receiving.

b. The maximum amount of assistance allowable to Claimant for shelter under current budgetary standards is \$62, which she is currently receiving.

c. The budgetary standards for the Agency and the District of Columbia do not provide an allowance for household furnishings. Therefore, the Agency had no authority to grant assistance to Claimant for household furnishings.

II. The Agency is paying to Claimant and others the maximum amount of assistance for which eligibility has been established for them under current Agency budgetary standards. The budget standards are determined by the United States Congress and the District of Columbia Government. The Department of Public Welfare is a subordinate agency of the District Government without authority to establish budget standards or to grant assistance in contravention of established standards. Nevertheless, for three consecutive years, 1966, 1967 and 1968, the Department of Public Welfare requested the Congress to grant a rental adjustment allowance to supplement the rental allowance, so as to bring the current allowance in conformity with current rental costs. The Department's requests for each of the aforesaid years were disallowed by the Congress.

The budgetary computation described on page 4 of this summary established that Claimant is receiving the maximum assistance for which she is entitled under current Agency budgetary standards. No evidence was introduced to show a contrary conclusion.

III. After evaluating all of the evidence and weighing the credibility of all of the witnesses, the Hearing Officer is of the opinion that the evidence has established that the public assistance budget standards for the District of Columbia are not adequate to meet the cost of living for Claimant's family and the families of other similarly situated.

Claimant established by the expert testimony of a nutritionist that even if she were to utilize the low-cost food plan and participated in the food stamp program, she, et al, in all probability would not be able to provide an adequate (nutrient) diet for their family. The Nutritionist pointed out that an inadequate diet may cause chronic anemia, gum and teeth deficiencies, hemorrhaging, eyesight and skin problems, behavioral problems, and possibly brain damage. Claimant's evidence also established that the District of Columbia urban average cost of food is slightly lower than the national urban average cost of food for a budget type family.

Claimant further established that although the District of Columbia pays 100 percent of its standard, its budget standard estimate nevertheless, statistically, appears to be lower than any other state or territory in the United States except: Arkansas, North Carolina, Puerto Rico and the Virgin Islands.

The Department of Public Welfare conceded that perhaps its automatic Reduction for Large Families policy is inadequate since its budget standards do not realistically reflect actual living costs. The Department also stated that this particular policy was adopted by the Department as an economy measure, that is due to the insufficient appropriation of funds for public assistance.

Since the evidence established that Claimant resides in crowded living quarters and the Agency allows her \$48 per month to pay rent which cost \$85 per month, she and others similarly situated are not able to obtain adequate living quarters with their current assistance payments. Expert testimony established the possible adverse effects on mental health and the personality development of children as a result of crowded living quarters. Such effects are phobias, overstimulation, greater susceptibility to infectious diseases and terrifying nightmares. The living quarters of Claimant and others were below District of Columbia's National Capital Housing Authority Standards.

Claimant and others testified to the inadequacy of their assistance budgets with respect to their inability to purchase sufficient clothing, furniture and home appliances, and more specifically, at times when it is necessary to clothe their children for the opening of school, or to provide them with presents during the Christmas and Easter seasons.

The legal and constitutional issues raised in Claimant's memorandum are filed in, and made a part of, the record in this proceeding but are not the subject for consideration by the Hearing Officer.

#### RECOMMENATION

The Agency's denial of the requests of Claimant et al's for additional assistance for rent, clothing and household furnishings SHOULD BE SUSTAINED, for the foregone facts and reasons.

SEPTEMBER 6, 1968.

ELBERT D. GADSEN,  
*Hearing Officer.*

SEPTEMBER 25, 1968.

WINFRED G. THOMPSON,  
*Director of Public Welfare.*

#### APPEAL HEARINGS—SUMMARY OF FINDINGS

Case No. C 873-750.0.

Case of: Miss S—— W—— et al., 2 Knox Terrace, S.E., Washington, D.C.

Date of hearing: January 12 and February 2, 1968.

Present:

Elbert D. Gadsen, Hearing Officer.

S—— W—— et al., Claimants.

J. Kirkwood White, NLSP, Attorney for Claimants.

Martin Mendelsohn, NLSP, Attorney for Claimants.

John Adams, NLSP, Attorney for Claimants.

Albert P. Russo, Deputy Director, DPW.

Donald Gray, Chief, Public Assistance Division.

J—— H——, Supervisor.

P—— J——, Caseworker.

C—— H——, Caseworker.

V—— J——, Supervisor.

L—— D——, Witness for Claimants.

P—— C——, Witness for Claimants.

M—— B——, Witness for Claimants.

Glenn Carr, Attorney, National Welfare Rights Organization, Observer.

#### REASON FOR HEARING

On June 30, 1967, a mimeographed form (Basic Needs) was presented to this Agency dated June 5, 1967, in which Miss W—— along with several other recipients complained that the amount of her AFDC payment was not sufficient to insure a minimum standard of health and decency for her family. A copy of said form is attached to and made a part of the record in this proceeding.

On July 8, 1967, the Agency mailed a letter to Miss W. with a breakdown of her budget and a statement to the effect that she was receiving the maximum amount to which her family was entitled in accordance with the budget standards. In addition, Miss W. was invited to attend a group meeting held on July 20, 1967, to

further provide materials and explorations concerning her budget—but she failed to attend.

Because the basic issues in all of the recipients requests for hearings were substantially the same, the Department and Counsel for the recipients agreed to stipulate as follows :

"In response to your request, I am submitting, on behalf of the Welfare Alliance, the list of the recipient-appellants who will be the named parties in the six hearings to be scheduled by the Department some time after October 5, if possible. These recipient-appellants hereby, through counsel, waive their rights with respect to the obligation of the Department to render a decision on their claims within sixty days of the request for a hearing. The recipient-appellants herein listed will represent the entire class of recipient members of the Welfare Alliance who had requested fair hearings in July of this year. The groups herein listed are, for the most part, from separate geographical areas of the city. By agreement, the claimants represented by Neighborhood Legal Services in this matter concede that the Agency has complied with its policies with respect to the grant of assistance in each of the individual cases named herein and in the cases of all claimants for whom the Agency has written authorization for legal representation by Neighborhood Legal Services in this matter. By further agreement with the Agency, testimony at such hearings will be limited to six recipient-appellants, with the right reserved to introduce exhibits, written or oral arguments of law, and expert witnesses. The subjects of the hearings will be legal inadequacy of the public assistance grants, unavailability of special needs for furniture and clothing, and the termination of eligibility for large families embodied in the Department's BPR tables. The groups are as follows :

Knox (1) :

M ----- B  
 P ----- C  
 E ----- H  
 G ----- J  
 V ----- K  
 A ----- P

Knox (2) :

I ----- M  
 C ----- R  
 S ----- W  
 B ----- C  
 N ----- G  
 P ----- G

Bates St.-Defrees St. (3) :

A ----- R  
 E ----- P  
 C ----- R  
 A ----- B  
 M ----- P  
 W ----- P

Congress Heights, Community Laundry,  
 Near Northeast (4) :

E ----- R  
 F ----- M C  
 C ----- G  
 J ----- W  
 M ----- B  
 A ----- Y

Barry Farms (5) :

M ----- H  
 E ----- F  
 C ----- G  
 G ----- W  
 L ----- E  
 E ----- W

Barry Farms (6) :

E ----- H  
 P ----- V  
 G ----- S  
 A ----- L  
 D ----- W  
 M ----- H H."

Subsequently, the above described agreement was modified to consolidate all of the requests into two requests to be heard in two hearings under the names of C. L. G. and S. W., as on behalf of the other recipients similarly situated.

REASON FOR AGENCY ACTION

Based upon current information submitted by Miss W ———, Agency representatives determined that she is receiving the maximum amount of assistance for which she is eligible under the District of Columbia budget standards.

AGENCY POLICY

In accordance with the Commissioner's Budget Standards as set forth in HPA 2, *Requirements 2.1, page 5*, "Basic Personal Requirements," *Requirements 4.1, page 1*, "Shelter Allowances," *Requirements 5.1, page 2*, "Contingent Items," *Resources 1.1, page 2*, and *Payment 1.0*, "Thirteen Percent Increase," Miss Walker is receiving the maximum amount of assistance to which she is entitled.

## Budget breakdown:

Basic personal requirements-----	\$151. 00
Housing allowance-----	61. 00
Total basic requirements-----	212. 00
Minus support payments (Francis Lewis)-----	43. 33
Total-----	168. 67
Reduction (families of 4 or more children)-----	6. 00
Total-----	162. 67
Carfare to school-----	4. 33
Total-----	167. 00
Bus fare to Laurel, Md-----	9. 10
Total-----	176. 10
13-Percent increase-----	23. 10
Total payment-----	199. 10

## RQ 2.1, page 5—Reduced Allowance for Large Families

## Children in Assistance Unit:

	<i>Reduction per family</i>
1-3-----	\$0
4-----	2
5-----	6
6-----	10
7-----	14
8-----	18
9-----	22
10-----	26

## HPA 2, RQ 5.1, I D

*“Transportation.*—An allowance for the least expensive form of transportation when it cannot be provided without cost to the agency, or the kind of transportation recommended in writing by a physician, clinic or hospital official.

“An allowance for transportation may be included in the assistance payment, or may be provided by bus tokens to meet a temporary need or a current and ongoing need until such time as it can be included in the payment.”

## BACKGROUND INFORMATION

“Miss W —— applied for public assistance on June 5, 1957 for herself and her two children. Her only income at that time was \$7.00 court order for her oldest child L——. She was having difficulty with an adequate child care plan. She has been a recipient of public assistance continuously since that period.”

## FINDINGS OF FACT

Witness: Mr. Hall

1. Mr. Hall, social worker for Miss W.——, hereinafter called Claimant, stated that the individual breakdown of Claimant's personal requirements budget is as follows:

	<i>Monthly</i>
Claimant-----	\$27. 00
Claimant's daughter R-----	26. 00
Claimant's daughter M-----	26. 00
Claimant's daughter R-----	26. 00
Claimant's daughter G-----	26. 00
Claimant's daughter M-----	20. 00
Total-----	151. 00
Allocation for rent-----	61. 00
Total-----	212. 00

2. Mr. Hall further stated that Claimant's budget is correctly computed and that she is receiving the maximum amount of assistance allowable under current agency budget standards; that only \$20 is allotted to M—— because she is under six years old and the budget standards allots personal requirements on the basis of age brackets; that agency policies do not provide an additional allowance for furniture, clothing or other household necessities; and that Claimant is allowed \$61 per month for rent which includes utilities.

Witness: Miss S. W——, Claimant.

3. Claimant has six children, one of whom is confined at Laurel, Maryland. She receives \$197 per month in public assistance in which is included \$8 allowed for transportation to visit her son at Laurel, Maryland; \$61 per month is allowed for rent in National Capital Housing and Claimant said she has to pay an excess gas bill every three months.

4. Claimant's house caught afire on September 24, 1967 and all of her children's clothes and her furniture were burned. She informed the Agency and was referred to the Red Cross which did not give her any clothing for the children, but gave her a couch, lamp, kitchen table, six chairs already falling apart; a coat, mop and broom; that she thereafter bought four of the children a pair of shoes for \$6.99 a pair and one pair for her oldest child for \$8.99; and that she also bought each of the girls two dresses apiece. She said she bought these necessities with \$100 which she borrowed from the credit union on which debt she pays \$10 per month.

5. Claimant also stated that she has three pots which were given to her, two chairs and a couch in her living room and that she had to buy detergents and toilet articles because you cannot purchase the same with food stamps. She said she walks to the Jumbo food store to shop every week but she has to take a cab home which costs her \$1.20 to \$1.50, depending upon the number of bags.

6. When asked what kind of food she buys and prepares for her family, Claimant testified as follows:

"Miss W——: The first of the month I try to buy a lot of canned goods to take up when the last of the month comes, we don't have much to eat. So I try to buy a lot of soup, beans, corn, tomatoes, rice, macaroni and spaghetti, things like that, and tuna fish too, you know, put in when the food runs low the last week of the month.

"Mr. White: I should have asked you this first. How much do you get in food stamps?

"Miss W——: I get \$114, I pay \$80 in which I was paying \$76 and getting \$120. That is why I don't understand why the food stamps are so high and I get less and when my son was in the home I was paying \$76 and getting \$120. Now I am paying more money and getting less.

"Mr. White: Now, when do you buy milk?

"Miss W——: I buy—I try to buy milk every week but during the, you know, last week of the month, I don't have no money to buy milk. If they don't get milk in school they have to get a substitute.

"Mr. White: What sort of substitute do you have?

"Miss W——: I usually buy the big jars of powdered milk which don't have all the vitamins in it and give it to them or give them juice.

"Mr. White: What sort of meat do you buy?

"Miss W——: Pork chops, hamburger. I don't buy any steaks. Hot dogs, roasts, chicken, chicken wings, mostly chicken and chicken wings because they go far, cheapest meat, sausage and scrapple.

"Mr. White: Could you tell us your typical meal—what you usually serve, let's say, in the first week and then second and third and fourth weeks of the month? What would you generally put on the table for breakfast, lunch and dinner?

"Miss W——: Well, for breakfast it depends on whether the kids want a lot of food; I give mostly bacon and eggs, and toast, and grits, and sometimes they don't want that, so I give them cornflakes and boil them an egg or something like that.

"Mr. White: How about during the last week of the month?

"Miss W——: The last week mostly they eat—well, I buy a lot of cereal and grits, so the last of the month they might get grits with butter on it, and if I have an egg, I put an egg on it."

6. Claimant said she usually has to borrow money during the last week in each month from her girl friend who works for the government; that she gets \$20 every two weeks for child support and she tries to conserve it for emergen-

cies; that she usually has to neglect paying the rent on time during the month of Christmas, Easter, and the beginning of the school year, in order to buy clothes and articles for her children; and that she thinks the Agency should allow more money for Christmas, Easter and the opening of the school year because her children need and want things just like all other children and they are tired of receiving "hand-me-downs."

7. It was established that Claimant receives \$197 per month public assistance, while she receives approximately \$40 per month support money for two of her children. The \$197 per month includes a full grant of assistance for her other three children, in exchange for the Agency's receipt of support payments from Juvenile Court for two of the three children. It was also established that Claimant pays \$84 per month for food stamps with a purchasing power of \$114 or an additional \$30. Hence, Claimant receives \$197 public assistance, plus \$40 support payments, plus an extra \$30 value from the use of food stamps, which gives her purchasing power of \$267 per month on which to support herself and five children, 11, 10, two 7 and one 4 years of age.

8. It was also established that the Agency referred Claimant to the Salvation Army during the Christmas season from which she received a check for \$7 and one toy for each child. Claimant stated that she did not believe that the larger the family, the cheaper the food costs, the rationale upon which the Agency's automatic reduction in assistance to large families policy is based. The policy requires a \$2 reduction per month for the fourth child and \$4 per month reduction for each additional child. The Deputy Director for Family and Children Services said he did not know whether the rationale for the policy was based upon a study.

9. The current Agency budget standards were based upon 1953 food costs established by the U.S. Department of Agriculture. The current Agency budget standards for shelter are based upon shelter costs which prevailed in the District of Columbia in 1957.

10. In response to questions by counsel for Claimant, Mr. Russo said: "A request for a sum of money plus certain new positions to undertake what we referred to then as the public assistance rental adjustment—rental allowance adjustment program. This proposal was first introduced in the 1966 budget. It failed, was not allowed. It was reintroduced in the 1967 budget. Again it was disallowed. It was again introduced in the 1968 budget and again it was disallowed. And it was predicated on the findings in the survey we made in 1965, calendar year 1965, which indicated that approximately 51 percent of our public assistance recipients were paying more for shelter costs than our budget standards for shelter allowances permitted, and it also indicated that those 51 percent of our recipients who were paying more for shelter costs than the allowances permitted were paying approximately 18 percent more."

Witness: Mrs. P—— C——

11. Mrs. C—— has four children, R—— 10, J—— 8, C—— 7 and B—— 5 years of age. She receives \$211 per month public assistance, pays \$65 per month for rent for three bedrooms, kitchen and a bath. She further stated that she has received one bill for excess gas in the amount of \$12.50 for the months April, May and June; that she spends \$68 per month for food stamps which value \$100; that she usually buys chicken, pot roast, pork chops, neck bones and bacon but generally not beef; that she gives her children a dessert when she has it but she always runs short on food during the last week of the month; and that she shops at the Giant, Safeway and Jumbo food store and takes a cab or other transportation home, for which she pays \$1.25 or \$1.50 because they charge for each bag.

12. Mrs. C—— said she usually has about \$10 or \$15 at the beginning of the last week of each month for food and after buying food she does not have any money for emergencies. She also said she borrows money from her brother to whom she is presently indebted in an unknown amount; in explaining how she bought coats for the family she said: "I paid for mine at \$20.60, and I paid for R——, one for \$15.40 and B——, \$11.30 and J—— \$8.36, and included in that I got B—— a sweater for \$3.08 and I got a blouse for \$1.94 and a dress for \$5.16."

13. Mrs. C—— said her son has one \$7.14 pair of shoes which last about two months; that her children all have clothes, some of which she bought from Goodwill for 25 or 35 cents; that she needs beds because her beds are broken and one goes down to the floor; that her other furniture is alright and since she

has a furniture account she plans to buy two beds; that she has a television and a washing machine but she needs sheets for the beds; that she bought three dresses and two pairs of shoes for herself last year and her sister bought her a coat the first she has had since 1964.

14. Mrs. C—— said she spent \$60 at Morton's store on pants, dresses, slips and socks for the opening of school; that her furniture account is with Walker Thomas and it is collected at her home in the amount of \$20 per month; that the furniture given her by Goodwill did not hold up because it is used furniture and it is no good; and that she has bought a few clothes at Lerner's on lay-away.

15. Mrs. C——'s monthly public assistance budget was described by her social worker, Mrs. J—— as follows:

Basic personal requirements.....	\$125
Shelter allowance.....	64
Total .....	189
Reduction for 4 children.....	2
Balance .....	187
13-percent increase.....	24
Total payment.....	212

Mrs. C——'s testimony about trips to medical facilities indicated that she is eligible for transportation costs to such facilities but she admitted she failed to bring a statement from the facilities verifying her visits. The Agency cannot allow transportation costs in such cases without a statement from the treating facility.

Witness: Mrs. J——.

16. Mrs. J——, supervisor of the unit responsible for servicing Mrs. D——, case described Mrs. D——' public assistance budget as follows:

Basic personal requirements.....	\$125
Shelter allowance .....	61
Total .....	186
Reduction for 4th child.....	2
Total .....	184

Mrs. D—— receives \$28 for child support and her adjusted public assistance budget is \$176, on which to support herself and four children, S—— 12, D—— 10, R—— 8 years of age and the baby girl seven months old.

Witness for claimant: Mrs. L—— D——.

17. Mrs. D—— stated that she purchases each month, food stamps for \$72 at a value of \$120; that her baby has an allergy and must drink a special milk from the drug store which cost 48 cents a can; that she spends about \$20 per month on special foods for her; that she spends \$50 for food and she buys chicken, hamburger and neck bones; that she usually runs low on food the last week in each month and have to borrow money from her sister or neighbors, whom she will pay when she receives her assistance check. Mrs. D—— said her children needs clothes although she receives some clothes from Goodwill; that she needs a kitchen set, a couch, chairs and a bed because all of these items are in a state of ill repair, the springs in her mattress protrudes through its covering and stick her; that she buys clothing from Morton's and sometimes she cannot pay her rent and will have to make a double payment the second month.

18. Mrs. D—— says her children does not get enough food, "I am just not getting enough money to meet my needs. I haven't bought my children no clothes for the last year hardly or this year hardly. And I have to buy my stamps, then don't pay no rent, the next month pay the rent and don't buy no stamps. That is how I do."

Mrs. J—— informed Mrs. D—— in the hearing that the Agency will be able to pay for the special milk for her baby since it has come to the attention of the Agency for the first time.

19. The statement from Children's Hospital read: "This baby is an atopic child that needs daily Soyolac for feeding. Please make him available to product. Thank you," signed by a doctor whose name no one in the hearing could read.

Mrs. J—— said she was satisfied that Mrs. D—— was receiving the maximum amount of assistance for which she is eligible except for the above discussed contingency. Mrs. D—— said she receives \$26 per month support rather than \$28 and she exhibited a money order to prove the same. Mrs. J—— said she would explore this \$2 discrepancy and adjust Mrs. D——' budget, if warranted.

Witness for claimant: Mrs. M—— B.

20. Mrs. J——, social worker for Mrs. B—— described the latter's budget as follows:

Basic personal needs.....	\$183. 00
Shelter allowance .....	68. 00
 Total .....	 251. 00
Reduction for 4th, 5th, and 6th child.....	10. 00
 Total .....	 241. 00
Less child support payments.....	30. 33
 Total .....	 210. 67
Plus transportation costs.....	4. 33
 Total .....	 215. 00
13 percent increase.....	28. 00
 Total payment .....	 243. 00

21. Mrs. B—— supports herself and six children, E—— 13, Z—— 14, R—— 12, D—— 9, S—— 8 years of age and C—— four months old, Mrs. B—— said she pays \$65 per month for rent at NCHA but she pays for excess gas, broken window panes, stopped up toilets; that she has recently had excess gas bills for \$15, and \$7.50; that she pays \$92 for food stamps with a purchasing power of \$120; that she purchases about \$80 to \$90 worth of food after the receipt of her check.

22. "Mr. Mendelsohn: Towards the end of the month how is your food supply and what sort of meals do you serve?"

"Mrs B——: Toward the end of the month mostly I have chicken, I will keep the backs, and the giblets, and maybe I will have beans and make a meal out of that, and a lot of times I do my best to have vegetables for the children."

She said her children are adequately clothed now with some help from her sister but they do not have overshoes although two of them have raincoats. Her relatives, neighbors and friends have been giving her clothes for her children.

23. In response to testimony given by Mrs. B——, the Hearing Officer asked the following questions: "Then, are you saying now that since your budget has been adjusted to account for the additional child and the support payments which you were not receiving, and for the included transportation cost, that you now are no longer experiencing difficulty managing?"

"Mrs. B——: I am not."

"Hearing Officer Gadsden: Then, you are conceding, then that the agency is adequately supporting you, or compensating you?"

"Mrs. B——: Yes."

Mrs. B—— was the only witness who stated that her assistance payments were adequate inasmuch as she is receiving clothing from relatives, neighbors and friends.

24. Witness: Mrs. Louise Earl, Chief of Nutrition Services Division, District of Columbia Department of Public Health.

Mrs. Earl's qualification as a Nutritionist and an expert on Food Budget Standards for low income families was established by the evidence at the hearing.

25. Mrs. Earl explained the three food nutrient standards established by the Food Nutrition Board of the U.S. Department of Agriculture in past years, as the Low-cost, moderate and Liberal Plan. All three standards contain the daily nutritional allowance but vary in costs. The standards are based upon nutritional needs according to age, sex and activity level. Although the standards vary in contents as well as costs, Mrs. Earl said all of them required knowledge of recipes, ability to read recipes, and the necessary facilities to prepare meals

based upon said recipes. She said she has had occasion to observe and work with some recipients and that it was her opinion that in general, recipients do not have the required education and necessary facilities to prepare meals in accordance with the recipes.

26. Mrs. Earl continued: "For example, where someone who has a little more interest in food and doing something more creative, has a little more initiative, a little more pep, they will cook a roast or make an interesting stew or something that has a little versatility to it. And we find many of these low income people, they will cook something meal by meal so that they use chops a lot, for example. This they can fry. They don't have to spend time on or they have the top of the stove cooking. This is something they can do easy. And these are usually more expensive cuts and so they end up with their food allowance not going as far as it probably could if you worked at it a little better."

27. For a family composed of a mother and four children, a boy 8, and three girls 10, 7 and 4 years of age, Mrs. Earl said the 1967 figures indicate that the low-cost food plan would cost \$121.95 per month. If the same family bought food stamps for \$68 at a purchasing power of \$100 it would still be short of \$21.95 and would probably have great difficulty providing an adequate diet for the family without exceptional cooking knowledge and cooking facilities. The economy budget, which is no longer published is the budget upon which public assistance budgets are computed.

28. Mrs. Earl continued: "I could only refer to studies that have been done at various times which show that where inadequate food intake continues over a period of time and nutrients do get down under the minimum levels that there is health breakdown.

"What sort of health breakdown?"

"Well, one thing might be a chronic anemia, which is, of course, very important to the whole physical well-being of a person. It is also very important in the utilization of food—I mean if you're anemic and you don't have too much food, you still can't—the body can't use this food as efficiently if you're not anemic, so you run into this kind of complication.

"You might have certain breakdowns such as with a deficiency of Vitamin C. This can cause a problem in the gums and a breakdown of your teeth so that you have poor oral facilities for chewing and eating your food. You can't use your food as well, too. You have hemorrhaging. Lack of any number of the vitamins will put you in deficiency states where eyesight and skin problems, or any of the things that can complicate health arise."

29. Counsel for Claimant asked Mrs. Earl: "Are there other what you might call behavioral problems or the way people act when they are under such a diet?"

"Yes. When a person is undernourished—there are studies which show that children particularly in school, if they're undernourished, their resistance is low, they're tired, they're inattentive, they cause trouble in school, and they also cause trouble and get into bad habits and so on."

30. Counsel for Claimant cited the following statement from the "City Worker's Budget for a Moderate Living Standard," Department of Labor, Bureau of Labor Statistics, 1967: "One of the major sources of upgrading in the 1966 standard was the food component which was based on the USDA moderate cost food plan. In the 1959 budget food costs were calculated from an average of the low and moderate cost plans. The cost of food at home in the 1966 standard is about 12 percent higher than it would have been if an average of the low and moderate cost plans based on 1965 preference patterns had been used. Since food at home represents 25 percent of total cost of consumption in the 1966 budget, the use of the higher food standards accounts for about 3 of the 24 percent increase in the overall standard.

"Although families can achieve nutritional adequacy from the low cost food plan, it has been estimated that only 23 percent of those who spend amounts equivalent to the cost of this plan actually have nutritionally adequate diets. The foods included in the plan require a considerable amount of home preparation and skill in cooking. Many of the families existing on low cost food budgets have neither the time nor the technical knowledge to produce interesting, varied and nutritionally adequate meals at his low cost."

31. It was established that the U.S. urban average cost of food for a budget type family was \$2,143 and \$2,135 for the District of Columbia, according to the "City Worker's Family Budget." In concluding, Mrs. Earl said: "Now, I think

in essence what I said was that it is extremely desirable for families to have at least the amount of money available at the low cost plan level in order to buy a diet that is in some way realistic and knowing then that this would permit the purchase of foods that would give us the kind of nutrients that will maintain health.

"In addition to that, an educational program is necessary so that with the availability of people we have on low incomes, and using this amount of money, since it is at low cost and does not give extensive flexibility, that an educational program is required to make even the best use of this low cost food plan."

A copy of the City Worker's Family Budget marked Exhibit 3 is incorporated into and made a part of the record in this proceeding.

32. It was established that a family might have sufficient money and food but may not necessarily obtain adequate nutritional value therefrom because of a lack of knowledge or facilities for a beneficial preparation of the same. Mrs. Earl's testimony was generally related to low income groups of people of whom welfare recipients are a part. She did testify specifically to the facts in the family situation of the mother and four children.

33. WITNESS: *Dr. Frederic Solomon*, Child Psychiatrist, Professor of Neurology and Psychiatry at the Howard University College of Medicine.

Dr. Solomon is an expert and a consultant on mental problems of minority group and lower income children. He has had considerable contact with such children at the clinic of Johns Hopkins Hospital, which serves low-income populations and welfare recipients of all races in Baltimore; at Children's Hospital in Washington, D.C.; and at Freedmen's Hospital where he currently serves.

34. The D.C. National Capital Housing Authority's standards dealing with overcrowding provides that the maximum number of persons living in quarters with one bedroom should be two persons; two bedrooms, five persons; three bedrooms, eight persons; and five bedrooms, twelve persons. It also states that assignment of living quarters should give priority to separation of the sexes except for husband and wife or children under four years of age.

35. Dr. Solomon agreed with the soundness of the above housing standards as they relate to mental health and personality development of children. He said these standards are the minima and families having to accept less than these would probably increase the risk of emotional disturbances, learning handicap, and mental illness as opposed to a family living under proper standards. Some of the ill effects of overcrowdedness are interrupted sleep which tends to cause inattentiveness in school, vulnerability to infectious or contagious diseases, diminution in ego strength (inability of the personality to cope with his environment), sleep and dream deprivation due to interrupted sleep can contribute to gross mental illness, overstimulation from noise and excitement, and the sexual curiosity of siblings may produce chronic sexual excitement and deprivation of a calm frame of mind normally associated with the very young child.

36. Dr. Solomon continued, "In any case, the thing that is lost, lost for the school age child is the relatively calm frame of mind that we ordinarily associate with the elementary school years. This frame of mind has a psychiatric name. It is called latency and it sort of stands between the nursery school years, which tend to be somewhat excited and agitated normally, and the vicissitude of adolescence.

"A normal latency is often denied children of low-income parents and welfare recipients and is replaced by a perpetual excitement and a preoccupation with sex or violence.

"This is no small matter. It severely handicaps the processes of education in school adjustment and personality growth in these years and contributes greatly to the impression reported by the educators that these children are unreachable or unteachable. They are indeed preoccupied and overexcited as well as exhausted."

37. Overstimulation often causes a premature preoccupation with adult sexuality. Children of overcrowded families are often driven into the streets, away from the constructive influence of their parents, by reason of the lack of space at home with respect to frequent moving which is common among low income persons, Dr. Solomon said, "in the school age child a move often means a move to a new school. Now, add constant illness, moves to a new school perhaps every year or two because of an inadequate amount of money to pay the rent or perhaps wish to get a slightly better place and so forth.

"Yes, if you put five laboratory animals into a cage that is ordinarily comfortable for one animal, the aggressiveness is increased, the learning is sharply

reduced for the crowded animals, death due to unknown causes suddenly starts skyrocketing, vulnerability to infection and miscarried or defective pregnancies in these animals will occur.

"It is felt by myself and other medically oriented psychiatrists, biologically oriented psychiatrists, that it is surely not purely coincidental that some of these very same problems of aggressiveness, death due to unknown causes, infection vulnerability, poor learning, defective pregnancies occur with statistically much greater incidence in the crowded sections of our population."

38. Substandard housing, cockroaches, mice, rats and other insects and rodents tend to cause children to develop phobias of long standing, and nightmares. Dr. Solomon said, "Yet I feel on the basis of my clinical experience that the specifically terrifying experiences with rats and vermin are truly handicapping; that what every child needs particularly as he gets to be six, seven, eight, nine, ten, is to lay to rest some of the bodily fears that are, say, within normal limits for a four year old. If these are not laid to rest, indeed if the child does have to sleep with one eye on the bedbugs or afraid that if he gets up to urinate at night there may be a rat in the bathroom, and therefore, he'll wet his bed or he will combine nightmares with real experiences in the middle of the night that are terrifying, this child is again narrowing that part of his personality which we call available ego which might make use of the positive experience and opportunities our society and his own family make available to him."

39. A lack of adequate and decent clothing often embarrasses school age boys and girls and invariably cause them to drop out of school. Overcrowdness also contributes to recurrent illnesses and certain kinds of infectious diseases such as encephalitis or brain fever or pneumonia which may cause brain damage; constant or recurrent illness often causes stunted growth of all parts of the body including the brain. So does malnutrition contribute to brain damage.

Mothers or parents not being able to provide adequate food, clothing, etc., tend to blame themselves and develop fears. With respect to nutrition, Dr. Solomon also said: "I feel it is a matter of general knowledge in several branches of medicine, military medicine, pediatrics and general psychiatry, that the somewhat undernourished person will tend to have inadequate stress reactions, that his adrenal glands will not aid the body's responses to stress, and these stresses are not only stresses of infection but severe psychological stresses. And I do know that it is again a matter of knowledge in various branches of medicine that a small amount of malnutrition has a cumulative effect with infection in draining the body's resources or dealing with the next infection as well as dealing with the present one."

40. Counsel quoted from the Mayor's 1969 fiscal budget address, in which he said that the District is preparing new welfare budget standards to bring them up to 70 percent of need, and that future efforts will have to consider bringing the District's budget up to full standard. A copy of the Mayor's address is attached to the record in this proceeding as Exhibit I. Currently, recipients of public assistance receive assistance in an amount considerably below that which the new standards would consider necessary.

41. Counsel for Claimant established that although the District pays 100 percent of its standard, its budget standard estimate is nevertheless lower than any other state or territory in the United States except: Arkansas, North Carolina, Puerto Rico and the Virgin Islands. To substantiate this fact, a report of "The Citizen Board of Inquiry Into Hunger and Malnutrition in the United States" is attached to and made a part of the record in this proceeding as Exhibit No. IV. Meanwhile, the District's cost of living index is slightly above the national average cost of living index. However, Mr. Gray pointed out that the budget standard estimates contained in Exhibit No. IV do not represent money actually paid. Exhibit No. V, a quote from the Washington Post, says the Chairman of the Welfare Advisory Council said the District pays 100 percent of need but, "The only catch is that our standards are no good."

42. According to a Welfare Department report submitted to the U.S. Senate for fiscal year 1967, 51 percent of welfare recipients do not receive sufficient allowance for shelter costs, thereby resulting in an average shelter allowance deficit of \$13.94. Exhibit No. VI, herein attached to and made a part of the record in this proceeding, establishes that all recipient families do not have the necessary minimum living space, according to standards established by the Department's Landlord Tenant Consultant Services.

43. During the Senate Appropriation Hearings for fiscal year 1968, Senator Byrd asked Miss Thompson, Director of the Department, "You were asking for \$6,000,000, in rental allowances. How much of that is local money?"

"Miss Thompson: This would all have to be local money, Mr. Chairman, because we are earning our maximum in matching funds.

"Senator Byrd: Would you please justify this item and explain how the program would work?"

"Miss Thompson: The rent allowance in the assistance grant is inadequate. Shelter is one of the most serious problems confronting our public assistance clients. For the average family of five the shelter allowance is around \$46 short. For example, according to our present budget estimate, a family of five is allowed \$64 for shelter and they have to pay an average of \$110 for shelter. This means that they have to cut their expenditures for food, clothing, and other expenses in order to pay the shelter costs."

44. It was established that food prices are higher in low income neighborhoods than in higher income neighborhoods.

Witness: Barbara Howard, a student majoring in Home Economics at Howard University, stated that she made a comparative shopping study for one of her courses in child nutrition; that the study entailed collecting and comparing prices of the A&P, Safeway and Giant food stores with prices of private neighborhood stores; that the prices in the private neighborhood stores were higher and the food of lesser quality than those of the chain stores. It was established that private neighborhood stores are generally located where recipients live.

45. It was further established that recipients participating in the food stamp program increase their purchasing power approximately 30 percent. However, it was pointed out that only about 49 percent of recipients eligible to participate in the program are able to do so because they must pay so great a proportion of their monthly assistance for shelter costs, which is in excess of the Department's allowance for shelter. Recipients are encouraged by the Department to participate in the food stamp program.

46. The origin and reason for the Department's Reduction in Allowances for Large Families policy, Mr. Russo said: "During the hearing on the Department of Public Welfare's 1962 appropriation, before the Senate Appropriations Subcommittee for the District of Columbia, it was made clear to the then Board of Commissioners and to the then Director of the Department of Public Welfare that because of limited appropriations, limited funds available to the District of Columbia, that there was a strong indication that economy measures be taken with respect to the total administration of D.C. Government.

"The then Director of Public Welfare, in an effort to submit a proposal in line with this objective of reducing costs, because of limited funds available to the D.C. Government, submitted a proposal to the committee recommending that for AFDC families having four or more children, that there be a reduction, a monthly reduction in the amount of the grant.

"This proposal was submitted in August of 1961.

"This proposal was based on the premise that according to statistics available from the Department of Agriculture, from the standpoint of food, that the larger the family sitting down at the same common table for their meals, the less expensive would be the cost of food. On this premise it was proposed that for an AFDC family with four children there be a monthly reduction in grant of \$2 on the fourth child, and that for each child in excess of four children in a family there would be a monthly reduction of \$4 on each additional child, starting with the fifth child.

"This proposal, as I have indicated, was submitted to the Senate Appropriations Subcommittee and was approved by the Senate Appropriations Subcommittee with instructions that it be implemented, November 1, 1961."

47. In establishing the large family reduction policy, it appears that the Department arbitrarily defined a large family as consisting of four children. Mr. Russo said it is his opinion, "As conditions are today, the automatic reduction does impose a hardship on larger families." He continued; "I feel that if our budget standards today reflected realistically actual costs, whether it be for shelter allowances, for food, for clothing, for personal needs, that perhaps the premise on which this automatic deduction was based would be valid, but in view of the fact, again notwithstanding the 13 percent increase, particularly with respect to the method of applying the 13 percent increase, in view of the fact that we acknowledge that the budget standards, because shelter allowances have not been updated since 1953, and because other components in the budget, particularly food and clothing, have not been updated since 1957, we acknowledge that the budget standards today again, irrespective of the 13 percent increase, particularly because of the method of applying it, are today inadequate.

"If they are made adequate by reflecting actual costs, then again I say that the principle of an automatic deduction for large families based on the premise that it is less expensive to prepare meals as the family grows larger, that this principle, if budget standards were realistic and reflect actual costs, might be valid. I do not feel that this principle is valid today for the reasons that I have given you."

48. Mr. Russo further stated that, "As Department representatives have indicated during these hearings, and as the Director of the Department, as well as the Chairman of Public Welfare Advisory Council has time and again indicated to the community, the Department in turn concedes that the current levels of determining need as reflected in the Commissioners' budget standards, taking into consideration the method of applying the 13 percent increase which was effective January 1, 1967, are inadequate in light of actual realistic current living costs for those components which comprise the Commissioners' budget standards.

"The Department of Public Welfare, with the intense involvement of the Public Welfare Advisory Council, has been for several months developing a revision of the existing budget standards to reflect current living costs and it is expected that the updated revised budget standards will be shortly presented to the city administration."

49. The Department made an effort each of the last three years in its request to Congress to increase appropriations for shelter and clothing allowances and these requests were denied by the Congress and the 13 percent cost of living increase was substituted in lieu thereof.

50. *Summary argument.*—Counsel for Claimant contended: "The point I am making, gentlemen, is simply this. The welfare recipient in the District of Columbia is forced under the present circumstances to live at a level that does not even allow he or she to deal with such basic necessities as food, shelter, clothing, and personal and household needs.

"The point I am making is this, that the present budget estimate of the Department of Public Welfare is totally unrealistic and is in desperate need of revision to reflect actual living costs. Note—We are not discussing actual living costs for frivolities. We are discussing actual living costs for the bare minimum of daily existence, food, clothing, and shelter."

Counsel for Claimant argued in his Memorandum in Support of Claimant's Position, that the D.C. budget standards do not carry out the purposes of the D.C. Public Assistance Act and Title 42 of the U.S. Code (The Social Security Act). More specifically, counsel contends the Aid to Families for Dependent Children program, as currently administered with its inadequate assistance payments levels, "does not help to maintain and strengthen family life, nor does it help parents and relatives attain maximum self-support and personal independence consistent with the maintenance of continuing parental care and protection"; that in this respect the Department has failed to carry out the purposes of the Social Security Act, thereby, denying to Claimant et al their due process rights under the Fifth Amendment to the United States Constitution.

Claimant's memorandum is attached to and made a part of the record in this proceeding.

#### ISSUES

I. Did the Agency properly deny the requests of Claimant et al. for additional assistance for clothing, household furnishings and shelter?

II. Is the Agency paying to Claimants the maximum amount of assistance for which they have established eligibility under Agency policies?

III. Has the evidence established that the current public assistance budget standards for the District of Columbia are inadequate to meet family living costs of Claimant et al.?

#### CONCLUSIONS

I. The Agency properly denied the requests of Claimant et al. for additional assistance for clothing, household furnishings and shelter because:

a. The maximum amount of assistance allowable to Claimant for clothing under current Agency budgetary standards is \$38, which she is currently receiving.

b. The maximum amount of assistance allowable to Claimant for shelter under current budgetary standards is \$62, which she is currently receiving.

c. The budgetary standards for the Agency and the District of Columbia do not provide an allowance for household furnishings. Therefore, the Agency had no authority to grant assistance to Claimant for household furnishings.

II. The Agency is paying to Claimant et al. the maximum of assistance for which eligibility has been established for them under current Agency budgetary standards. The budget standards are determined by the United States Congress and the District of Columbia Government. The Department of Public Welfare is a subordinate agency of the District Government without authority to establish budget standards or to grant assistance in contravention of established standards. Nevertheless, for three consecutive years, 1966, 1967 and 1968, the Department of Public Welfare requested the Congress to grant a rental adjustment allowance to supplement the rental allowance, so as to bring the current allowance in conformity with current rental costs. The Department's request for each of the aforesaid years was disallowed by the Congress.

The budgetary computation described on page 4 of this summary established that Claimant is receiving the maximum assistance for which she is entitled under current Agency budgetary standards. No evidence was introduced to show a contrary conclusion.

III. After evaluating all of the evidence and weighing the credibility of all of the witnesses, the Hearing Officer is of the opinion that the evidence has established that the public assistance budget standards for the District of Columbia are not adequate to meet the cost of living for Claimant's family and the families of others similarly situated.

Claimant established by the expert testimony of a nutritionist that even if she were to utilize the low-cost food plan and participated in the food stamp program, she, et al, in all probability would not be able to provide an adequate (nutrient) diet for their family. The nutritionist pointed out that an inadequate diet may cause chronic anemia, gum and teeth deficiencies, hemorrhaging, eyesight and skin problems, behavioral problems, and possibly brain damage. Claimant's evidence also established that the District of Columbia urban average cost of food is slightly lower than the national urban average cost of food for a budget type family.

Claimant further established that although the District of Columbia pays 100 percent of its standard, its budget standard estimate nevertheless, statistically, appears to be lower than any other state or territory in the United States except: Arkansas, North Carolina, Puerto Rico and the Virgin Islands.

The Department of Public Welfare conceded that perhaps its automatic Reduction for Large Families policy is inadequate since its budget standards do not realistically reflect actual living costs. The Department also stated that this particular policy was adopted by the Department as an economy measure. That is, due to the insufficient appropriation of funds for public assistance.

Since the evidence established that Claimant resides in crowded living quarters and the Agency allows her \$48 per month to pay rent which cost \$85 per month, she and other similarly situated are not able to obtain adequate living quarters with their current assistance payments. Expert testimony established the possible adverse effects on mental health and the personality development of children as a result of crowded living quarters. Such effects are: phobias, overstimulation, great susceptibility to infectious diseases and terrifying nightmares. The living quarters of Claimant et al were below District of Columbia's National Capital Housing Authority Standards.

Claimant and others testified to the inadequacy of their assistance budgets with respect to their inability to purchase sufficient clothing, furniture and home appliances, and more specifically, at time when it is necessary to clothe their children for the opening of school, or to provide them with presents during the Christmas and Easter seasons.

The legal and constitutional issues raised in Claimant's memorandum are filed in, and made a part of, the record in this proceeding but are not the subject for consideration by the Hearing Officer.

#### RECOMMENDATION

The Agency's denial of the requests of Claimant et al's for additional assistance for rent, clothing and household furnishings SHOULD BE SUSTAINED, for the foregone facts and reasons.

SEPTEMBER 11, 1968.

ELBERT D. GADSDEN,  
*Hearing Officer.*

SEPTEMBER 26, 1968.

WINIFRED G. THOMPSON,  
*Director of Public Welfare.*

## D.C. GUIDE TO CASEWORKERS (EXCERPT)

2g. Establish what is being done to fill existing vacancies and what can be done to eliminate unscheduled leave and possibly misuse of sick leave. Employees absent or ill are contributing to the apparent organization morale problem.

*Vacancies and leave*

During the past several months four (4) Certifying Officers have been hired, as well as one (1) Information Receptionist, and one (1) Neighborhood Service Worker.

Present vacancies include one Certifying Clerk (GS-5) to be located at Headquarters, 124 C Street, N.W. and one Certifying Officer to be located at the proposed Neighborhood Center to be located at North Capital and K Streets. The Manager of the Food Certification Section is now interviewing people to fill the GS-5 position. He plans to assign one of the on-board Certifying Officers to the K Street location when it is opened.

In addition, according to the Food Stamp Manager, the Deputy Director of Family and Children Services has approved borrowing two positions from the Public Assistance Division to be used for two Certifying Officer positions. The Manager of the Food Certification Unit plans to train these people at 122 C Street and then send them out to decentralized locations (such as 1326 Florida Avenue, N.E. where the workload is often heavy enough to necessitate a 9:30 a.m. cut off time).

Based upon available Time and Attendance records, the following is a breakdown of leave taken and overtime worked in the Food Certification Unit during June and July 1968:

	Sick leave	Annual leave	Other leave	Nonavailable time	Overtime worked
June.....	91	186	8	285	404
July.....	88	381	0	469	433½
Total.....	179	567	8	754	837½

During June and July there were 10 certifying personnel in the above. Time and Attendance records include 30¼ days Annual Leave taken by certifying personnel.

Time and Attendance records for employees who left or transferred from the Food Certification Unit were not available for review.

In reviewing the T&A records, it was noted that several employees assigned to the Food Stamp area have had prolonged illnesses. This includes two Certifying Officers, one of whom the Food Stamp Manager indicated had a heart attack (44 days S.L., 12 days A.L.—Calendar Year 1968), and the other who suffers from an arthritic condition (31 days S.L. and 13 days A.L.—Calendar Year 1968). Also, the T&A cards revealed that the one clerk assigned to maintain case records files has had several major illnesses and has been out of the office a total of 73 days since September 1967. 240 hours Advance Sick Leave was granted to her October 1968.

It was noted, in one instance, that considerable overtime preceded a serious illness. Also, that much overtime was worked by the two others who had been ill a long period of time. There is a need for tightening up of overtime approval and restricting necessary overtime. Overtime should not be authorized for too long a period at any one time. It is strongly urged that overtime be authorized for no longer than 6 to 8 pay periods at any one time.

2e. Review the manpower capability and its use assignment. The Certification Unit currently has a staff of 23 authorized positions. Under the previous Commodity Distribution Program the Certification Unit has 13 employees and this staff was increased to 20 for the food stamp operation. Subsequently three positions were added to this in 1968.

*Manpower capability*

Overall, the Food Certification Section has a total of 15 Social Service Representatives (Certification personnel) on duty; 13 Certification Officers, 5 GS-8's

and 8 GS-7's, and 2 Certification Clerks GS-5. (Does not include 1 Certification Officer vacancy.) All are performing identical duties.

Eight of the 13 Certification Officers are located at 122 C Street, N.W.; two cover decentralized positions on a part-time basis, the rest remain at the C Street location. Four (4) of the eight are in the learning process, having been with the Food Stamp Office a little over two months. One position (GS-5 Certification Clerk) is vacant at the C Street address. In addition, recent approval has been received to hire three (3) GS-7 Certification Officers. (See 2g., Vacancies and Leave).

Three Neighborhood Service Workers, authorized in FY 1968, to canvass neighborhoods and make home visits to determine reason for non-participation in the Food Stamp Program were assigned in the fall of 1967. One position, filled for 30 days by a worker who left for maternity reasons, has been filled within the past month. The two remaining workers have functioned in clerical areas, one as the Food Stamp Receptionist until July 1968, the other assisting with the file in the main food stamp office. The one clerk (GS-3) available to the Food Certification Office is assigned to maintaining the certification case record files, but, because of major illnesses, has been absent from the office approximately 2½ months since September 1967.

One WTOC trainee has been available to staff at the S.E. Community Center, Good Hope Road for limited clerical assistance. One other WTOC trainee has recently been assigned to the C Street Office for training.

Certifying personnel perform clerical-typing work in connection with issuance of certifications of food stamps. They make up the folders, type certificates and, at decentralized locations, establish and maintain case record files.

The Food Stamp Office has one supervisor (GS-9) located at the C Street address (whose health has broken down which has necessitated his being out of work for the past month. He has been in and out of hospitals having extensive tests made to determine the nature of his illness), and one Food Stamp Coordinator (GS-8) who oversees the decentralized locations.

The Food Stamp Manager's job, of necessity, requires a great deal of time to be spent in meetings and in liaison with members of the Public Assistance Division, the Department of Public Welfare, the Department of Agriculture, and community organizations and the public. There is no one assistant to whom the Food Stamp Manager can delegate authority when he is not there, or who can assist him in running the day-to-day operations and help him to analyze and resolve the problems encountered in the overall program operations.

2d. Review the workload, including the locations where certification has been decentralized into neighborhoods. Possibly the effort has been overdecentralized and therefore results in wasting of manpower.

#### *Workload*

The Food Stamp Program began July 1965. The number of cases certified and authorized, as well as the number of cases participating in the Food Stamp Program is steadily increasing. In July 1965 there were 6,021 cases certified and authorized, and 2,872 cases participating. In April and May of 1968 the total number of cases certified passed the 8,000 mark.

During Fiscal Year 1966 the number of cases averaged 6,615 cases certified and authorized, and 3,970 participating. In FY 1967 the average was 5,903 certified and 4,697 participating. During the first eleven (11) months of FY 1968 (ending May 1968) the average number of cases was 7,166 certified and authorized, and 6,037 participating. Figures for June 1968 were not readily available. (DPW Monthly Statistical Report.)

The average number of cases processed per month by the Food Certification Unit in April, May and June of 1968 is 2,680 cases certified and authorized, of which 309 are Public Assistance cases, and 2,380 Non-Public Assistance cases. (Weekly Activity Report, Food Stamp Program, Form PW-PA 67).

The Food Certification Office is serving the community in the following decentralized areas:

## Decentralized locations

	<i>Number of workers</i>
District of Columbia Food Stamp Office, 1230 Taylor Street, N.W., Monday through Friday-----	3
Claridge Towers, 1221 M Street, N.W., Wednesday afternoon-----	<sup>1</sup> 1
Anacostia Southeast Services Center, 1418 Good Hope Road, S.E., Monday through Friday-----	2
Friendship House, 619 D Street, S.E., Thursday only-----	<sup>1</sup> 1
Northeast Services Center, 4313 Deane Avenue, NE., Monday through Friday-----	1
Southwest Community Center, 6 N Street, SW., Friday only-----	1
Near Northeast Community Development Center, 1326 Florida Avenue, NE., Monday through Friday-----	1
941 North Capitol, Monday through Friday-----	1
Demonstration Trailer, 14th and Park Road, NW., Monday through Friday-----	<sup>1</sup> 1
1368 Euclid Street, NW., Saturday morning only-----	<sup>1</sup> 1

<sup>1</sup> Workers assigned from other locations. The worker at Claridge Towers assigned from 1230 Taylor Street NW. The rest of the workers assigned out of 124 C Street NW.

The Pilot Demonstration Project, from September 27 to October 19, 1968 was located at 14th and Park Road, N.W. It operated on an 8 hour a day, 5 day a week basis. The office at 1368 Euclid Street, N.W. was opened in Mid-September (Saturday A.M. only.)

Workload figures were not available for these two areas. The number of applications processed at Park Road Trailer Project Demonstration, I understand, approximated 15 applications a day.

*Decentralized areas*

It was found that the workload in the decentralized areas is heavy. In most instances the number of cases processed equals, and in some instances exceeds, the number of cases processed by an equal number of workers at 124 C Street. Only the Claridge Towers (catering to the aged and infirm people) workload fluctuates considerably. The working area at Claridge Towers is very limited and there is no phone available with which to verify information. The Certification Officer conducts interviews in a large recreation room with a table as the working area. Home visits to the infirm are made within the building when warranted. In instances where there are few or no customers, most of the Certifying Officer's time spent there is unproductive because of the limited facilities. The long distance involved in commuting between Claridge Towers and Taylor Street precludes the Certifying Officer returning to her office for the remainder of the afternoon, and she remains at Claridge Towers until time to go home.

The Food Certification Manager indicated that this is a temporary arrangement until a permanent office catering to that area can be established. If a worker from a closer geographical location is assigned to cover this area, and the time spent awaiting for clients be made flexible, the Certifying Officer could leave at a predetermined time and return to the home office. When available, it is suggested that a worker from 122 C Street, N.W. be assigned to cover this area. Travel time between the two places is minimal and, in instances where there are no applicants by the predetermined time, the Certifying Officer could return to the C Street address and continue working.

*Friendship House, 619 D Street, SE., 1 person, 1 day a week (Thursday).*—Approximately 15 applications are processed in a one day period. Certifying Officer is working at a disadvantage in that no files are available and extra calls to the Food Certification Office files and other areas must be made in verifying information.

*Anacostia Southeast Services Center, 1418 Good Hope Road, SE. 2 persons, 5 days a week (Monday through Friday).*—Workload 35 to 40 cases daily. Cut off time usually varies from Noon to 1:30 p.m. Some limited clerical assistance available. The Receptionist, although not part of the Food Stamp Program, tries to clear applicants through Info and Files. Also, WTOC trainee is assigned to type certificates and do limited clerical work. Telephone inquiries are answered by the Certifying Officer and/or the Certifying Clerk.

*Near Northeast Community Center, 1326 Florida Avenue, NE., 1 person, 5 days a week.*—The workload here is heavy. Cut-off time is often as early as 9:30 a.m. because the worker's capability has been reached. It is not possible to estimate

the number of people turned away daily although there are indications that it may be high enough to justify another Certification Officer.

The worker has set as her goal 18 applicants a day. This high number of applications processed is made possible through the cooperation of the Neighborhood Services Receptionist (not part of the Food Stamp Program) who does some preliminary clearance for Certifying Officer, thereby conserving Certifying Officer's time. However, some overtime is necessary to maintain this high quota. Certifying Officer stated that when she had competent clerical assistance to do clerical work involved in processing applications (e.g., clear through Info and Files to see if person is or has been on Public Assistance, typing up certificates, making up and maintaining files, etc.) she was able to process as many as 21 applications a day.

#### *Cut off time*

The C Street location cuts off normally when a total of 60 applicants have been registered. The time varies from 10:30 a.m. to approximately 12:30 p.m. The workers here have been averaging 9 cases a day per worker.

In the decentralized areas the number of cases has been higher with an average of 13.5 cases processed per worker. It is recognized that the faster, more experienced workers are sent into the field. Also, in some cases, there is limited clerical help available to clear cases through PAD Registration and Files, and to do some typing, thereby speeding up the process.

No record is kept of the number of people turned away each day. However, the early cut-off time is clear indication that the caseload would be higher.

Mémorandum—District of Columbia Department of Public Welfare.

FEBRUARY 3, 1969.

To: Mr. Albert P. Russo, Deputy Director, Family and Children Services.

From: James A. Murray, Supervisor, Field Operations.

Subject: Recommendations for Improving Food Stamp Certification Service.

The following DPW staff met in Mr. Donald Gray's office on January 29, 1969, to discuss ways and means of strengthening food stamp services at the present 10 locations in the District of Columbia:

1. Mr. Albert P. Russo, Deputy Director for Family and Children Services.
2. Mr. Donald Gray, Chief, Public Assistance Division.
3. Mrs. Betty Queen, Chief, Personnel, Training and Volunteer Services Office.
4. Mr. John Saunders, Manager, Food Stamp Certification Section.
5. James A. Murray, Supervisor, Field Operations.

The above committee in its study of the food stamp program concerned itself with:

1. The early unconscionable cut-off in food stamp services at all locations.
2. The extended period of time clients have to wait before being served.

In addition to the continuous increase in requests for food stamps, the following significant information dictates that some definitive action be taken to meet the demand for prompt and efficient certification service:

1. Allegations by the Welfare Alliance to the effect that intake was being cut-off for food stamps and Crisis Assistance as early as 8:30 a.m.
2. The article in the "Washington Post" on January 27, 1969 regarding the extended period clients had to wait at the "little city hall" on North Capitol Street, N.W., before being served.
3. The Deputy Mayor who has asked the DPW Director to take appropriate action to resolve the food stamp problem—if funds are available to support changes that are necessary.
4. Mr. Daniel P. Moynihan, Special Assistant to the President, who discusses District affairs with the Mayor, may well become concerned about the delivery of food stamp services to the needy District families.

One of the first steps to take in improving the food stamp program will be to distribute the Food Stamp Workbook developed by the Department's Management and Analysis Division, which compiles pertinent data used by the certification officers in serving recipients and non-recipients. (Thirty copies will be duplicated and distributed to the food stamp staff.)

Locations where an early cut-off in food stamp applications and long waiting periods for clients to be served are areas particularly sensitive to the Depart-

ment's efforts to provide an efficient delivery of food stamp service. At the present time, these locations are:

1. 122 C Street, N.W.
2. Southeast Decentralized Center #1, 1418 Good Hope Road, S.E.
3. 1326 Florida Avenue, N.E.
4. 1230 Taylor Street, N.W.
5. Friendship House.
6. Southwest Stttement House.
7. Neighborhood Development Center #2, 14th Street, N.W.

Factors which may add a different dimension to the food stamp program:

1. A further decentralization of food stamp services.
2. Implementing changes in procedures affecting persons and families with monthly incomes below \$70.00, which will become effective on:
  - a. February 1, 1969—Revised Table of Issuances. (1) All manually issued food stamp certificates will be authorized in accordance with the new Table of Issuance.
  - b. March 1, 1969—A Data Systems Revision. (1) Data Systems Division is programming an automated change for the currently active caseload.

An experimental plan is now in operation at the DPW Anacostia Service Center to improve the quantity and quality of food stamp certification services to applicants and recipients.

In an effort to speed up the present application process at the DPW Anacostia Service Center, it was decided that three (3) center staff would assist the food stamp certification officers by taking over some of their clerical and investigative functions, which are an integral part of determining a person's eligibility for food stamps.

The specific functions, which are clerical in nature, are as follows:

1. The center's receptionist clears with Registration and Files on all new cases.
2. A case aide, one-half day, 5 days a week, verifies all eligibility factors on Form PW-PA 323.
3. A FAB staff member files records, 2 one-half days each week and types all food stamp certificates.

#### *Present authorized food stamp positions*

There are currently 24 authorized positions in the Food Stamp Certification Section. They are distributed as follows:

<i>Position</i>	<i>Number</i>
Manager -----	1
Supervisor (122 C Street, NW.) -----	1
Supervisor (field) -----	1
Public information specialist (PIO Office) -----	1
Social service representatives (certification officers) -----	13
Secretary -----	1
Accounting clerk -----	1
File clerk -----	1
Neighborhood service workers -----	3
Receptionist -----	1
Total -----	24

#### Recommended increase in staff with specific assignments: <sup>1</sup>

<i>Position</i>	<i>Number</i>
Assistant manager (GS-10) -----	1
Social service representatives (certification officers, GS-8) -----	8
Clerk-typists (GS-4) -----	2
File clerk (GS-3) -----	1
Supervisor (GS-9) -----	1
Total -----	13

Assignment location of the 13 requested positions:

1. One Assistant Manager—122 C Street, N.W.
2. One Social Service Representative—Friendship House, 619 D Street, S.E.—Full Time.

<sup>1</sup>The 1970 budget includes a request for a total of 13 positions.

3. One Social Service Representative—Southwest Settlement House, 6 N Street, S.W.—Full Time.
4. One Social Service Representative—Proposed DPW Congress Heights Service Center.
5. One Social Service Representative—Neighborhood Development Center No. 2, 1368 Euclid Street, N.W.—Full Time.
6. One Social Service Representative—Change, Inc., 3308 14th Street, N.W.—Full Time.
7. One Social Service Representative—Annex to Northeast Center on Minnesota Avenue, N.E.
8. Two Social Service Representatives—124 C Street, N.W.
9. One Supervisor—124 C Street, N.W.
10. Two Clerk Typists—124 C Street, N.W.
11. One File Clerk—124 C Street, N.W.

Other proposed personnel changes and actions in reorganizing the food stamp section :

1. Mr. Kermit Taylor, supervisor, to be reassigned as administrative assistant to the manager, GS-9 level with the following responsibilities :
  - a. Develop work standards.
  - b. Make time studies.
  - c. Supervise clerical staff.
  - d. Special assignments.
2. Establish an assistant manager position at a GS-10 level, to be totally responsible for the day-to-day operation of the food stamp program.
  - a. The food stamp manager will have the time to move more vigorously to strengthen areas of weakness in the food stamp program.
3. Four case aides formerly assigned to the Three Track Careers Project are to be assigned to the food stamp certification office at 124 C Street, N.W. for the express purpose of performing verification and other duties related to the certification process.
4. Form 52s will be initiated to establish eight (8) temporary GS-8 social service representative positions (additional identical), and forwarded to the DPW Budget Office for approval. Form 52s will be submitted on the five (5) other temporary positions (assistant manager; supervisor; file clerk and two clerk typists).
5. Determine if the six (6) case aides presently assigned to the three (3) decentralized centers have college degrees and forward the information to Mrs. Betty Queen. Those aides who meet the educational qualifications and other civil service requirements, will be considered for the social service representative positions.
6. Expedite the filling of the five (5) certification officer positions now vacant. Other manpower and training needs which will be deferred until the food stamp program has been reorganized to meet the demands for prompt and efficient service :
  1. Volunteer Services :
    - a. The Department is committed to use volunteers in the food stamp certification process.
    - b. The number and location of food stamp units where volunteers are needed will be determined.
    - c. The applicant's initial contact in his request for food stamps will be with the volunteer, who will assist him in meeting the eligibility requirements.
  2. WIN Trainees :
    - a. The Department has received assurance from the WIN Administrative staff that trainees in the clerical sequence will be available in the near future for on-the-job training.
    - b. WIN trainees will be assigned to training slots that have been established in the various food stamp units and the decentralized services centers.
    - c. Trainees will provide clerical assistance to the certification officers in the completion of application forms, typing and filing.
  3. Training Needs
    - a. The food stamp manager will determine and make his training needs known to the Employee Development Section.
    - b. The assistant manager of the food stamp program will coordinate the training program developed for the section with the Department's staff development officer.

## 4. Group Interviews

a. The Department's staff development officer will assist the food stamp assistant manager in developing group interviewing techniques, if this seems indicated.

5. Innovative and imaginative procedures should be tested.

ALBERT P. RUSSO,

*Deputy Director, Family and Children Services.*

WINIFRED G. THOMPSON,

*Director, District of Columbia Department of Public Welfare.*

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[Press release, April 17]

HEALTH AND WELFARE COUNCIL  
OF THE NATIONAL CAPITAL AREA,  
*Washington, D.C.*

The District of Columbia's food stamp program is reaching only about 11% of District residents needing some financial assistance to maintain minimum nutritional levels, the Health and Welfare Council of the National Capital Area told the Senate Select Committee on Nutrition and Human Needs today.

Testifying in the Council's behalf, Washington attorney Daniel K. Mayers said only 33,000 out of 250,000 persons needing assistance to achieve what the Department of Agriculture calls "an economy food plan" are benefitting from food stamps.

Mayers estimated that it would cost \$39 million annually to provide these 250,000 persons with a minimum diet for which they would pay not more than 25% of their disposable incomes.

Although many of the 250,000 would require only a few hundred dollars annually to be able to achieve an adequate diet, Mayers said, many others in the group are hungry, undernourished, and lack any means of correcting their condition.

Almost 70,000 of the persons in this category have family incomes of less than \$1,000 a year, and an additional 40,000 have less than \$2,000 a year, he said.

The HWC testimony was based on a detailed, statistical analysis of the District population, broken down by income group, family size, and ability to purchase minimum food requirements.

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THE FOOD STAMP PROGRAM—A GUIDE FOR CASEWORKERS

WHAT THE FOOD STAMP PROGRAM IS ALL ABOUT

Since July 1, 1965, the D.C. Department of Public Welfare has operated the D.C. Food Stamp Program to help low-income families meet that most basic need—*sufficient good food* to assure the ability of workers to earn and children to learn.

At the time that the Food Stamp Act of 1964 was passed, we were distributing surplus commodities to needy families. Just as soon as the Food Stamp Act became law, the D.C. Commissioners and the Department of Public Welfare moved swiftly to replace commodity distribution with this far superior program. A "Plan of Operation" acceptable to the U.S. Department of Agriculture (which has final approval authority) was devised by the Welfare Department and this was approved by the Board of Commissioners on May 20, 1965. On July 1, the first group of Washington families bought Food Coupon books at local banks and used them instead of money to shop for their food needs in the city's regular retail food stores.

Why do we say that this is a superior way to meet the food needs of low-income families? After all, surplus food was *free*, yet Food Stamp families must pay *hard cash* for Food Coupon books. But surplus commodities were limited to those products that were available for distribution *because they were surplus!* The effect was that distributed commodities were high in starch (flour, corn meal) and fat (lard). *Fresh* milk, *fresh* fruits, *fresh* vegetables just never are

in surplus supply, yet these are *necessities* for both adults and children if they are to become and remain productive members of society.

More important, the Food Stamp Program is not a "welfare" project to *dump* the unwanted products of the affluent society on the poor. In all too many cases, the surplus commodities were not the *needed* things. The Food Stamp user not only retains control of his life and his personal affairs, he learns to manage even better. *He* makes the decision to participate or not. He decides when and where he will spend his Food Coupons and for what. He trades in the regular food market, just like any other cash customer. He's a first-class citizen and consumer in a consumer-oriented economy.

The Food Stamp Program is not a giveaway program at all. This will become even clearer as we examine details of it.

In simple terms, a householder whose income is so low that *all* the food he *can* buy is not enough to sustain his family at an adequate nutritional level is authorized to buy Food Coupons at a neighborhood bank. He will spend just about what he's spending for food now in cash at the store, but for what he's spending now he can't get *enough good food*. But that same amount of money will buy *more value* in Food Coupon books. He uses these just like cash at the grocery store, so his buying power is *stretched!* His money is worth more!

*And*, the food bought with additional Food Coupon value is *extra!* It wouldn't have been bought at all otherwise, so in addition to raising the nutrition levels of low-income families, Food Stamps strengthen our agricultural economy, *spreading* buying power and stabilizing markets.

Another side effect of this *extra* buying is stimulation of the local economy. New jobs in food marketing result from *extra* Food Stamp business.

Designed to help thousands of low-income families live better by enabling them to buy more and better foods, to have more satisfying and better-balanced meals, and to do this in a dignified and decent way, the Food Stamp Program (after two years operation) *has not entirely succeeded!*

It *has*, of course, succeeded in changing the lives of those families who participate in it, but too many do not. The challenge is to reach *every* poor family with specific information about Food Stamps—hard facts, not generalizations.

Misunderstandings feed upon misunderstandings in the neighborhoods, until it seems that only person-to-person discussion can clarify what was—and is—a basically simple program.

For example, a Washington newsman put it this way in a headline: "Food Stamp Officials Find a Complicated Bargain is Hard To Sell."

It's not really that complicated. But until and when *individual* families find that out for themselves, it might as well be. As a government program, there are, of course, some government regulations to be observed. But the Department of Public Welfare has pledged itself to elimination of every possible bit of bureaucracy, every possible bit of red tape from administration of the program. This is a continuing process; it's going on right now!

As recently as August and October, 1967, we had new and exciting amendments that change things radically, but before discussing them, we should take a look at just what we mean when we talk about Food Stamp families and "eligibility" for Food Stamps.

#### HOW IT WORKS

What is a Food Stamp "household"? The shopping cart, the pot, and the table setting.

If a group of people *share* food costs among themselves—if they're in the shopping cart *together!*

If their food is stored and cooked without regard to *which* person paid for it or furnished the money to buy it—if they're in the pot *together!*

If food is cooked for *all* of them to eat at the same table (or maybe even to take to work in a lunch bag)—if they're at the table to eat *together!*

This is a **FOOD STAMP HOUSEHOLD!** They don't even have to be related to each other. If *all* the income of *all* the members of the household is just not enough to provide *enough good food* to furnish adequate nutrition for them, that group, or "family," should apply for Food Stamps.

How do they go about it? What will the Food Stamp Office need in the way of information to get them going? There are three simple requirements, and

they *are* simple, once the Food Stamp family knows what we need and why. Let's put it in personal terms, just as if *you* were applying.

If you live in the District of Columbia right now!

If you have cooking facilities available which are used for preparation of your family's meals!

If your household's income is low—that is, if your *NET* income after all agency adjustments is below the standard set by the U.S. Department of Agriculture and the D.C. Food Stamp Program for the number of people you have to feed!

Your household is eligible for Food Stamps as a matter of *right*! It's a right conferred by a solemn Act of Congress!

But just *having* rights doesn't help, not unless you *claim* and *establish* them. So how do you do that?

We said that you must live in the District of Columbia. Now how would any of us go about *proving* that? The easiest way we've found for people who rent their living quarters is simply to show us a *current* rent receipt. If you're spending your money to rent an apartment or house, this is a pretty good indication that you *do* live here. If your rent receipt doesn't show the address where you live so that we can check to see that it is inside the D.C. limits, then we might need to contact your landlord or rental agent. Be sure you have a telephone number where we can reach him. If you own your home or are buying it, your deed, your tax bill, your trust payment book or receipt, your current utility bills—any of these things would show us where you're living.

These are not the only ways of proving you live here, but they are the best for us because they also show how much you have to *pay* for housing, and that may be important later when we talk about *hardships*.

Then we said that you must have cooking facilities to use for preparation of your family's meals. It's not hard to satisfy us on that. After all, Food Stamps are for *groceries*, not restaurant meals. So there's just not much point in your getting Food Stamps to buy potatoes if you can't cook them. *But you are required to have a place to cook*, so we must require you to make a statement that you do have cooking facilities. And as is the case with other statements you make to us in connection with your application, there is a penalty for a *false* statement, just like on your Income Tax form.

Finally, what is low income and how do you prove it? Remember, you *don't* have a *right* to Food Stamps *unless* your household's income is a "*substantial* limiting factor in the attainment of a nutritionally adequate diet." That's what the Food Stamp Act says. Of course, this means *all* income of *all* members of your household.

The next to last page of this manual (Exhibit A) shows a scale that has been approved by the Department of Agriculture. It shows maximum income limitations for various sizes of households. This is what we'll be measuring *your* household income against. The figures are quite low, and they're meant to be low; the Food Stamp Program is for very low income families. *But don't be fooled by this scale!* There are *adjustments* to be made in many cases.

Again, remember that we're talking about how much money is *available* in the household to buy food each month. This depends upon a lot of things besides *total* income. If you work for wages, there may be deductions from your pay (or the pay of other members of your household who work), *mandatory deductions* such as Social Security, income taxes, union dues, mandatory insurance and retirement programs. Certainly none of this money that is taken out of your pay before you get it is available to buy food, so we deduct it from your total wages before considering your income for Food Stamps. To establish your income from employment, bring your *pay slips* (the *most recent* ones covering at least the last thirty days). If you don't get pay slips, how about a statement from your employer showing exactly how much he pays you and what deductions are made, if any. *And*, don't forget to have a telephone number for your boss or the person who handles the payroll, so that if the pay slips aren't completely clear, we can resolve any problem right then.

What about other kinds of income—Social Security, Veterans benefits, Unemployment Compensation, Civil Service Retirement, support payments or contributions? The rule is the same, a *written official statement* from the agency or

Court through which the payment is made. Most people already have such a statement at home; if they don't have it, they can get it easily from the particular agency. Voluntary payments or contributions from relatives or friends require the very same thing, a statement in writing, signed and dated, showing the address and telephone number of the person making the payment or contribution, and showing the exact amount paid per week or per month or whatever.

Some families have special problems. Working mothers (and some fathers too) may have to pay someone to care for small children while they work. Or you may have an invalid in your home who requires attention while you are out of the house at your job; if this is the case, you may have to pay for this service. The money you pay for these things is *not available* to buy food, so these are *hardships* which limit your ability to provide enough good food for your family. They're *deductions* when we evaluate your situation for Food Stamps. To establish how much the hardship costs you, bring a statement from the person who serves as attendant for the children or who cares for the invalid. No long complicated form is necessary—a *written* statement that you do pay so much per week or two weeks or month for the service. Of course, the statement must be *dated* and *signed* by the person who performs the service, and it must show that person's address and telephone number.

Many Washington residents work in the Virginia or Maryland suburbs. Transportation to these jobs is *expensive*, but if you are to work, you must get there. This too is a deduction.

To work regularly, you must be *physically able*. If you carry health or hospital insurance to protect your physical ability to carry on your job, then we deduct it. Show us your policy and your up-to-date premium receipt. Or maybe you're making payments on medical or hospital bills. Bring a statement from the physician's office or the hospital showing the amount you owe and how much you pay per month so we can establish how much this affects your food-buying ability.

There are many kinds of hardships which affect ability to feed the family. We can't list them all. No two situations are exactly alike, so call or visit the Food Stamp Office to discuss *your* situation. We want to extend the *right to enough good food to every* family that can qualify.

But now, after making the hardship adjustments we talked about above, we're not through.

In this city, there's another factor that affects the ability of *most* low-income families to buy enough good food. *Rents are high!* *Most* people pay more than they can afford just for housing, but they *must* have a place to live. Some buy their homes to beat the rent, but these payments are high too.

The Food Stamp Program tries to make up for some of that hardship. Here's how it works. It's not really complicated, but it takes some figuring.

Some people pay rent by the week, some by the two weeks, some by the month. We're concerned about the *monthly* cost, so first we must figure that out. Some people pay extra for utilities and heat; some have these things included in the rent. For rent who pay extra, we have a scale of allowances for that.

To establish what *your* housing costs are, bring your rent receipt (or payment book if you're buying your home) *and* your utility bills if you must pay those too. We then add up *monthly* rent and the amount we can allow for utilities if you must pay those too. This we call "total shelter cost". If this amount is more than 30% of your net income (NET INCOME is what is left after we make the sort of hardship adjustments mentioned above), then we consider this an additional hardship. Whatever amount *more than the 30%* of net income you must pay for rent (or house payment) and utility allowance is then deducted from net income. This *final adjusted figure* is what we figure your Food Stamps on. *This* is the amount we measure against the maximum income scale in Exhibit A to see if you're eligible.

Eligible? Fine. Now we must see what you're *eligible for!*

Now we go to the Basis of Coupon Issuance tables in the last section of this booklet. For your size household with so much "adjusted net income", you pay so much for so many Food Coupon books.

For example, a family of six whose monthly income *after all possible adjustments* is \$175 will pay \$68 to the bank to buy Food Stamps for the month. For that \$68 in cash, they'll get \$108 worth of Food Coupon books. *If* they used cash

at the store instead of coupons, that 68 cash dollars would buy about \$15 worth of groceries each week. But their Food Coupons will buy about \$25 worth of food each week! That's about \$10 worth of *extra food* each week in the shopping cart at the food store.

No two cases are exactly alike, but this is the general picture.

And one other thing. Using the example of the family above—suppose he gets paid by the week or two weeks, rather than once a month. It might be impossible for him to get all \$68 together at one time to buy coupons. So in situations like that, we *split* it. He can buy half the first part of the month and the rest later when he's gotten another payday.

#### WHAT'S NEW?

It's not really news any more that the Food Stamp Program is decentralized, that it has moved out into the neighborhoods where people *live*. But perhaps it is news that this reaching out is *continuing*. Additional certification sites are under consideration, as well as special enrollment projects to meet special needs in particular areas.

But the program is changing too.

In August, 1967, we implemented a new policy to help families with *lowest* income and even *no* income to make it *on their own* by using Food Stamps. Food needs continue, regardless of financial situation. When a crisis situation leaves a person or family without income or resources during the calendar month, they *can* get Food Stamps to meet that emergency crisis need.

It's still necessary to show that you live in the city and that you have cooking facilities, just like any other Food Stamp customer, but once you show these things and the fact you have *no income at all* (or the very lowest income), you qualify for a special deal. For 50 cents per person in your household up to a maximum of \$3 for six persons or more, you can buy a basic issue of Food Coupons. Does it help? You bet it does. For example, a family of eight without income is able to buy Food Coupons worth \$86 in groceries for \$3 in cash! Sometimes we find a family that doesn't even have *that* much money, but we're finding that in most cases *something* can be worked out to get hold of the money. The amount in Food Coupons that you get with this special price varies with the size of the household, of course; how many mouths must be fed.

This policy meets a crisis need; this is war against *hunger*, and we're glad that we have this additional special service now. But, facing facts, this is *not* what the Food Stamp Act told us to do. We're supposed to show low-income families the way to eating better *every* month, not just when they're flat broke.

In dealing with real situations, we find that many families, because of their low income, have fallen behind and can't seem to catch up. Their income for this month may be committed to paying last month's rent or for other needs that are claims upon current income. When they find what they must pay for Food Stamps, they just can't see how they can make it. It's easy enough for budget people and consumer education specialists to explain that this is the best way to catch up, because Food Stamps do save money, but that doesn't help them now to "get started".

That's one of the big reasons why people fail to sign up who really want to do the best thing for their families, want to get the most for their food dollar and get enough good food. *Now there's a way!*

Since October 1, 1967, "new customers" get a break to "get started." For their first month of participation, they'll pay just *half* as much for coupons, but will get the *full amount* of food buying power in Food Coupon books. *Enough good food is guaranteed* for that first month, but at *50% savings*, and during that first month they plan and budget so that when the first of the next month comes, they're set to buy at the regular rate and *continue* to stretch their dollars and *continue* to get the better food for their families that all of us need to play our part in the world of school and work.

One final word: Even though the Food Stamp Program is *not* complicated, no two household situations are exactly alike. *Don't* try to determine eligibility or ineligibility on your own, and *don't* encourage individual families to do so. Give us a chance to talk with them, or *call us!*

COMPLETED BY \_\_\_\_\_ DATE \_\_\_\_\_

\* EO (EATING OUT) NC (NURSING CARE) RB (ROOM and BOARD) FHC (FOSTER HOME CARE) P-404

FOOD STAMP PROGRAM  
ELIGIBILITY WORKSHEET

XPW-PA-323  
10-67

Case Name _____		Case No. _____	
Number in Household _____	Type of Household PA <input type="checkbox"/> Mixed <input type="checkbox"/> NPA <input type="checkbox"/>	Cooking Facilities Yes <input type="checkbox"/> No <input type="checkbox"/>	

ASSETS DECLARED

LINE NO.	TYPE	AMOUNT	DATE VERIFIED	HOW VERIFIED

INCOME

LINE NO.	SOURCE	AMOUNT	DATE VERIFIED	METHOD OF VERIFICATION

MANDATORY DEDUCTIONS FROM EARNINGS		RESIDENCE AND SHELTER COST	
Federal Income Tax Withheld	\$ _____	Monthly Rent Charged	\$ _____
State Tax Withheld	_____	Heat	_____
Union Check-Off Dues	_____	Utilities	_____
Social Security	_____	Refrigeration	_____
Retirement	_____	Other - Explain	_____
Insurance	_____	TOTAL SHELTER COST	\$ _____
Other - Explain	_____	Verification	_____
TOTAL MANDATORY DEDUCTIONS	\$ _____		

HARDSHIP FACTORS		REMARKS (any information affecting eligibility)
Transportation	\$ _____	
Medical	_____	
Homemaker	_____	
Child Care	_____	
PA Contingent	_____	
Other - Explain	_____	
TOTAL HARDSHIP	\$ _____	
Verification	_____	

## QUESTIONS AND ANSWERS

The Food Stamp Program feels that once caseworkers are fully informed about the Program and its operation, they will be convinced that no low-income family is receiving maximum benefit from its resources until and when that family is certified for and actually using Food Stamps. However, we still hear objections to the Program. Perhaps you hear some of these too. Here are some of the questions that have been raised and some suggested answers. And if you have questions, please call the Food Stamp Program.

*Question 1. Why do I have to pay for food stamps?*

Answer. You're not paying *just* for Food Stamps; you're paying for *extra food money!* You're actually getting *extra money* to spend for food. (*Show client his "Purchase" and "Total Issuance" figures.*) See, you'll have this much money to send for food this month—a lot more than you spend just for stamps.

*Question 2. Food stamps cost too much; I can't afford them.*

Answer. Food Stamps don't cost, they save! It's like getting all your food on sale—a fourth off, or a third off, or half-price. And with the money you save, you can buy a lot *more* food. You're spending money for food now, aren't you? Well, by using stamps, you have a chance to get a lot more for your cash. (*Emphasize quality rather than quantity for the elderly.*)

*Question 3. Why can't I buy soap, toilet paper, and cigarettes with food stamps? I buy them at the grocery store too.*

Answer. Because Food Stamps are just what they say they are. They're for *food!* They give you extra *food* money to buy any kind of *food* in the store, except for imported items. But if you used your extra food money to buy other things, you wouldn't be getting more food at all, would you? But if you use Food Stamps, you'll find that you have more cash left over for these other non-food things anyway.

*Question 4. I don't spend that much for food.*

Answer. (*Is client talking about "Purchase" or "Total Issuance"? If "Purchase":*) Let's think about that a little. How often do you go to the store for food? How much do you spend each time you shop? How often does someone in the family have to run back to pick up milk, or bread, or a can of beans? (*Break down "Purchase" into approximately one week's ration of Food Stamps.*) Don't you spend at least this much each week for food? I'll bet you do, because you want to feed your family just as well as you can, and this is not very much to do it on. But with Food Stamps, you get this much and a lot more besides. (*Break down "Total Issuance" to approximate one week's ration.*) See how much more you will have to spend.

NOTE: Studies among Food Stamp eligibles not using Food Coupons show that low-income and welfare families spend *far more* for food than they *think* they do.

(*Is client talking about "Total Issuance"? Then:*) Of course, you don't spend that much for food. You can't afford to with your small income. But you'd *like* to eat better, wouldn't you, and get the foods that your family needs. With your extra Food Stamp money, you'll be able to do that—buy more food, buy better food, feed your family better, and eat the things you really *like*, not just what you have to. (*Emphasize the importance of food to those families with young children, to keep the children healthy and see that they get the most from school. With older people, emphasize the necessity for adequate diet in keeping well, preventing seasonal illness.*)

*Question 5. I can't buy all that food at one time.*

Answer: You don't have to. Food Stamps are just like cash. They're good from now on. Spend as much as you want to, any time you want to. Shop just like you do now. And if you have a few coupons left at the end of the month, *save them*, just like you were saving money in the bank.

*Question 6. If I buy food stamps, I won't have any money left because I have to pay my rent too.*

Answer. Do you ever run out of food money before the end of the month? Well, if you buy Food Stamps you won't need to worry about that. You may run short of cash—just as you may run short now—but your family won't go hungry. It's just like having money in the bank to carry you through the whole month.

*Question 7. I heard that they're going to take it out of my welfare check if I buy food stamps.*

Answer. Not true at all. I guarantee that if you get in the Food Stamp Program, it won't change your welfare check a penny. But if you start putting your money into stamps, you'll get more for your check than you do now. It makes your dollars worth more, just like getting an increase in your check.

*Question 8. How come my neighbor doesn't have to pay as much as I do for his food stamps? We have the same number of children.*

Answer. It could be for a lot of reasons. Maybe he doesn't have as much money to buy food; maybe his rent is higher. There are all kinds of things that make a difference. But the Food Stamp Program looks at *your* family, how much money you have, how many *you* have in your family. Some of your neighbors may have to pay *more* than you.

*Question 9. Do I have to buy food in special stores?*

Answer. No. Most all grocery stores take Food Stamps, so you buy where you please. If, by any chance, your favorite store is not in the Program, now, have him call the Food Stamp Program, 629-3286; and they'll tell him how to get approved. If you're spending all your food money at his store now, chances are, he'll want you to keep on shopping with him when you have *more* money to spend in Food Stamps, because that's what Food Stamps are to the store—*money!*

*Question 10. Will the food store treat me differently, or discriminate against me if I use food stamps to buy my food?*

Answer. No. Food coupon customers are the same as any other cash customer. But you can't expect any special treatment either. You're just like anybody else.

*Question 11. Suppose my situation changes. My husband may lose his job: My boy may go to the army.*

Answer. Don't worry, just report it to the Food Stamp Program. They'll change your stamps to fit your new situation.

*Question 12. But it's hard for me to get out of the house to buy the stamps; my neighbor buys my food for me.*

Answer. We can work that out for you. Your neighbor can buy your food for you using *your* Food Stamps, just like she uses your money now.

Of course, the Food Stamp Program is not trying to tell *you* how to deal with *your* clients. You fulfill your professional responsibilities in your own way—using your own words and your own methods. But in our experience, these questions have been raised, and in some cases have prevented full participation in the Program. Perhaps these suggested answers will help. And if other questions arise, please call us—629-3286.

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FOOD STAMP PROGRAM OF GOVERNMENT OF THE DISTRICT OF COLUMBIA,  
DEPARTMENT OF PUBLIC WELFARE

The following tables determine monthly Food Stamp purchase requirements and total issue of Food Stamps for the designated sizes of households. Income figures are NET after allowable deductions and agency adjustments. In some cases, income figures shown are above the allowable maximums for usual circumstances as shown in Exhibit A which follows these tables. These are for Food Stamp Office use in particular situations involving heads of households who participate in certain programs, or may be applicable to households consisting of both Public Assistance and non-Public Assistance persons. For specific information, consult the Food Stamp Program.

## FOOD STAMP PROGRAM—NET INCOME BASIS OF COUPON ISSUANCE

Monthly net income	Monthly			Semimonthly		
	Purchase	Bonus	Total	Purchase	Bonus	Total
1-person household						
0 to \$19.99	\$0.50	\$17.50	\$18	\$0.25	\$8.75	\$9
\$20 to \$29.99	4.00	14.00	18	2.00	7.00	9
\$30 to \$39.99	8.00	10.00	18	4.00	5.00	9
\$40 to \$49.99	10.00	10.00	20	5.00	5.00	10
\$50 to \$59.99	12.00	10.00	22	6.00	5.00	11
\$60 to \$79.99	16.00	6.00	22	8.00	3.00	11
\$80 to \$99.99	18.00	6.00	24	9.00	3.00	12
\$100 and over	20.00	6.00	26	10.00	3.00	13
2-person household						
0 to \$19.99	\$1	\$29	\$30	\$0.50	\$14.50	\$15
\$20 to \$29.99	4	26	30	2.00	13.00	15
\$30 to \$39.99	8	24	32	4.00	12.00	16
\$40 to \$49.99	12	22	34	6.00	11.00	17
\$50 to \$59.99	16	20	36	8.00	10.00	18
\$60 to \$69.99	20	18	38	10.00	9.00	19
\$70 to \$79.99	24	16	40	12.00	8.00	20
\$80 to \$89.99	28	16	44	14.00	8.00	22
\$100 to \$119.99	32	16	48	16.00	8.00	24
\$120 to \$139.99	36	14	50	18.00	7.00	25
\$140 and over	40	12	52	20.00	6.00	26
3-person household						
0 to \$19.99	\$1.50	\$44.50	\$46	\$0.75	\$22.25	\$23
\$20 to \$29.99	4.00	42.00	46	2.00	21.00	23
\$30 to \$39.99	8.00	40.00	48	4.00	20.00	24
\$40 to \$49.99	12.00	36.00	48	6.00	18.00	24
\$50 to \$59.99	18.00	34.00	52	9.00	17.00	26
\$60 to \$69.99	24.00	30.00	54	12.00	15.00	27
\$70 to \$79.99	30.00	26.00	56	15.00	13.00	28
\$80 to \$89.99	34.00	26.00	60	17.00	13.00	30
\$90 to \$99.99	38.00	24.00	62	19.00	12.00	31
\$100 to \$119.99	44.00	24.00	68	22.00	12.00	34
\$120 to \$139.99	50.00	22.00	72	24.00	11.00	36
\$140 to \$159.99	54.00	20.00	74	27.00	10.00	37
\$160 to \$179.99	58.00	18.00	76	29.00	9.00	38
\$180 to \$199.99	62.00	18.00	80	31.00	9.00	40
\$200 to \$219.99	66.00	18.00	84	33.00	9.00	42
\$220 to \$239.99	70.00	18.00	88	35.00	9.00	44
\$240 to \$269.99	74.00	18.00	92	37.00	9.00	46
\$270 to \$299.99	78.00	18.00	96	39.00	9.00	48
4-person household						
0 to \$19.99	\$2	\$58	\$60	\$1	\$29	\$30
\$20 to \$29.99	6	54	60	3	27	30
\$30 to \$39.99	10	52	62	5	26	31
\$40 to \$49.99	14	48	62	7	24	31
\$50 to \$59.99	20	44	64	10	22	32
\$60 to \$69.99	26	40	66	13	20	33
\$70 to \$79.99	32	38	70	16	19	35
\$80 to \$89.99	36	36	72	18	18	36
\$90 to \$99.99	40	36	76	20	18	38
\$100 to \$109.99	44	34	78	22	17	39
\$110 to \$119.99	48	34	82	24	17	41
\$120 to \$139.99	52	32	84	26	16	42
\$140 to \$159.99	56	30	86	28	15	43
\$160 to \$179.99	60	28	88	30	14	44
\$180 to \$199.99	64	26	90	32	13	45
\$200 to \$219.99	68	24	92	34	12	46
\$220 to \$239.99	72	24	96	36	12	48
\$240 to \$269.99	76	24	100	38	12	50
\$270 to \$299.99	80	24	104	40	12	52
\$300 to \$329.99	84	24	108	42	12	54
5-person household						
0 to \$19.99	\$2.50	\$65.50	\$68	\$1.25	\$32.75	\$34
\$20 to \$29.99	6.00	62.00	68	3.00	31.00	34
\$30 to \$39.99	10.00	62.00	72	5.00	31.00	36
\$40 to \$49.99	16.00	56.00	72	8.00	28.00	36
\$50 to \$59.99	22.00	52.00	74	11.00	26.00	37

## FOOD STAMP PROGRAM—NET INCOME BASIS OF COUPON ISSUANCE—Continued

Monthly net income	Monthly			Semimonthly		
	Purchase	Bonus	Total	Purchase	Bonus	Total
\$60 to \$69.99	\$28.00	\$48.00	\$76	\$14.00	\$24.00	\$38
\$70 to \$79.99	34.00	46.00	80	17.00	23.00	40
\$80 to \$89.99	38.00	44.00	82	19.00	22.00	41
\$90 to \$99.99	42.00	44.00	86	21.00	22.00	43
\$100 to \$109.99	46.00	42.00	88	23.00	21.00	44
\$110 to \$119.99	50.00	42.00	92	25.00	21.00	46
\$120 to \$129.99	54.00	40.00	94	27.00	20.00	47
\$130 to \$139.99	56.00	38.00	94	28.00	19.00	47
\$140 to \$159.99	60.00	36.00	96	30.00	18.00	48
\$160 to \$179.99	64.00	34.00	98	32.00	17.00	49
\$180 to \$199.99	68.00	32.00	100	34.00	16.00	50
\$200 to \$219.99	72.00	30.00	102	36.00	15.00	51
\$220 to \$239.99	76.00	28.00	104	38.00	14.00	52
\$240 to \$259.99	80.00	28.00	108	40.00	14.00	54
\$260 to \$279.99	84.00	28.00	112	42.00	14.00	56
\$280 to \$299.99	88.00	28.00	116	44.00	14.00	58
\$300 to \$329.99	92.00	28.00	120	46.00	14.00	60
Six-person household						
0 to \$19.99	\$3	\$73	\$76	\$1.50	\$36.50	\$38
\$20 to \$29.99	6	70	76	3.00	35.00	38
\$30 to \$39.99	10	70	80	5.00	35.00	40
\$40 to \$49.99	16	64	80	8.00	32.00	40
\$50 to \$59.99	22	60	82	11.00	30.00	41
\$60 to \$69.99	28	56	84	14.00	28.00	42
\$70 to \$79.99	34	54	88	17.00	27.00	44
\$80 to \$89.99	40	52	92	20.00	26.00	46
\$90 to \$99.99	44	52	96	22.00	26.00	48
\$100 to \$109.99	48	50	98	24.00	25.00	49
\$110 to \$119.99	52	48	100	26.00	24.00	50
\$120 to \$129.99	56	46	102	28.00	23.00	51
\$130 to \$139.99	60	44	104	30.00	22.00	52
\$140 to \$159.99	64	42	106	32.00	21.00	53
\$160 to \$179.99	68	40	108	34.00	20.00	54
\$180 to \$199.99	72	38	110	36.00	19.00	55
\$200 to \$219.99	76	36	112	38.00	18.00	56
\$220 to \$239.99	80	34	114	40.00	17.00	57
\$240 to \$259.99	84	32	116	42.00	16.00	58
\$260 to \$279.99	88	32	120	44.00	16.00	60
\$280 to \$299.99	92	32	124	46.00	16.00	62
\$300 to \$329.99	96	32	128	48.00	16.00	64
\$330 to \$359.99	100	32	132	50.00	16.00	66
\$360 to \$389.99	140	32	136	52.00	16.00	68
7-person household						
0 to \$19.99	\$3	\$81	\$84	\$1.50	\$40.50	\$42
\$20 to \$29.99	6	78	84	3.00	39.00	42
\$30 to \$39.99	10	76	86	5.00	38.00	43
\$40 to \$49.99	16	70	86	8.00	35.00	43
\$50 to \$59.99	22	66	88	11.00	33.00	44
\$60 to \$69.99	28	62	90	14.00	31.00	45
\$70 to \$79.99	34	60	94	17.00	30.00	47
\$80 to \$89.99	40	58	98	20.00	29.00	49
\$90 to \$99.99	44	58	102	22.00	29.00	51
\$100 to \$109.99	50	56	106	25.00	28.00	53
\$110 to \$119.99	54	54	108	27.00	27.00	54
\$120 to \$129.99	58	52	110	29.00	26.00	55
\$130 to \$139.99	62	50	112	31.00	25.00	56
\$140 to \$149.99	66	48	114	33.00	24.00	57
\$150 to \$159.99	68	46	114	34.00	23.00	57
\$160 to \$179.99	72	46	118	36.00	23.00	59
\$180 to \$199.99	76	44	120	38.00	22.00	60
\$200 to \$219.99	80	42	122	40.00	21.00	61
\$220 to \$239.99	84	40	124	42.00	20.00	62
\$240 to \$259.99	88	38	126	44.00	19.00	63
\$260 to \$279.99	92	36	128	46.00	18.00	64
\$280 to \$299.99	96	36	132	48.00	18.00	66
\$300 to \$319.99	100	36	136	50.00	18.00	68
\$320 to \$339.99	104	36	140	52.00	18.00	70
\$340 to \$359.99	108	36	144	54.00	18.00	72
\$360 to \$389.99	112	36	148	56.00	18.00	74

## FOOD STAMP PROGRAM—NET INCOME BASIS OF COUPON ISSUANCE—Continued

Monthly net income	Monthly			Semimonthly		
	Purchase	Bonus	Total	Purchase	Bonus	Total
8-person household						
0 to \$19.99	\$3	\$87	\$90	\$1.50	\$43.50	\$45
\$20 to \$29.99	6	84	90	3.00	42.00	45
\$30 to \$39.99	10	82	92	5.00	41.00	46
\$40 to \$49.99	16	76	92	8.00	38.00	46
\$50 to \$59.99	22	72	94	11.00	36.00	47
\$60 to \$69.99	28	68	96	14.00	34.00	48
\$70 to \$79.99	34	66	100	17.00	33.00	50
\$80 to \$89.99	40	64	104	20.00	32.00	52
\$90 to \$99.99	44	64	108	22.00	32.00	54
\$100 to \$109.99	50	62	112	25.00	31.00	56
\$110 to \$119.99	54	60	114	27.00	30.00	57
\$120 to \$129.99	58	58	116	29.00	29.00	58
\$130 to \$139.99	62	56	118	21.00	28.00	59
\$140 to \$149.99	66	54	120	33.00	27.00	60
\$150 to \$159.99	70	54	124	35.00	27.00	62
\$160 to \$179.99	74	52	126	37.00	26.00	63
\$180 to \$199.99	78	50	128	39.00	25.00	64
\$200 to \$219.99	82	48	130	41.00	24.00	65
\$220 to \$239.99	86	46	132	43.00	23.00	66
\$240 to \$259.99	90	44	134	45.00	22.00	67
\$260 to \$279.99	94	42	136	47.00	21.00	68
\$280 to \$299.99	98	40	138	49.00	20.00	69
\$300 to \$319.99	102	40	142	51.00	20.00	71
\$320 to \$339.99	106	40	146	53.00	20.00	73
\$340 to \$359.99	110	40	150	55.00	20.00	75
\$360 to \$389.99	114	40	154	57.00	20.00	77
\$390 to \$410.99	118	40	158	59.00	20.00	79
\$420 to \$499.99	122	40	162	61.00	20.00	81

Note: To extend tables for households with incomes above the maximum shown, refer to last page of "Basis of issuance" (exhibit B).

## EXHIBIT A

## ELIGIBILITY STANDARDS FOR NON-ASSISTANCE HOUSEHOLDS

Households of various sizes will be eligible to participate in the program as far as income is concerned when the net income of members of the households, less mandatory payroll deductions, i.e., Federal and State taxes, F.I.C.A., mandatory retirement, union dues, health benefits, etc., does not exceed the amounts shown below:

*Amount of monthly income (Net after allowable deductions)*

Size of family:	
1	\$120
2	180
3	220
4	250
5	285
6	320
7	350
8	375
9	400
10	425

For each person over ten add \$25 to the allowable monthly income.

1. *Liquid Assets*.—Cash, bonds or any other form of savings immediately available to the applicant shall render such applicant ineligible when the total exceeds \$1,000 for a one person household and \$1,500 for households consisting of two or more persons.

2. *Real Property*.—Ownership of real property which is not producing income and is not used as a residence by the applicant shall render the applicant ineligible to participate in the program when the assessed valuation of the property exceeds twelve times the appropriate monthly income as shown in the above scale.

3. *Hardship Adjustment*.—The same hardship provisions as in Section VI-B of this Plan of Operation may be considered in determining eligibility to participate in the program.

## EXHIBIT B

## NET INCOME BASIS OF COUPON ISSUANCE

NOTE.—To extend tables for eligible households with income above the maximums shown and to provide for issuance to households of more than eight persons use the following formula :

## A. For households of one and two persons

The Basis of Issuance for eligible households with income above the maximum shown on the one and two person schedules will be the same as listed at the highest income level in the appropriate schedule.

## B. For households of three to eight persons

For eligible households with incomes above the maximums shown on the schedules for these households add \$4 to the maximum monthly purchase requirement, and \$2 to the maximum semi-monthly purchase requirement for each \$30 of monthly income (or portion thereof) over the maximum income shown for the last income interval on the appropriate schedule.

## C. For households of more than eight persons

1. Use the purchase requirement by income level for eight-person households up to the maximum shown. For each \$30 worth of income (or portion thereof) over the maximum income shown, add \$4 to the maximum monthly purchase requirement shown and \$2 to the maximum semi-monthly purchase requirement.

2. Add \$4 to the appropriate monthly bonus coupons, or \$2 to the appropriate semi-monthly bonus for each person in excess of eight.

FOOD STAMP PROGRAM REFERRAL - WORKSHEET		FW-PA-323 Rev. 5-66
1. <del>1.1</del>	2. ORIGINAL <input type="checkbox"/> CHANGE <input type="checkbox"/>	
	3. TYPE OF PAYMENT BPR ONLY <input type="checkbox"/> SHELTER AND BPR <input type="checkbox"/>	
	4. TOTAL NO. IN HOUSEHOLD EXCLUDING ROOMERS _____ TOTAL NO. OF ROOMERS _____	
	5. COOKING FACILITIES YES <input type="checkbox"/> NO <input type="checkbox"/>	
	6. TYPE OF HOUSEHOLD PA <input type="checkbox"/> MIXED <input type="checkbox"/> NPA <input type="checkbox"/>	

7.\*

## NOT ELIGIBLE FOR FOOD STAMP PROGRAM

EO  NC  RB  FHC  HOSPITALIZED-PARTIAL REQUIREMENTS

## 8. INCOME (GROSS)

	SOURCE	HOW VERIFIED
A. \$	PA PAYMENT	PW-PA-4
B. \$	WTOC TRAINING ALLOWANCE	PW-WT-5
C. \$		
D. \$		
E. \$		

## 9. MANDATORY DEDUCTIONS

(A) FEDERAL INCOME TAX WITHHELDS	\$ _____
(B) STATE TAX WITHHELD	\$ _____
(C) UNION CHECK-OFF DUES	\$ _____
(D) SOCIAL SECURITY	\$ _____
(E) RETIREMENT	\$ _____
(F) INSURANCE	\$ _____
(G) OTHER—EXPLAIN _____	\$ _____
TOTAL MANDATORY DEDUCTIONS	\$ _____

## 10. SHELTER ADJUSTMENTS

ACTUAL MONTHLY RENT CHARGED \$ \_\_\_\_\_  
 UTILITIES INCLUDED:  
 HEAT YES  NO   
 UTILITIES YES  NO   
 REFRIGERATION YES  NO

## 11. HARDSHIP ADJUSTMENT

TRANSPORTATION \$ \_\_\_\_\_ MEDICAL \$ \_\_\_\_\_  
 HOUSEKEEPING AND HOMEMAKER  
 SERVICE \$ \_\_\_\_\_  
 CHILD CARE \$ \_\_\_\_\_ OTHER \$ \_\_\_\_\_

## 12. EXPLANATION OF HARDSHIP



FOOD STAMP HOUSEHOLD COMPOSITION

Case Name

Case No.

LINE NO.	* Enter date and check (X) opposite the name of person included in the household.	NAME	DATE OF BIRTH	REL	*	*	*	*	*	*	*
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											

(use additional sheet for continuation)

(Use additional sheet if necessary)

LC4

XFW-PA-37a

10-67

OPEN

DEPT. OF PUBLIC WELFARE

CLOSE

FOOD STAMP PROGRAM  
CERTIFICATION  
RECORD OF ACTION

MANUAL ISSUE

CHANGE

REJECTION

CASE NUMBER	PROGRAM	NAME OF RECIPIENT			STREET ADDRESS			SECTION	
<input checked="" type="checkbox"/>	CENSUS TRACT	NUMBER IN HOUSEHOLD	NUMBER OF CHILDREN	BANK NUMBER	DATE OF APPROVAL	CLOSING DATE	REASON FOR CLOSING	RACE	PURCHS REQUIRE
TOTAL COUPONS	RECERTIFICATION DUE	MONTHLY OR	I declare under penalty of FINE or PRISON TERM or BOTH that all information I have given is true and correct. I understand that any unauthorized use of Food Coupons may subject me to legal prosecution. I will notify you at once of any change in my household or financial condition. I hereby GIVE PERMISSION FOR YOU TO VERIFY ANY INFORMATION GIVEN.						
SIGNATURE Approving Official			SIGNATURE Head of Household or Authorized Agent			DATE			
Date			Date			Date			
<input checked="" type="checkbox"/> ID Card	Date	Initial	PROXY DESIGNATED: _____						

2397

SAMPLE

269774

MANUAL ISSUE  
NOT ON REGISTER

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF PUBLIC WELFARE  
FOOD COUPON AUTHORIZATION  
SPECIMEN COPY

ISSUED TO:

CASE NUMBER 12300	BANK NUMBER 00	DOE JOHN 224 8th St NW WASHINGTON, D.C.
----------------------	-------------------	---

VALID ONLY through 5-7-68  
what you must pay \$1.50  
Coupon you will get \$38.00

This Certificate must be redeemed at this location → FRIENDLY BANK OF WASH.  
6th & PA AVE NW

DO NOT FOLD, SPINdle OR MUTILATE THIS FORM  
John E. Saunders, Supv.  
800-7511

NOT TRANSFERABLE

FORM No. FVPA 55  
APRIL 1965

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF PUBLIC WELFARE  
PUBLIC ASSISTANCE DIVISION



IDENTIFICATION CARD

THIS CARD IDENTIFIES PERSONS CERTIFIED AS ELIGIBLE  
TO GET FOOD COUPONS

ISSUED TO \_\_\_\_\_

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE—RECIPIENT OR HEAD OF HOUSEHOLD

AUTHORIZED REPRESENTATIVES AND PROXIES

Household Member
Household Member
Non Household Member

In the event you are unable to go and purchase food coupons, only the above named persons who have signed this card may buy food coupons for you.

This card may not be sold or transferred. Any attempt to change this card or its use by unauthorized person is a violation of Federal and District of Columbia laws. If you lose this card, notify the D. C. Dept. of Welfare at once. This card is subject to return on demand.

P.34. PW-PA-25  
Rev. June 65

PW-PA-346  
REV. 1/59

DEPARTMENT OF PUBLIC WELFARE  
PUBLIC ASSISTANCE DIVISION - FOOD STAMP SECTION  
1230 TAYLOR ST. N.W. WASHINGTON, D. C.

RECERTIFICATION NOTICE

IT IS NECESSARY THAT YOU APPEAR AT THIS OFFICE ON BETWEEN THE HOURS OF 9:00 A.M. AND 3:00 P.M. BRING WITH YOU PAY SLIPS, RENT RECEIPTS AND PROOF OF ALL ASSETS. IMPORTANT: FAILURE TO KEEP THIS APPOINTMENT MAY RESULT IN THE CANCELLATION OF YOUR FOOD STAMP AUTHORIZATION.

VERY TRULY YOURS,  
*Malone B. Broome*  
MANAGER FOOD STAMP PROGRAM

BRING THIS CARD WITH YOU

WASHINGTON, D. C.

RECERTIFY \_\_\_\_\_  
CANCEL \_\_\_\_\_

CASE NUMBER \_\_\_\_\_ BANK NO. \_\_\_\_\_

EMPLOYEE'S STATEMENT OF INCOME

Name \_\_\_\_\_  
 Employee: Home Address \_\_\_\_\_

I hereby certify that the above named employee's gross and net earnings and deductions\* are:

Gross . . . . .	\$ _____
Social Security or Retirement . . . . .	\$ _____
Federal Tax . . . . .	\$ _____
D. C. or State Tax. . . . .	\$ _____
**Insurance . . . . .	\$ _____
Net Income . . . . .	\$ _____

It is paid  Each Week  Every Two Weeks  Each Month

Number of dependents claimed for income tax exemption \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Firm or Organization

\_\_\_\_\_  
 Date

\*If the net amount per pay period varies more than \$5, please report average for last 6 months

\*\*Include only if deduction is mandatory under group insurance plan

(Side One of Imprinter)

PE-12-51 B  
 Jan. 64

C. I. # \_\_\_\_\_

## IF YOUR MONEY WON'T STRETCH

## DID YOU KNOW?

Part of every check you get from the Welfare Department is supposed to help you meet your food needs. That's the way they figure how much you're supposed to get in all . . . so much for food, so much for shelter, so much for clothing, and so much for extras! When all of them are added together that's the amount of your payment.

But if your family is like most families in D.C., you pay more for your rent (shelter) than the Department allows you in your check. Usually that means that you have to use part of your food money to pay your rent!

## AND DID YOU KNOW?

You can buy enough food stamps to feed your family for a lot less money than the Department allows you in your check for food. That means saving cash money, and then you can use that extra cash to help pay the rent and your other family expenses. And you can still have enough food to keep your family healthy and well.

It's not a crime to have low income; it's not even a sin. So why should you starve your family, when you can save cash money and get more food too! Kids need orange juice . . . ice cream . . . red meat . . . fruits and vegetables . . . good things to eat! And it's as easy as signing your name!

## BUT IT'S UP TO YOU!

If you have trouble making ends meet, stop and figure how much it's costing you for food. If you're like most people, it's more than you can afford out of the little money you have left. But when you get food coupon books at the bank right near where you live, they're worth a lot more than the cash you spend for them. It's like getting all the food you buy on sale! That's the way it works. And spending food coupons at the grocery store is just like spending money!

And all you have to do is sign up to join the food stamp program! Food stamp families live better!

Where and when: D.C. Food Stamp Office, 122 C Street, N.W., or one of the neighborhood offices. Call 629-3286 for information—

"Food Stamp Families Live Better"—Want more food?—Join the Food Stamp Program.

## MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE,  
PUBLIC HEALTH SERVICE,

*April 14, 1969.*

To: Associate Director for Intramural Research Programs.

From: Mrs. Helen Walter, Health Welfare Program Statistics Branch.

Subject: Social Indicators—District of Columbia.

This will confirm figures furnished to you by telephone. The D.C. figures were obtained from different offices in the District of Columbia Government; the U.S. figures came from publications of the National Center for Health Statistics.

## SOCIAL INDICATORS—DISTRICT OF COLUMBIA

	District of Columbia, 1967	United States 1967
Population:		
Total.....	802,600	<sup>1</sup> 199,118,000
White.....	238,200	175,055,000
Nonwhite.....	564,400	24,062,000
Number of births:		
Total.....	15,669	3,520,959
White.....	2,537	2,922,502
Nonwhite.....	13,132	598,457
Birth rate per 1,000 population:		
Total.....	19.5	17.8
White.....	10.7	16.8
Nonwhite.....	23.3	25.0
Births by birth weight:		
Total.....	15,669	
Over 2,500 grams.....	13,404	
2,500 grams or less.....	2,184	
Not stated.....	81	
Percent distribution by birth weight:		
Total.....	100.0	
Over 2,500 grams.....	85.5	
2,500 grams or less.....	13.9	8.2
Not stated.....	.5	
Births 2,500 grams or less:		
Total.....	2,184	
White.....	210	
Nonwhite.....	1,974	1.5
Percent of white births that were 2,500 grams or less.....	8.3	7.1
Percent of nonwhite births that were 2,500 grams or less.....	15.0	13.6
Number of illegitimate births:		
Total.....	4,924	<sup>2</sup> 318,000
White.....	333	
Nonwhite.....	4,591	
Illegitimacy ratio per 1,000 live births.....	314.3	<sup>2</sup> 90.3
Illegitimacy rate per 1,000 unmarried women aged 15 to 44.....	<sup>2</sup> 84.0	<sup>2</sup> 24.0
Death rate per 1,000 population:		
Total.....	11.0	9.4
White.....	15.6	9.4
Nonwhite.....	9.0	9.3
Infant mortality rate per 1,000 live births:		
Total.....	30.2	22.4
White.....	24.4	19.7
Nonwhite.....	31.4	35.9
Maternal mortality rate per 10,000 live births.....	8.2	2.9

<sup>1</sup> The sum of parts differs from the total shown due to independent rounding.

<sup>2</sup> Estimated.

*District of Columbia Department of Public Welfare, Aid to Families with  
Dependent Children, June 1967*

Total cases.....	5,158
Total persons receiving aid.....	24,182
Total children receiving aid.....	19,421
Total funds.....	\$913,406
Average funds per family.....	177.08
Average funds per person.....	37.77

*Child Welfare Division, June 1967*

(Adoptions, foster care, family emergency services, care in institutions, protective services, etc.): Total cases (estimated 10 percent duplication)----- 8,570

[From the office of Senator Jacob K. Javits of New York]

JAVITS INVITES MAYOR WASHINGTON AS NIXON REPRESENTATIVE ON  
DISTRICT OF COLUMBIA HUNGER TOUR

Senator Jacob K. Javits, ranking minority member of the Select Committee on Nutrition and Human Needs, today released the following telegram to Mayor Walter Washington, inviting the Mayor to represent President Nixon on the Committee's tour of poverty areas in the District of Columbia, Tuesday, April 15:

MAYOR WALTER WASHINGTON,  
District Building,  
Washington, D.C.

I have discussed with the White House the forthcoming tour of District of Columbia poverty areas to be conducted by the Senate Select Committee on Nutrition and Human Needs on Tuesday, April 15.

The President has indicated that it would be appropriate that you, as Mayor of the District of Columbia and as the Administration's chief appointee in the District Government, represent him on this tour. Accordingly, I am pleased to extend this invitation to you to accompany the Committee on its tour as the President's representative. Senator McGovern, Chairman of the Select Committee, joins me in extending this invitation to you to participate in the tour.

As you know, the Select Committee is committed to uncovering and rooting out conditions of hunger wherever they exist in the United States—whether in remote rural areas or in major urban centers. We regard this survey of poverty areas in the District as an integral part of this effort and feel that as Mayor your comments and advice would provide a valuable contribution to the Select Committee's work.

JACOB K. JAVITS,  
U.S. Senator.

MISCELLANEOUS STATEMENTS AND COMMUNICATIONS

DISTRICT OF COLUMBIA TUBERCULOSIS & RESPIRATORY DISEASE ASSOCIATION,  
Washington, D.C., May 7, 1969.

Mr. WILLIAM C. SMITH,  
Staff Director, Select Committee on Hunger and Human Needs, Old Senate Office  
Building, Washington, D.C.

DEAR MR. SMITH: I was unable to testify at the hearings held in the Tivoli Theater on Wednesday, April 16th. However, we were asked by Senator Edward F. Kennedy to submit our statement to the Committee for inclusion in the record on the hearings.

Enclosed, therefore, is my statement which I would appreciate being inserted in the official records of those hearings.

Thank you for your cooperation.

Sincerely yours,

ROBERT G. SMITH,  
Executive Director.

STATEMENT OF ROBERT G. SMITH, EXECUTIVE DIRECTOR, DISTRICT OF COLUMBIA  
TUBERCULOSIS AND RESPIRATORY DISEASE ASSOCIATION, ON BEHALF OF A MORE  
HUMANE FOOD STAMP PROGRAM

My name is Robert G. Smith and I am Executive Director of the D.C. Tuberculosis and Respiratory Disease Association. My Association has long concerned itself with the health and welfare of this community.

On Wednesday, April 16, I was in the Tivoli Theater and heard the eloquent pleas of mothers beseeching the members of this committee to write legislation that will make more food available to them and their children. The response of the committee members was one of compassion and understanding, and I left that meeting along with hundreds of others believing that something could and would be done to make food stamps more readily and abundantly available to those in need in this city.

Hunger has many victims and although none of them are quite so tragic as starving children, I would call to your attention the plight of tuberculosis victims. Since the turn of the century, we have known that tuberculosis is a social problem with medical implications. TB was, and still is, closely associated with poor and crowded housing, poor education and poor nutrition. These are the components of our Washington slums and, in spite of a good TB control program, morbidity rates are excessively high. For example, in statistical area #7, the new case rate in 1967 was 153.3 per 100,000.<sup>1</sup> Compare this with the continental U.S. rate of 23.0 per 100,000 for the same year.<sup>2</sup> The 1968 provisional case rate for the entire city was 52.3,<sup>3</sup> which is more than double the 1968 provisional rate for the nation of 21.4.<sup>4</sup>

To put these grim statistics in proper perspective, it is important to realize that 420 new active cases of tuberculosis were diagnosed in the city in 1968.<sup>5</sup> Many of these patients are ill housed, ill nourished and suffering from other diseases, alcoholism being one of the most prevalent and serious. Given these conditions, is it any wonder that our nation's capital has the third highest TB rate of any city in America? Only Baltimore and Newark outrank us in this distressful area.

As of December 31, 1967, there were 3,540 cases on the case register. Of these only 420 were being treated at a hospital.<sup>6</sup> Doubtless, a sizeable number of these patients are eligible to receive food stamps and certainly they need a balanced diet to recover from TB. It would seem reasonable to make food available to these patients and their families in order to prevent a relapse of their disease and to prevent them from infecting their families and others in the community.

Consequently, I believe the Senate Select Committee on Hunger and Human needs could make a significant contribution toward solving our appalling tuberculosis problem in the District by reporting out a bill that would:

1. Lower the financial requirements for the food stamps.
2. Provide for quicker certification.
3. Provide for emergency stamps in severe hardship cases.
4. Allow stamps to be mailed to recipients after proper certification.
5. Allow food stamps to be purchased on a weekly basis rather than on the present monthly basis.
6. Provide for free food stamps for families on a very low income.
7. Provide for an accelerated education program to inform all people who are eligible for food stamps.

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NATIONAL ASSOCIATION OF SOCIAL WORKERS,  
*Washington, D.C., April 24, 1969.*

HON. GEORGE S. MCGOVERN,  
*U.S. Senate,*  
*Washington, D.C.*

(Attention of Mr. William Smith).

DEAR MR. MCGOVERN: Mr. Chairman and Members of the Committee, the Division of Social Policy and Action of the Washington Metropolitan Chapter of the National Association of Social Workers welcomes the opportunity to present a statement on the concerns before your Committee.

<sup>1</sup> D.C. Department of Public Health, "Statistical Report on Tuberculosis in the District of Columbia, 1967," p. 9.

<sup>2</sup> National Communicable Disease Center, U.S. Public Health Service, "New Active Cases and Case Rates: Each State, 1967 and 1968," March 4, 1969.

<sup>3</sup> D.C. Department of Public Health.

<sup>4</sup> National Communicable Disease Center, *op. cit.*

<sup>5</sup> D.C. Department of Public Health.

<sup>6</sup> D.C. Department of Public Health, "Statistical Report on Tuberculosis in the District of Columbia, 1967," p. 18.

Our statement is made from the dual perspective of concerned individuals who are at the same time professionals in daily contact with the effects of under-nutrition and unmet human needs. As individuals we can only be appalled in the light of incontrovertible evidence of prolonged, severe hunger in the Capitol of the wealthiest nation on earth. It has become almost inevitable that we speak in cliché; the script is all too familiar: there is want in the midst of plenty, another America, an all too easily chronicled story of greater suffering beside great power, great wealth. We say this glibly, but with profound sadness. Mere blocks from the Capitol where billions of dollars are debated daily, men and women must wait long hours for food stamps that will provide at best a few weeks' food. Each night in the District of Columbia, children are "trained" to go to bed hungry, and mothers feed crying infants sweetened water not just because it quietens them—but more importantly because there is no other food. There are children who rarely eat meat, infants whose only early food is mashed potatoes, pregnant women who get little or no protein in their diets. Too many adults must do a day's work on a single meal, too many aged barely subsist from day-to-day, too many people of all ages rarely if ever eat vegetables and fruit.

The choices available to them in their daily lives are at worst impossible, at best only perverse. They may choose between hunger and eviction. The young may choose to be humiliated by teachers and classmates by accepting a free lunch, or they may choose to go hungry. A parent may choose either to miss work to wait in line for food stamp recertification, or may choose to go without stamps for another three months. An aged diabetic may choose to eat foods which violate his special dietary needs or eat nothing at all. For too many of our citizens, this is the meaning of opportunity.

As professionals we too must be concerned about these choices. But our responsibility takes us one step further, for we are confronted daily by the evidence of what such choices mean to people's lives. Privy to the effects, we are without adequate tools to eliminate the cause. We are asked to perform our roles within inadequate programs with cumbersome and self-defeating policies, overburdened by a maze of regulations that serve more to keep the needy away from services than to provide them with access. Perhaps worst, we are expected to support and administer programs which penalize, confuse, and impose intolerable burdens on the poor themselves.

For our part we can too often only give counsel to those whose need is food, clothing, housing and more basically, adequate income. It does little good to provide casework services to those whose first concern is survival. It is difficult if not impossible to attempt to promote school attendance for children who must endure five hours of class on empty stomachs. It is a shallow service indeed which can only offer words to those in need of food. One cannot escape the irony in providing nutrition or consumer education for those who have no food to prepare in more imaginative ways. Marriage counseling comes too late to heal the family rifts occasioned by the strain of constant struggles to subsist.

The catalogue could go on, a dreary laundry list of contradictions and demeaning choices, too little assistance—too late. It is irresponsible to speak of finding ways to end the vicious cycle of poverty as though solution waits a new technique, a better mechanism, a revised Federal or local program. None could deny that modifications in existing program administration are desirable and necessary. But many of the techniques and resources necessary to alleviate the most pressing problems of nutrition and human needs are indeed known and available; it is simply that they have not been made available to the poor. We commend the Committee for bringing the facts of hunger to the attention of the American people and we urge immediate congressional action to alleviate the problem of hunger in the United States. There is a need for immediate action to bring about vast improvements and expansion of our existing programs to feed the Nation's hungry. And equally important there is a need to move quickly toward a guaranteed annual income that will allow all Americans to be well-fed and that will also guarantee all individuals, the right and opportunity to make their own choices as to meet their needs.

Sincerely yours,

VIRGINIA BURNS,  
*Vice President,*  
*Division of Social Policy and Action.*

JUNE 18, 1969.

HON. GEORGE MCGOVERN,  
U.S. Senate,  
Old Senate Office Building,  
Washington, D.C.

DEAR SENATOR MCGOVERN: The Food Stamp Advisory Committee to the D.C. Department of Public Welfare held a Workshop Luncheon on May 13, 1969 to study the McGovern Food Stamp Reform Act (S-2014) and other legislation to provide adequate food and nutrition among low-income families. Following the workshop, a task force, with representatives of all the neighborhood development centers, was set up. This task force has now completed its assignment of editing and organizing the material obtained from our workshop in order to submit the recommendations to the Senate Select Committee on Nutrition and Human Needs. Enclosed is the result of their efforts.

It is in response to the encouragement of the Senate Committee Staff that the Task Force has worked so diligently to consider both the McGovern proposal and the original Food Stamp Act. We believe our recommendations will make the Food Stamp Program more effective and aid in correcting some of the present problems incurred in the implementation of the Food Stamp Act.

The Food Stamp Advisory Committee wishes to go on record as endorsing the McGovern Bill (S-2014) in preference to the Nixon's Administration plan and other proposals now before the Senate. However, we feel that it would be more effective if all provisions could be put into effect immediately rather than over a three-year period.

We are grateful to your Committee for the S-2014 Bill and to Mr. William C. Smith, General Counsel for his informative speech at the Workshop. Our gratitude is also extended to other members of your Staff for their assistance. Mrs. Marjorie Harris, Chairman, Legislative Subcommittee of the Food Stamp Advisory Committee and the other members of the Task Force, are available to the Senate Select Committee on Nutrition and Human Needs at any time for whatever assistance they may offer.

Best wishes for the success of the S-2014 and the Senate Select Committee on Nutrition and Human Needs.

Very sincerely yours,

Mrs. THELMA V. RUTHERFORD, ACSW,  
Chairman, Food Stamp Advisory Committee  
to the Department of Public Welfare.

#### RECOMMENDATIONS OF FOOD STAMP TASK FORCE

1. A household may purchase any amount of coupons less than the full coupon allotment and be entitled to return at a later date within the same month to redeem the balance of the allotment. Section 7, subsection (a) McGovern.

2. The state agency shall undertake the certification of applicant households with personnel recruited from community and neighborhood workers and Food Stamp users. Necessary in-service training programs will be undertaken by the administering agency with funds provided by the Department of Agriculture. Additional personnel should be used in the community to reach shut-ins and the elderly and for consumer education. Adequate personnel should be available to carry out the program.

3. The Food Stamp allotment should be based on nutritionally adequate diets for children of differing ages. Section 5 McGovern.

4. A Food Stamp user may purchase any item available in participating retail food stores other than those items prohibited by law (alcohol, tobacco, imported meats, etc.) Section 3, subsection (b).

5. Applicants must be treated with dignity at all times by employees of administering state agencies. There shall be no discrimination against any household by reason of race, religion, national origin or political belief. Substitute for Sec. 10(c), 88-525.

6. That the state agency shall be responsible for transportation costs incurred by the applicant going to and from certification offices. Section 10(e)(2), McGovern.

7. It is recommended that distributing Food Stamps by mail be limited to rural areas, Section 10(b)(2).

8. Participating food stores must be required to provide certain standards of quality as established by the Secretary of Agriculture. Section 8(a)(4).

9. A booklet explaining the Food Stamp Program and its relationship to budgeting and meal planning should be prepared for the applicant's use at home. It is also the responsibility of the Department of Agriculture to develop materials on the Food Stamp Program to reach the Spanish speaking population. Section 10(a) McGovern.

10. It should be mandatory for all state agencies to provide in-service training for public assistance caseworkers in the Food Stamp program. All caseworkers must make arrangements for clients to participate in the Food Stamp Program if the client so desires. Section 10(a) McGovern.

11. Surplus foods shall be made available through an emergency food service set up in every jurisdiction operating seven days a week, from 12 noon to 10 p.m. It is also recommended that state agencies be permitted to issue Food Stamps in emergency situations. Section 4(b) McGovern.

12. Food Stamps should be available at all banks participating in the program during all banking hours. Section 9, 88-525.

13. It is requested that national guidelines be set up to cover the handling of applicants with no fixed income. The committee recommends that such applicants be eligible for free food stamps.

14. When Food Stamp users are dropped they should be informed of the fact and of the reason why at least two weeks in advance.

15. Provision should be made for additional Food Stamps for persons on medically prescribed diets.

16. Special consideration should be made for high urban rents beyond the current adjustments.

REPORT OF THE SECRETARY, TASK FORCE, FOOD STAMP ADVISORY COMMITTEE

Several of the 30 recommendations made by the Food Stamp Advisory Committee Workshop and processed by the Task Force were later found to be included in the McGovern bill. They were 29 (Section 7), 5 and 25 (Section 10), 18 (Section 7), 31 (Section 10), 9 (Section 6), 23 (Section 5).

Two other recommendations relating to the McGovern Bill itself are covered in the cover letter to the Senator which will accompany the recommendations.

Recommendation 13 is now being acted on by the Department of Agriculture.

Several other recommendations, such as those dealing with publicity, have been combined for the sake of order.

STATEMENT OF THERESA CLARK, ASSISTANT COORDINATOR OF CONSUMER ACTION,  
UNITED PLANNING ORGANIZATION

Senator McGovern, members of the Senate Select Committee on nutrition and human needs, and fellow D.C. residents, my name is Theresa Clark. I am here representing the Consumer Action staff of the United Planning Organization which is the umbrella agency for the local anti-poverty program. I would like to thank you for the opportunity afforded me to speak at these hearings.

The very fact that you as senators are willing to hear about the real problems of the poor, provides a ray of hope for those of us involved in fighting the war on poverty. There is nothing more real and basic to human beings than food. In fact, food to eat, a roof over their heads, plus a few clothes to cover their bodies are about the only things life has to offer some citizens of our country. For a great percentage of those citizens, sufficient amounts and kinds of that basic item, food, are not available to them. Hunger goes beyond the pangs which cause discomfort in a person's body. Allow me to relate points from a case history. The family members were too ashamed to come here and tell their own story. Tucked away in a low-income area of this city is a family composed of a father, mother and four children. The father is a pot washer in a restaurant and makes \$1.40 per hour. This is the only source of income for the family. Needless to say, there is not enough money to buy the proper amount or kind of foods needed to meet the nutritional requirements of that family. The family's meals consist mainly of the less expensive starches and sugars. Last year alone, the older boy lost 95 days out of school because of such illnesses as colds, inflamed sores, skin rashes and stomach disorders. Of course, he was retained in the same grade for another year.

The teeth of the three younger children are black and broken off at the gum line. All four of the children were listless and non-responsive to their surroundings.

It was not unusual for the children to ask for food, only to have their mother tell them there was none. Once when there was no food the older boy went to the near-by supermarket and brought back two cans of meat. The mother guessed what her son had done because she knew that he had no money. She was torn between teaching the boy to be honest by making him take the cans back to the store or keeping the meat to feed her hungry family. What would you have done? Upon reaching home the father learned what the boy had done.

He was determined that his son would never have to resort to stealing again in order to have food to eat. The next day at work, he saw an advertisement in a newspaper concerning a food freezer plan. He called the company. The salesman, using high pressure tactics, presented the plan in such a way that the father could not turn it down. The salesman indicated that for only \$26.76 per week the family could have everything it wanted to eat plus a beautiful new freezer. I will not go into detail, but the father soon learned that bread, milk, potatoes and dozens of other foods were not included in the freezer plan, and had to be bought at the store with extra money. The father, not figuring on these extra expenses, fell behind in his payments and asked the company to come and pick up the freezer. The company refused, but suggested that in order to reduce the amount of the weekly payment the family should discontinue getting the food and just pay for the freezer. The father made it known that he did not want, and could not afford the freezer without the food. The company threatened to garnishee the father's wages. The father knew this would mean the end of his job, so today he is paying \$37.00 a month for an empty freezer which will cost him a bit more than \$1100.00 when he has finished paying for it.

This one family, in its quest for that one basic item, food, is experiencing poor health, failure in school, and a prelude to crime and bad credit.

UPO Consumer Action staff agrees that the Food Stamp Program is not a perfect one, but it is the best program yet developed for getting extra food to families in need of it. We urge the residents with whom we work to use the Food Stamp Program while at the same time putting forth efforts to improve it.

In order to make the Food Stamp Program more responsive to the real needs of low-income people, the Consumer Action staff makes the following recommendations and suggestions:

1. Base the total amount of stamps a family receives on need rather than income. We find it hard to understand why the Agriculture Department feels that family A with four children between 1 and 10 years whose income is \$150.000 per month should receive more food stamps than family B with four children between 1 and 10 years with an income of \$90.00 per month. There could be a difference in the amount they pay for the stamps, but should not be a difference in the number of stamps they receive.

2. Have a variable table of issuance. A family of five with three teenage boys will surely need more food than a family of five with three children in elementary school. It may be more difficult for the agency which administers the program, but it would do much to solve some of the real problems of low-income families.

3. Since monies for detergents, soaps, etc., are generally considered a part of the food budget, we strongly urge that some arrangement be worked out whereby these items may be purchased with food stamps.

4. In the District of Columbia, it is a recognized fact that high shelter costs usurp much of the family income which should be used for food. Even though the Food Stamp regulations do not count as income housing cost above 30% of that income, the resulting amount deducted from the cost of Food Stamp is proportionately small.

UPO Consumer Action suggests that if a resident is paying \$30.00 more than the 30% of the income for housing, that the \$30.00 be deducted from the cost of the food stamps.

5. We recommend that adequate amounts of free food stamps be made available to residents with no income or very low income.

6. It is our understanding that if residents fail to participate three consecutive months, they are to be dropped from the program. We recommend that this non-participation clause be deleted from the regulations.

7. We recommend as we did last month to Secretary of Agriculture Harding, that food stamps be provided free of charge to families of four or more members

with incomes below \$1,000 a year and that food stamps be sold at a reduced rate to families of four or more members with incomes between \$1,000 and \$4,000 per year.

8. We recommend the financing of a mobile certification station which would move from area to area on a schedule basis until such time as a sufficient number of permanent certification stations can be placed in near-by easily accessible locations.

9. We recommend that the Federal City College nutrition program for low-income residents be expanded from the present program, which serves only two neighborhoods, to a program which would encompass all poverty areas of the city.

10. We recommend that an outreach program similar to Medicare Alert be created to employ elderly residents to canvass door to door to inform others about food stamp eligibility.

11. We urge that the Supplemental Food Program, which provides a variety of nutritious foods free to expectant and nursing mothers and preschool children, be put into effect immediately in the District of Columbia. Such a program is of crucial importance in a city such as the District of Columbia, in which the infant mortality rate is the highest of any major city in the nation.

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#### THE RELATIONSHIP OF DIET AND NUTRITION TO DENTAL PROBLEMS AND CONSEQUENT MEDICAL PROBLEMS THAT MAY RESULT

(Charles L. Broring, D.D.S.)

Nutrition directly affects the teeth and other oral structures during all periods of life. The problem of malnutrition in children relates to the dietary influence on mouth formation and the development of all mouth structures. The influence on the teeth themselves is seen on the undeveloped tooth and on teeth after they erupt into the mouth.

Of all the dental problems, dental decay is the most emphasized. It is not the only problem of dental significance, but it is general knowledge that eating certain foods, especially excessive sweets, is an important stimulant to dental cavities. What is not so generally realized is that large amounts of any refined carbohydrates in a diet is also an important causative factor in tooth decay, especially if this diet is deficient in protein. This type of diet is what is so often found among the poorer people because of its relative cheapness compared to a better balanced diet.

The counselling of parents of children with a cavity problem invariably includes a large amount of time being spent by the dentist to guide the child toward a more nutritious balanced diet which will not be so detrimental. In my practice and teaching activities, I most frequently find the child with the greatest cavity problem is the child with the poorest eating habits. This diet is typically high carbohydrate, low protein and often includes the characteristic of frequent snacks interspersed with small meals. While this diet is often found by choice in some wealthier homes, it is most often found by necessity in the poorer one. Many of our poorer patients at Children's Hospital have decay problems and a poor diet. It is difficult to relate the two things in an educational way to the parents in these situations because their frequent reply is that the parents' teeth are bad too. They feel the bad teeth are simply inherited. Upon questioning, the parents admit their diet is the same as the children, often an attempt to show a casual relationship to the parent is difficult. Often the suggestion of more meat and eggs and milk for the child or more fresh fruit instead of candy is not well received. In many cases it is simply a matter of cost difference which causes the carbohydrate meal to be eaten.

One important difficulty with a carbohydrate meal versus a balanced meal of carbohydrates and proteins and fats is the fact that a carbohydrate meal wears off quickly, blood sugar levels drop and the patient is hungry soon again. If this is a child, he will seek out bread, dry cereal, potato chips, or any of a host of carbohydrate snack items which are convenient. If he has any pocket change and he lives in the city, he likely will choose candy, cookies, or soft drink at the corner store.

A good friend of mine who is a dentist lived over a grocery store of his father's in the Washington inner city. It was a poorer neighborhood. He relates that he never ceases to wonder at the poorer children who came to the store five

or six times daily to buy a bun for breakfast, cookies, or a soft drink for lunch and other odd assorted carbohydrate foods during the day. The total cost would often have provided much better nutrition if more wisely spent.

Dental decay is stimulated by frequent eating. It is stimulated by a high carbohydrate diet. It is stimulated by failure to brush the teeth often and well. All of the problems are really the same problem. A problem of learning and being able to practice the principles of good nutrition.

Rampant decay is described by extensive cavities, rapidly progressing and involving the nerve pulpal tissues. It is found in two major age groups, the teenager and the preschooler. Teenagers as a group have more dietary freedom than the preschooler, and are constantly eating candy, gum, cookies, frozen bars, soft drinks, chocolate milk, canned fruit juices and canned sweetened fruit. It is not surprising that many teenagers develop rampant decay.

Preschool children who have rampant cavities are usually poor eaters. They are food nibblers who constantly nibble carbohydrate food. The sad thing is that as the teeth deteriorate they begin to hurt. When it hurts to chew, the child avoids meat and coarse vegetable foods. He misses the protein of the meat and the digestive bulk benefits of the vegetables. Irregular bowel habits can result and a further avoidance of food follows. Growth slows sharply because the easy-to-eat foods are seldom as nutritious. The diet often consists mainly of high calorie, low nutrition carbohydrate items and sweet drinks. The diet progressively affects the teeth and the child's overall health. Improper chewing of food can cause diarrhea and other intestinal upsets and even contribute to iron deficiency anemia.

Among the preschool child the most serious problem arises with the toddler who develops rampant decay. Often this child is given a bottle of milk or fruit juice or syrup and water and put into his crib. The food material in the bottle comes in contact with the teeth for long periods of time which results in severe decay of the upper front teeth especially. In these children the lower front teeth are protected by the sucking tongue and are not affected. This is an extreme example of bad eating habit causing decay. This child is often found in the home of the absent parent or the parent who is too busy doing other things to give a bottle herself.

These young children are pitiful to treat because they are so young and, of course, cannot cooperate. Usually they must have a general anesthesia for successful treatment. Many of our younger operating room dental cases are a direct result of bad bottle habits.

Most of my comments today have related to dental caries. It is not only the hard tooth structure that suffers from poor eating habits. The gingiva—the gums—are very detrimentally affected by a poor nonstimulating diet. Just as the athlete muscles soften up during the winter lay-off, the gums of a poor eater grow flabby and irritated if tough stimulating chewing is not done. Over-cooked foods provide little stimulation to the gums and are reduced in vitamin content.

Periodontal disease or gum disease is stimulated by a poor diet. This problem once known as Pyorrhea starts often in teenagers and reaches its severest stages in adult life. Adults suffer more gum problems than cavity problems. Vitamin deficiencies, especially a shortage of vitamin C, can cause gum inflammation and irritation of the inside and the outside corners of the mouth.

Animal experiments have shown defects in the enamel and dentine formation in case of vitamins A, C and D deficiency. Children with vitamin D deficiency rickets also show tooth malformation. Nutritional factors have long been suspected as a cause of Cleft Palate.

On the other hand, some minerals are found to be most beneficial to developing tooth enamel when used in controlled amounts. The leading example being Fluoride which has drastically improved the dentition of the general population in many areas where it is added to the drinking water. It is reasonable to conclude that future health benefits can be gained by some of the other minerals like phosphates which are presently being studied as diet supplements for cavity prevention.

Even before birth, nutrition plays an important role in the development of the teeth and surrounding structures. The nutrition of the embryo before birth depends upon the mother's diet. Mouth development occurs to a major extent in the womb. Any deficiency in the nutrition of the mother will hinder development of the infant's sound teeth and good healthy jaw bone structure. Thus, even before birth, nutrition influences dental health.

The dentist does not see many patients with scurvy, pellagra, and rickets. He is more likely to see a patient with a marginal or subclinical state of malnutrition which may be without clear symptoms, but which will predispose the child to other pathological conditions. Without a reserve supply of nutrition, these borderline individuals under stress of an infection such as tuberculosis rapidly develop a nutritional problem. It is possible that without this nutritional reserve, the infections may occur more readily.

The dental population from the area immediately surrounding Children's Hospital is somewhat different than the dental population of the suburbs, both nutritionally and in their dental problems. Based upon my observations of the hospital child patient, I would say that the child of the poorer family has more cavities and a much poorer oral hygiene picture. The parent's attitude also is different. Some of the poorer parents do want complete treatment for their child. Many others do not want anything done except treatment of pain and selected surgery. At the hospital, a greater proportion of patients are not especially interested in preventive services or complete treatment.

It is difficult to speak to these folks about diet management. They resent advice which to them is irrelevant. Better communications are the great need. It is one thing to tell the parent that the teenager also needs milk. It is quite another to get her to believe this. It is even more of a problem to get the teenager to drink the milk instead of another sweetened beverage.

In summary, let me say that nutrition definitely affects dental health and ultimately affects the persons whole body. Often medical problems follow the dental problem onto the scene. An adult can lose his teeth because of neglect and poor eating habits. When the teeth are gone and not replaced, it becomes impossible to chew properly for proper digestion. Indigestion and intestinal disturbances can follow as the benefits of chewing nutritious and bulky foods are lost. A chronic marginal malnutrition often results which can take the cheerfulness out of the life of this unfortunate person.

With the child, the nutrition and eating habits are most crucial. Before birth, the nutrition of the mother governs the form and wholesomeness of the child's teeth. It may determine the shape of the child's face as certain vitamins and minerals play a key role in regulating bone and tissue growth. It may even determine whether the palate is cleft or not.

After birth, the child's food continues to govern the growth of the teeth and facial form. The choice of a high carbohydrate diet over a balanced diet may cause the child to have extensive caries. The frequent eating which often accompanies a bad diet stimulates cavities. As the caries progresses and becomes painful, the eating habits further deteriorate as the child eats only what does not hurt him when he chews. The child's future growth is hindered by a further deterioration of the eating pattern. Digestion and intestinal problems can follow. Iron-deficiency anemia can be induced by the inadequate diet.

Decayed teeth are not confined to the older child. The toddler in the crib who is put to bed with his bottle of milk, juice, or syrup water develops a characteristic rampant decay. This is caused by the prolonged contact of the sugars with the teeth as the child sleeps or plays with the bottle. This decay is usually treatable under a general anesthetic and, therefore, becomes a problem of a very serious nature.

The problem of nutrition is one largely of money to buy the wholesome foods. It is also so importantly a matter of making the right choice of food substances and the choice of when to eat. The food and the time and frequency of eating are vitally important to developing good dental health and ultimately the good general health of the person.

Sir William Osler called the mouth "the mirror of the body." A man's diet may truly be called "the mirror of his health."

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REPORT TO THE SENATE COMMITTEE ON HUNGER IN AMERICA FROM THE CONSUMER ADVISORY GROUP OF CHANGE, INC.

As a consumer advisor for CHANGE, Inc., I have had frequent opportunity to witness the very real and debilitating effects of hunger among the residents of the Cardozo Heights area. Inadequate and unbalanced diets are so common among the families in this area that one almost loses sight of hunger as a problem, and comes to expect it as a natural condition.

In the course of my work, I have become especially concerned with the problem of hunger among children and senior citizens. Children and old people are the ones most susceptible to the social conditions that cause poor nutrition, as they are the groups least able to care for themselves.

The manner in which elderly persons who receive a Social Security allotment, public assistance, or an annuity have to live is scandalous. I personally know of many older individuals in this area who have to live on one dollar a day or less. It is not unusual to find elderly people here, many of whom require special diets for their health, living on one meal a day. One only has to go to St. Stephens Church any day of the week to see the long line of older citizens waiting for a free meal to know that there is real need.

Even though the hardships faced by Senior citizens are inexcusable, they do not preoccupy me nearly as much as the suffering and privations of children who grow up in poverty. It is the rule rather than the exception for children in the CHANGE area to be sent off to school without breakfast. Mothers have to rely on the inadequate school Lunch Program to provide their children with their only decent meal of the day. It is not an exaggeration to state that children from poor families in this neighborhood reach adulthood without even having eaten a balanced meal at home, much less a meal with a luxury such as steak or roast beef. Children from poor families rarely sit down to a meal with their family. There is never enough to feed the entire family. Even whole milk is a luxury after a child is two years old! What are considered basic necessities in middle class families are luxury items on 14th Street.

The effects of poor nutrition and hunger on school age children are disastrous. Hunger causes them to be dull and inattentive in class, and the humiliation of being poor makes children resentful not only of their parents who are unable to provide for them, but of a society which in their eyes discriminates against them. Even the use of a free school lunch card can be humiliating to a child. For it is an admission of poverty to one's peers. And no matter what some people think, no one ever gets accustomed to being poor.

The effects of poverty and hunger on children are many and profound. If an adequate diet and a decent standard of living could be provided to all children, I am convinced that we would be taking a long step toward the elimination of juvenile crime, poor school records and unstable family life among young people who have to grow up in this area.

The list of specific instances of the effects of hunger on the development of our youth are too numerous to list. If this Committee is interested in hearing testimony as to the reality of hunger in Washington it can be provided only too readily. Hunger is all too common in this neighborhood, and it is and has been sapping the strength and vitality of our youth for too long. The question is not whether there is hunger in Washington, but rather what can be done about it.

#### FAMILY AND CHILD SERVICES, CHANGE, INC.

Family and Child Services is a private social service agency providing a variety of services including individual and group counseling, adoption, foster care and camping. The agency also operates a residence for 12 girls attending Shaw Junior High and eight neighborhood service offices, providing help in crisis situation with local residents. Our unit at Change, Inc. is one of these eight offices.

One of the most frequent crisis situation presented to us is the need for food. Our monthly caseload consists of 135 to 150 families (numbering between 400-500 persons) and between 70-75% of the problems these families present, deal with the need for food.

The majority of our emergency fund is spent in emergency food assistance and in the purchase of food stamps. For example, during January, February and March of 1969, we had a budget of (\$514.00) each month. Of the total amount for three months (\$1542.00), about a thousand dollars was spent for food or food stamps.

Our grants for emergency food assistance range from three to ten dollars, while grants for the purchase of food stamps vary from \$1.00 up to sometimes \$25.00 or \$30.00. We, on occasion are able to help persons with larger amounts because for some valid reason they were unable to purchase their food stamps, although they do have a small income.

The agency is able to help families then in a small way with food needs, however, some requests for money for food are made and we are unable to meet them. There are other food resources in the community, however, many times they also are unable to meet these food needs.

The Food Stamp Program is one of the resources in the community to help persons and families with their food needs. In some instances, however, as the program is now set up—food needs are not being met. Often we are confronted with the inability of people to pay for the stamps. For example, a family may be eligible for food stamps making \$75.00 a week (5 person in household) but must at one time pay \$46.00 bi-weekly for \$60.00 worth of food stamps. Many times it is difficult for him to pay out this entire amount.

Another problem we are confronted with is the amount of stamps issued for a month, many times this is not sufficient. For example a two-person household with no income, is issued \$30.00 worth of stamps for the entire month. At the end of each month, then, many of our grants for emergency food assistance is used as a supplement for food stamps.

We know that our emergency food assistance does not adequately meet food needs, nor do the other existing food resources in the community. (Here I am referring to the food needs of those who request assistance. The number of people who don't know the resources or who don't ask, is unknown.) It is very frustrating not to be able to provide some type of food assistance and to know that there sometimes isn't another community resource that can help. One cannot really imagine how the person feels.

The following is a report of expenditures of the St. Vincent de Paul Society of Sacred Heart Church, 16th and Park Road, N.W. Our report covers the years from October, 1963 to the present.

**Expenditures from October 1963 to September 1964 :**

Food coupons.....	\$2,708.00
Cash grants.....	1,347.93
<b>Total .....</b>	<b>5,230.52</b>

**Expenditures from October 1964 to September 1965 :**

Food coupons.....	2,050.50
Cash grants.....	293.00
<b>Total .....</b>	<b>3,543.41</b>

**Expenditures from October 1965 to September 1966 :**

Food coupons.....	1,158.30
Cash grants.....	120.00
<b>Total .....</b>	<b>2,233.44</b>

**Expenditures from October 1966 to September 1967 :**

Food coupons.....	2,167.00
Cash grants .....	311.46
<b>Total .....</b>	<b>3,649.95</b>

**Expenditures from October 1967 to September 1968 :**

Food coupons.....	3,389.94
Cash grants.....	899.01

**Totals .....** 6,323.69

**Expenditures from October 1968 to present :**

Food coupons.....	1,433.78
Cash grants.....	91.00
<b>Total .....</b>	<b>2,171.08</b>

The above figures do not include the amount of aid in cash and otherwise expended on Christmas programs for destitute families. This figure would be in excess of \$5000.00 a year, over and above the figures listed above. Other emergency aid passed out by Sister Marie at the Sisters' Urban Center is not included. Funds in excess of \$75,000.00 spent on emergencies last April not included.

The staff here at Sacred Heart are convinced that the present system of welfare aid, food stamp programs, and other welfare assistance are not properly organized, efficiently or adequately executed. Time and time again, poor families in need of buying food stamps come to the Church to provide the money for these stamps. People applying for welfare and food stamp programs have to wait weeks before these programs become operative in their case. Are they to starve in the interim? No provision is made in cases where checks are mislaid, lost, or stolen. Red tape in welfare programs is a poor substitute for food for the hungry.

## UNITED PLANNING ORGANIZATION OF THE NATIONAL CAPITAL AREA,

Washington, D.C., March 7, 1969.

Hon. GEORGE S. MCGOVERN,  
*U.S. Senate,*  
*New Senate Office Building,*  
*Washington, D.C.*

DEAR SENATOR MCGOVERN: The press reports of the Hearings of the Senate Special Committee on Nutrition, and especially your personal recommendations for immediate action to drastically alter the Food Stamp Program to wipe out hunger and to improve the nutritional diet of the poor, greatly interest the United Planning Organization. Our staff sees many situations daily that are similar to some of the situations your Committee saw and reported on but none of our efforts catch the public imagination or receive the wide information media coverage that the subject matter deserves and that you have achieved.

Your recommendations for experimentation with a greatly expanded Food Stamp Program in selected urban areas interest us particularly. UPO suggests that Washington, D.C. should be one of the first cities included in such a program and asks that you and the members of the Senate Special Committee on Nutrition urge the Department of Agriculture to include Washington in any such expanded Food Stamp effort. We sincerely hope that this program will follow your recommendation of free Food Stamps to families with incomes below \$1,000 a year and a scale of payment by poor families with larger income adjusted so that food costs as a part of the poor family's budget will not exceed the amount that the average consumer spends from his total income for food.

UPO would like to call your attention to another part of the problem that your Committee may not have considered, namely, that the existence of an adequate Food Stamp Program does not insure that a high percentage of the eligible families will avail themselves of the service. The participation in the present program is very low. Your Committee correctly stated that many eligible citizens cannot afford to participate under the present price scale. This, however, is only a part of the problem. A surprisingly large part of the inner-city population is never reached by conventional communication systems and even if they hear about the program, many will not realize that the new program differs from the old Food Stamp Program. The Social Security Administration in introducing the Medicare Insurance Program in 1966, solved this problem by establishing through OEC funding, the Medicare Alert Project in urban areas. In Washington, UPO directed this program, employing senior citizens to canvass door to door explaining the program and assisting the elderly to make the necessary application to the Social Security Administration. As a result, 92% of the estimated elderly population registered for Medicare in contrast to the earlier expectation of 65%. An out-reach project similar to Medicare Alert is needed to bring the eligible family and the food program together.

We strongly urge that the Senate Special Committee on Nutrition include this out-reach approach in your recommendations and further urge that unemployed, low-income elderly persons be given first priority for employment on this project.

A further suggestion concerns education on nutrition. A consumer education program on nutrition is a standard part of Land Grant College programs in rural areas. Since the community colleges in Washington, FCC and WTI, have agreed to share Land Grant funds in the District of Columbia, the Department of Agriculture should be asked to fund such courses for citizens in Washington.

UPO would be happy to furnish the Senate Special Committee on Nutrition any assistance we can render and would be pleased to elaborate further on any of the suggestions described in this letter. We are writing directly to the Secretary of Agriculture asking that an expanded Stamp Program be instituted in Washington, D.C. and that Land Grant funds be made available in Washington for a nutrition education program in the inner city. We are also requesting the Senate and House District Committees to use their good offices to further the selection of Washington as a first city to be involved in an expanded Food Stamp Program to combat hunger and malnutrition. Copies of this correspondence are attached for your information.

Sincerely,

WILEY A. BRANTON,  
*Executive Director.*

UNITED PLANNING ORGANIZATION OF THE NATIONAL CAPITAL AREA,  
Washington, D.C., March 7, 1969.

HON. CLIFFORD M. HARDIN,  
Secretary of Agriculture, Department of Agriculture,  
Washington, D.C.

DEAR MR. SECRETARY: The United Planning Organization has been following the hearings of the Senate Special Committee on Nutrition with great interest. Our continuing work in the inner city areas of Washington over the past five or six years leads us to believe that many of the findings reported regarding the existence of hunger and malnutrition in the rural South with resulting serious effect on the mental growth of young children and their inability to respond adequately to the school learning situation, exist in the National Capital.

The continuance of hunger and malnutrition among the children of our city is incompatible with the expressed desire of the present administration to make the National Capital a model city of which the nation may be justly proud.

The UPO, therefore, urgently requests that you, Mr. Secretary, allocate from presently available funds, sufficient monies to accomplish the following purposes:

1. Conduct an expanded food stamp program in the Washington area as an experiment to determine how best to eliminate hunger and to achieve more adequate nutrition in the poor families of this urban population. We believe that this expanded food stamp program to achieve its goals should include:

(a) Free food stamps adequate in number to cover the full nutritional needs of every family of four persons whose annual income is less than \$1,000 and appropriate adjustments for larger and smaller families of comparable income levels.

(b) Sale of food stamps at reduced rates to families of four persons whose annual income falls between \$1,000 and \$4,000. The price of the food stamps should be adjusted so that the food cost of an adequate nutritional diet for the family shall not exceed 17% of the family's annual income. Appropriate adjustments for larger and smaller family units should be made.

2. Authorize the Federal City College and the Washington Technical Institute to establish, with Land Grant College funds, a large scale home nutrition educational program in the inner city areas to develop better nutritional habits.

3. Fund an outreach project similar to the Medicare Alert Project developed jointly by the Social Security Administration and the Office of Economic Opportunity, to insure that all elderly persons eligible for Medicare Insurance actually learned about its availability, understood its benefits and had an opportunity to enroll, if they so desired. If the discretionary funds available to the Secretary of Agriculture are not adequate to fund this needed out-reach effort the OEO should be considered as a co- or alternative grantor. In view of the proven ability of our older citizens to provide the outreach service needed here, UPO would strongly urge that this be developed as a work program for older Americans.

The United Planning Organization stands ready to assist your staff in developing the programs outlined above and in devising delivery systems that will insure that a maximum number of citizens who need the services actually learn about their availability, understand the nature of the service and take the necessary steps to avail themselves of the services. In addition, we can assist by identifying citizens of the target population who are qualified to work in such a program.

We would appreciate an opportunity to meet with you at your earliest convenience to develop further the program ideas we advance in this letter. Please be advised that UPO is ready at all times to assist in developing the concept and in the problems of implementation so that the programs reach the maximum number of eligible persons.

Sincerely,

WILEY A. BRANTON,  
Executive Director.

UNITED PLANNING ORGANIZATION OF THE NATIONAL CAPITAL AREA,  
Washington, D.C., March 7, 1969.

HON. JOHN L. McMILLAN,  
U.S. House of Representatives,  
Longworth House Office Building,  
Washington, D.C.

DEAR CONGRESSMAN McMILLAN: Senator George S. McGovern, Chairman of the Senate Special Committee on Nutrition, has been quoted in the public press as urging experimentation in selected urban areas with a greatly expanded and liberalized food stamp program to cope with the problem of hunger and malnutrition among the urban poor population.

UPO strongly endorses this suggestion and has formally requested Mr. Clifford M. Hardin, the Secretary of Agriculture, to adopt such a program and to select the Washington area as a prime target.

We know that you are concerned, as Chairman of the House Committee on the District of Columbia, with the problems of poverty in our city. Any assistance that you can give to bring to actuality the food stamp program we have suggested to the Secretary of Agriculture will be greatly appreciated.

For your information I enclose a copy of my letter to Secretary Hardin. If you need additional information will you please feel free to call on us.

Sincerely,

WILEY A. BRANTON,  
Executive Director.

WELFARE REPORTS BY GEORGE ALLEN OF WTOP NONSTOP NEWS RADIO AIRED  
APRIL 14-23, 1969—AIRED, APRIL 14, 1969

Senator George McGovern is trying to focus the nation's attention this week on poverty in the District. Only two and a half years ago, the President's Commission on Crime in the District reported: "One third of the city's population exists at little more than a subsistence level."

Yet, the city was making welfare payments of one and a third million dollars to about 30 thousand people each month. Today, it's two million a month for 38 thousand. WTOP Nonstop News Radio told this story in a series of ten radio reports.

FIRST REPORT, AIRED, APRIL 14, 1969

Black leaders and welfare specialists who work in the ghetto say the 26 million a year we spend on the poor is only a drop in the bucket. To meet the need which exists in this city today, we should double the number of people getting welfare and triple the welfare budget. That's the feeling in the far Northeast, in Barry Farms, in Shaw and Cardozo. Knowledgeable people in closest touch with the needy in the ghettos say there's a lot more human misery, degradation and want out there than practically anyone with a white face and a white collar realizes. And despite the money we are spending, the misery and want get worse all the time.

Here's some of the thinking in the ghetto today. First, Reverend Phillip Newell. As Associate Director of the Council of Churches of Greater Washington, he's in touch with the situation citywide.

"NEWELL. I think the situation in terms of sheer hunger and sheer need, human need, in this community, is worse today that it was five years ago. I think perhaps we've become habituated to it. I think there IS more hunger today. I think there IS more need today. I'm talking now about simple human need for food and shelter, medical attention, that sort of thing. The need is greater in this community today that it was several years ago."

Someone who knows the situation in Cardozo very well is volunteer worker Ila Bullock:

"BULLOCK. The people now are in more poverty than ever. It's terrible. It's worse today than it's ever been. In the first place, they don't get enough money and they don't have the food to eat."

Another clergyman who spends much of his time on the needy is Reverend William Wendt of St. Stephen and the Incarnation Episcopal Church on 16th Street:

"WENDT. On this day, there is a bigger crisis in terms of need for this type of help than I've seen in this city for a long, long time. I believe the results of

the disturbances in the District have created a situation for us which makes for more people who are in need. And they are not getting the necessary help. The job is not being done. These are people in great hunger and great need."

Over in Southeast I talked to Elizabeth Frazier, who is special project director at the Frederick Douglass United Community Center.

"FRAZIER. I think the poverty has increased greatly. The gap has widened. All services to the poor have diminished. I would say the poor are at least as poor, if not poorer, and there are more of them today. Welfare payments have been increased only once that I know of since I've been here—about five years—and wages have gone up many times in that period. Certainly the cost of living has gone up many times."

#### SECOND REPORT, Aired, April 15, 1969

When you move around in the ghetto you're struck by the large number of people the Welfare Department sends to private charities for emergency help—money for food to ward off literal starvation or avoid eviction. But when I talked to Welfare's Deputy Director, Albert Russo, he assured me that in the normal course of events the department does *not* send emergency cases to private charities. I asked him if he meant *never or even almost never*:

"Russo. I would say absolutely so to that question because if a person applies for public assistance because his need is for sustained or continuing public assistance but at the point of application he is faced with a real crisis, such as the lack of food or lack of funds to pay his next month's rent then that applicant is eligible to receive emergency assistance from the department of public welfare."

I took this statement back to the ghetto neighborhoods and asked for reactions to it from clergymen, volunteers and officials of private charities. Here's a sample:

"HARDY. There's not a word of truth in what Mr. Russo has just said. And the reason I know is because we receive on the average of 20-25 referrals a month from welfare with this category he talked about.

"WENDT. It just ain't true. We know this from actual experience at this place, that not only are people referred to us by the public welfare department, but many we refer to the welfare department come back to us for this type of emergency assistance which they have not received.

"FRAZIER. I'm afraid the Mr. Russo has spent too much time in his office and too little on the street, because his statement does not correspond with my experience of how the welfare department operates in *our* community.

"BULLOCK. I think he is wrong. Many, many are turned away every day from getting any help at all, and I think if he would make an announcement that all of them that's been turned away come to his office, the whole building would be so crowded, it would be half the city down there. Because he's made a wrong statement. People *are* turned away every day.

"NEWELL. I'm astonished that Al Russo would say that the welfare department does not normally refer people in need of emergency help to private agencies. I'm flabbergasted. It happens all the time. I can't imagine what would cause a welfare official to deny this kind of thing goes on, because everybody in this town *knows* this kind of thing goes on all the time."

So, there seems to be a difference of opinion between the private charities and the welfare department about how welfare in Washington is operated. The private agencies seem to have the strongest side of the argument, however, for they have in their files hundreds of written referral slips which the department uses to send people to them for emergency help.

#### THIRD REPORT, Aired, April 16, 1969

There's a huge amount of dissatisfaction with the way the welfare department operates. Many knowledgeable people who work with private charities complain the department's top people are unrealistic about what really happens to their programs in the ghetto. Take food stamps for instance. The department has given 33 thousand people permission to buy the stamps, but only 26 thousand do buy them. The reason so many people don't buy the stamps is explained this way by John Saunders, the man who runs the program in the District:

"SAUNDERS. You'll find that often they cannot afford to pay their rent AND participate in the food stamp program, although we have made certain adjustments to help them pay less for food stamps. But in terms of dollars and cents, the money is just not there."

That's a pretty realistic observation about one thing wrong with food stamps—people just don't have the money. But, moments later, Mr. Saunders said *this* about those same people:

"SAUNDERS. I think here we're talking about education. Many families are not geared to putting out this monthly amount all at one time. It is a problem that we have to work with many of our families to help them see that this expenditure at one time does not mean that they're losing money but are actually gaining money."

The head of the food stamp program explains what happens to those who don't have the money for stamps:

"SAUNDERS. If the customer fails to use his certificates for three straight months, then at the end of that third month we must close the case."

The result of this rule is a lively traffic in bootleg stamps. Volunteer worker Ila Bullock explains:

"BULLOCK. If they get their stamps they have to let the rent go. And if they're able to get the stamps, some of them sell the stamps because they need money for other things and they want to stay on the rolls of food stamps. She may . . . her light may be ready to be cut off and she needs \$30 and if she has \$50 worth of stamps and she can get \$30 for them, she'll take the \$30 and be the loser."

Mr. Saunders told me how the welfare department tries to get more people to buy food stamps.

"SAUNDERS. It's a matter of choice as far as the customer is concerned. We rely on the social worker to sell the program to the public assistance recipient."

Contrast that statement with this one by Reverend William Wendt of St. Stephen and the Incarnation Church on 16th Street.

"WENDT. I can recall a Mrs. Weaver, a week ago who came for assistance for food until her next check came. This woman had never received any information concerning food stamps."

It's clear the welfare department does not always operate the way its top officials say it operates. The department's critics charge it is limping along for lack of a realistic attitude about what it is supposed to do and what it is actually accomplishing.

#### FOURTH REPORT, Aired, April 17, 1969

Once you grasp the fact that the welfare figures mean most of our poor people are kids, it's hard to justify penny-pinching public assistance budgets which keep everybody on welfare in a state of deprivation and misery. After all, the kids didn't *ask* to be born poor. When you listen to the people in upper Cardozo, Shaw, Southeast and other poor neighborhoods, you recall Charles Dickens descriptions of the mistreatment of children in England a century ago. If you think the parallel is exaggerated, listen:

"BULLOCK. The children are horrible. They don't have clothes. They don't have food. Some come in the morning, they don't have breakfast. The schools try to provide breakfast for the children. And if we catch them in the hall, they're stealing juices or milk and they have been to the office and told us definitely they was hungry while they stole food. I think it is pitiful the way the children are running around today hungry."

That was Ila Bullock, Chairman of the Education Committee of Change Incorporated in Upper Cardozo. And here's Reverend Philip Newell of the Washington Council of Churches:

"NEWELL. I am informed by both white and black clergy of my acquaintance who work daily in the ghetto that kids steal because they are hungry. That this happens frequently. I am in no position to talk about figures and statistics, but I can find you a dozen priests or Baptist clergy both white and black who can attest to the fact that this is true."

Out in the far Northeast, one of the black community's leaders Mrs. Willie Hardy of the Metropolitan Community Aid Council told me this:

"HARDY. We have several young men of 10 and 12 years old associated with our youth center who were brought to us by the police department because they were stealing food. We went to the home to investigate and there we found not

only were *they* hungry, but three other children in the home and the mother was hungry."

And over in Southeast at the Frederick Douglass Community center I heard from Mrs. Elizabeth Frazier. The wife of an Episcopal minister, she helps run the center:

"FRAZIER. I know children who steal. And I know children who tell me they steal because they are hungry and I know children who have no food at home."

A couple of years ago when the President's Commission on Crime in the District was writing their report, they included a section called the Roots of Crime. And in it they said this about the children of the poor:

"Too cautious an approach towards helping citizens in genuine need—especially children—ultimately backfires. Children deprived of the bare necessities of life or made to pay for their sins of their parents become callous early in life towards the rights or feelings of others. The little we save today in welfare, the more we will pay tomorrow in police, courts and prisons."

#### FIFTH REPORT, Aired, April 18, 1969

Officials of private charities complain bitterly about the inefficiency of the welfare department. They say its officials don't know—or refuse to recognize—how their department really operates. John Saunders heads the department's food stamp program and he told me how quickly and efficiently they can move to help someone in financial trouble.

Mr. Saunders refers to an applicant for welfare as a "customer".

"SAUNDERS. The customer who comes in for the initial time, we can certify that person based on his statement alone to establish his income, to establish his rent and any hardships he may have. We can certify him for the 30-day period and verify these factors later."

As described by a welfare official like Mr. Saunders, the system appears to work fine. But knowledgeable people who deal with the welfare department at all levels, day in and day out, charge it just doesn't work that way. Mary Anne Efremsen, a law student who helps recipients in their dealings with the department, has this comment which is typical of many more:

"EFREMSON. There is in the welfare department manual provision for what's known as presumptive eligibility. Whereby if a person meets the eligibility requirements on a first look, the department can, if he is in immediate need, give him a check almost immediately. And I personally have never come across a caseworker who even knows that the section exists, much less has ever given anyone presumptive eligibility."

The head of the charity work of St. Martin's Church on North Capitol Street is William Tancil. He describes the case of a woman recently widowed which illustrates how the welfare department is slow to act in many cases:

"TANCIL. We have one case now that a woman says she was supposed to get her check in January and this is April. The woman has five children and her husband died in December. She is back in her rent and the gas is about ready to be cut off. The woman is just in bad shape."

The situation is not an isolated one. In moving from one private charity to another, I found hundreds of similar cases. Reverend Philip Newell oversees Washington area charity work of the United Council of Churches. His long experience in the field has led him to this conclusion about the welfare department.

"NEWELL. There is a tendency of bureaucracies—church bureaucracy, civil bureaucracy—any bureaucracy, to become so professionalized as to neglect the factor for which they were created in the first place. This is just as true of the church as it is of the welfare department."

The department's professionals seem unwilling to admit—or refuse to see—that the welfare department is staggering for lack of tools, money and personnel.

#### SIXTH REPORT, Aired, April 19, 1969

In welfare work across the country there's a trend toward cutting down on the cumbersome and expensive investigations into just how poor an applicant for help really is. Welfare executives are now realizing the elaborate investigations of people's home life and financial condition tend to cost *more* that the people being investigated could *cheat* from a welfare system which used only very little police surveillance. Here in the District, a simplified welfare system will be tried

out later this year. John Saunders, the head of the District's food stamp program explains:

"SAUNDERS. What we would like to see would be an acceptable simplified form that would enable us to take the customer's word. And we hope to have such a system in the near future. Because it would make it a lot easier for the customers. We could serve a lot more people much more quickly than we are serving them now."

The District's welfare department has the largest staff of investigators of any welfare department in the country—nearly 100 investigators with a supporting staff of nearly 200 more. The simplification of the welfare system and the elimination of the elaborate investigations would appear to cut down the need for such a large staff. I asked Mr. Saunders if the welfare department looked forward to cutting back on its investigators:

"SAUNDERS. Well, you say investigators. I like to speak in terms of certification officers the people who do our verifying of information. I doubt seriously if it would cut down on our staff of investigators."

The people in private charities which work shoulder to shoulder with the welfare department are strongly critical of the department's investigative unit. They charge its operations create a climate of fear and mistrust of the department. Additionally, though its staff is not being reduced in size, as time goes on, the investigations unit gets less and less to do. Law student Mary Ann Efremsen who helps welfare applicants in their dealings with the department explains:

"EFREMSON. The investigative unit has had several of its functions shot out from under it by decisions of the courts and the corporation council and I'm wondering whether there is really enough work to keep them all busy."

#### SEVENTH REPORT, AIRED, APRIL 20, 1969

If anyone listening is looking for a job in the social welfare field, give the District Welfare Department a call. They'll welcome you with open arms. For 20 percent of the jobs in the department are empty. These are slots for just under 500 professional staff and 110 of them are not filled. The result is that the normally slow-moving department is forced to move even slower. Here's Albert Russo, Deputy Director of Welfare.

"RUSO. Because of serious personnel problems staff turnover and primarily because of the phenomenal increase in the number of applicants for public assistance, we are not, at the present time, in all candor, able to process all applications for public assistance within the prescribed 30-day period."

Some applicants drag on for as long as three months. At a welfare department staff meeting last week, angry staffers accused the top brass of dragging their feet on recruitment. Mr. Russo admitted that the department's personnel people mostly sit in their offices waiting for people to come to them. Some workers promptly volunteered to go to the colleges to beat the campus bushes for recruits. Besides slowing the department's work, the severe shortage of workers also makes our welfare system more expensive than it needs to be. Every year the welfare department has a huge overtime bill.

#### EIGHTH REPORT, AIRED, APRIL 21, 1969

Nobody loves the welfare system. The taxpayers who foot the bill say it costs too much. The legislators who created it say it causes them a lot of political trouble. The social workers who try to administer it, say it's not doing the job it was set up for. Even the recipients of welfare hate it. They find it is a *trap*. Once on the welfare rolls, the recipients discover the welfare system actually works to prevent them from ever again supporting themselves. Mrs. Elizabeth Frazier, a social worker in far Southeast, explains one reason for this:

"FRAZIER. It does not encourage people to work to get off the welfare rolls. Income earned by a person on welfare is subtracted from their welfare allotment and there is a point at which actually you can lose money taking a job. I don't believe that the welfare system does much to diminish its own ranks but is rather a foot on their necks once you are enrolled in welfare.

Many of the mothers on welfare to whom I talked are capable of working and they told me they would rather go to work than sit home day after day. But the welfare system doesn't give them enough money for decent clothing, not enough to hire babysitters for their children, not enough for transportation to jobs in distant parts of the city.

The present welfare system is doing the job so badly that most people who work with welfare have given up on it. Instead of trying to improve it, they are now looking for alternatives. One of those searching for new ways is Reverend Philip Newell, who heads up the charity work for Washington's Council of Churches.

NEWELL. I'm convinced that alternatives to the present welfare procedures have got to be found. I'm convinced that a guaranteed annual income of some kind of structured floor beneath which people will not be permitted to sink, has got to obtain in the United States, as it obtains in most civilized countries in the world.

One of the most troublesome things about the present welfare system is that it costs so much to get a dollar's worth of help to someone in need. Huge welfare bureaucracies shuffle awesome amounts of paper. And it all costs money. One of the attractive things about alternatives like a guaranteed annual wage or negative income tax is that they require few administrators to operate them. Most specialists in welfare work say the changes are inevitable. And they also say the changes should be made soon. They explain the present system is so bad it really is doing little more for the poor than keeping them in constant misery and frustration. Reverend William Wendt of St. Stephen and the Incarnation Church on 16th Street explains the conclusion he has come to about the frustration he sees in the District:

WENDT. I think people's frustrations can only rise so high before they spill over. And the tensions and frustrations which are being created now are just hard to contain. If it continues, we're all in for a very bad time.

#### NINTH REPORT, Aired, APRIL 22, 1969

One of the welfare department's worst problems is a wide difference of opinion between the top administrators and many caseworkers who handle the daily tasks on how the department is doing its job. The caseworkers' frustration has mounted to the point where they have formed a committee to present complaints and suggestions about the department's work to the top brass. At a recent meeting they aired their views to city council member Polly Shackleton and Welfare's Deputy Director Albert Russo. Because they risk losing their jobs, caseworkers are not willing to talk on the record. One who resigned last December, however, did describe some of what she saw in the six months she was there. She is Mrs. Caroline Nugent and this is why she quit:

NUGENT. I realized the agency in the District was making very serious mistakes with the lives of people who live in the District, using them, so to speak, not seeing that they get the proper medical care, not seeing to it that they received enough money from public assistance, more or less trying to keep them on public assistance for good while saying that they were trying to get the individual to help himself, to go out into the world and become a useful citizen.

Why should the welfare department want to keep someone on the rolls permanently?

NUGENT. I guess to perpetuate the agency, I can't think of another reason.

Mrs. Nugent explains what the continual frustration of the caseworkers has led to:

NUGENT. The caseworkers seem to be cold, heartless people who seem not at all concerned for doing whatever they can for their clients. And I would imagine one of the reasons is that they are so overworked, that the agency is so understaffed with caseworkers.

The former caseworker told me the conclusion she and some other insiders came to about the department's perennial shortage of staff:

NUGENT. Well, there is very little recruiting. If you want a job at the agency you've really got to go looking for it. And I think many of the caseworkers who are there are not really interested in giving up all of the overtime they earn. They don't see that people are using this, whether consciously or unconsciously they're using this to their advantage to earn a better income.

When I asked Mrs. Nugent to describe the District's welfare system for the taxpayers who foot the bills, this is what she said:

NUGENT. I don't think they realize what a monster they have, how much time and money is spent on just filling out forms—how much is wasted in doing this.

TENTH REPORT, Aired, April 23, 1969

Our investigation of welfare problems in the District shows the present public welfare system is inadequate to the need. There are thousands of needy people in the nation's capital unreached by the welfare system. Because the *public* welfare system is inadequate the *private* charities are forced to try to carry a burden which is too heavy for them. The result is that every night some people in the nation's capital have to go to bed hungry. Since this situation cannot be changed overnight, there's a need for donations to help the private charities reach more people. I asked Father William Wendt of St. Stephen and the Incarnation Church what an ordinary citizen could do:

WENDT. There are certain places in the city who could receive at this given moment large supplies of food products and clothing to hand out to people that they know are in desperate straits. Any listener who can give food, clothing or money would be doing something very beneficial.

Here are the names and addresses of three places which are in areas of the greatest need: For the upper Cardozo area—Mr. Robert King, The Columbia Heights Community Center, 1401 Columbia Road, N.W. For the far Northeast, Mrs. Willie Hardy, the Hut 701—49th Street, N.E. For the far Southeast—Mrs. Elizabeth Frazier, The Frederick Douglass Community Center, 2027 Nicholls Avenue, S.E.

Contributions of food, clothing or money to those organizations will help alleviate the situation in the short run. But, in the long run, the real need is for political action to change our entire welfare system to something better. In this city which is governed by congressmen from other parts of the country, however, effective political action is a hard thing to achieve. But, a practical thing any concerned citizen can do is to let the city council know of his concern. The best way to do this is through a postcard, letter or telegram to council member Polly Shackleton. She heads the District government's health and welfare committee. Mrs. Shackleton is trying her best to improve the city's welfare system. In the fight to get that improvement, expressions of concern and support from District residents can be a useful political weapon.

We would like to end this series of reports on poverty and hunger in the nation's capital with a quotation from the report of the President's Commission on Crime in the District:

"This commission believes that too many members of the public misconstrue welfare assistance as a dole to the indolent. This erroneous impression inhibits needed public support for a variety of welfare programs to aid the truly indigent and destitute. There is no evidence that strengthened public welfare programs encourage laziness, illegitimacy and dependence, as some critics have suggested. Rather, they represent a community's recognition of its moral duty to aid those in need."

U.S. DEPARTMENT OF AGRICULTURE,  
Washington, April 17, 1969.

Secretary Hardin Announces Dual Attack on Malnutrition in District of Columbia:

A dual attack on malnutrition among the District of Columbia's needy infants, children and mothers will be launched immediately at the request of Mayor Walter Washington, employing recently-developed food programs of the U.S. Department of Agriculture.

The announcement was made today by Secretary of Agriculture Clifford M. Hardin after a meeting arranged by Senator Jacob K. Javits, with Mayor Washington, Secretary Hardin, and Health, Education, and Welfare Assistant Secretary Lewis Butler. Secretary Hardin also noted that similar programs are being explored for New York City.

Programs to be undertaken in the District are:

Supplementary "foods for health" for pregnant women, new mothers, infants and young children. USDA provides iron-enriched baby cereal, evaporated milk, corn syrup, fruit juices, peanut butter, canned meats and poultry, which are given to the young families when "prescribed" by public health officials. The food supplement any other food resources—such as food stamps—that the family has.

Meals to be available for needy children at summer recreation programs. Where necessary, food preparation will be at school lunch facilities— usually idle in summer months—and meals will be transported to the recreation centers. In effect, this action means that food help for needy children who get free lunches at school will not be interrupted during the summer months. Under this program, also, 18 day-care centers for pre-school children in the District are already getting help for food service year-around.

Secretary Hardin said the supplemental food "package" distributed monthly for mothers and infants is valued at about \$7.00 at retail. Still in its development stages, the program is operating in 78 locations and serving about 18,500 people around the Nation, including Beaufort and Jasper counties, S.C., since March 10.

"It is unthinkable," Secretary Hardin said, "that hunger, protein deficiencies, and other forms of malnutrition should be permitted to endanger the physical and mental development of children in this land of abundance. This supplemental food program strikes at the beginning point of one of the major problems of malnutrition—the critical time from the beginning of life through the early years of childhood."

For the pre-school and summer recreation food service program, USDA has allocated nearly \$61,000 to the District.

Secretary Hardin said USDA and District officials will work out operating details of the new programs in the next few days.

The Secretary noted that the new programs are in addition to the on-going school lunch, milk and breakfast program for which USDA has apportioned a total of \$1.1 million to the District this fiscal year, and the food stamp program to which USDA is contributing slightly more than \$200,000 per month in bonus food coupons. Donated foods for use in District child-feeding programs and in charitable institutions last year totaled over \$700,000 in value.





