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# CHILD NUTRITION AMENDMENTS OF 1978 DOCUMENT

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## HEARINGS

BEFORE THE

### SUBCOMMITTEE ON NUTRITION

OF THE

## COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY UNITED STATES SENATE

NINETY-FIFTH CONGRESS

SECOND SESSION

ON

S. 2630

A BILL TO EXTEND AND MODIFY THE WIC PROGRAM,

S. 2809

A BILL TO AMEND THE NATIONAL SCHOOL LUNCH ACT IN ORDER  
TO REVISE THE CHILD FOOD PROGRAM, AND FOR OTHER PURPOSES,

S. 2824

A BILL TO AMEND, REVISE, AND CONSOLIDATE THE PROVISIONS  
OF THE CHILD NUTRITION PROGRAMS AUTHORIZED BY THE  
NATIONAL SCHOOL LUNCH ACT, AS AMENDED, AND THE CHILD  
NUTRITION ACT OF 1966, AS AMENDED, AND FOR OTHER PURPOSES.

APRIL 22, 1978—RUTLAND, VT.

MAY 8, 1978—OKLAHOMA CITY, OKLA.

### PART II

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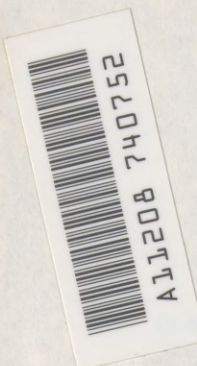
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CHILD NUTRITION AMENDMENTS OF 1978

- April 6, 10, 11, and 12, 1978—Part I.
- April 22, 1978.—Rutland, Vt. ; and
- May 8, 1978.—Oklahoma City, Okla.—Part II.

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## CHILD NUTRITION AMENDMENTS OF 1978

SATURDAY, APRIL 22, 1978

U.S. SENATE,  
SUBCOMMITTEE ON NUTRITION OF THE  
COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY,  
*Rutland, Vt.*

The subcommittee met, pursuant to notice, in the city hall council chambers, Hon. Patrick J. Leahy, presiding.

Present: Senators Leahy and Bellmon.

### STATEMENT OF HON. PATRICK J. LEAHY, A U.S. SENATOR FROM VERMONT

Senator LEAHY. The meeting of the Senate Committee on Agriculture, Nutrition, and Forestry, Subcommittee on Nutrition will come to order.

I'm Patrick Leahy. I am joined here by my good friend, Senator Bellmon, of Oklahoma. I want to thank all of you for coming out on a Saturday morning. I want you to know that Senator Bellmon and I personally arranged for the weather to change and be nice today, but I also heard from a couple of people in the hall, that if they had to spend a Saturday morning with a Senate committee, they would prefer a rainy day, so it wasn't the best of ideas.

We have just been up at the Frederick Gallipo farm in Rutland Town. I wanted Senator Bellmon to see how our maple sugaring operations go in Vermont, it is not a major industry in Oklahoma, so we wanted him to see it.

I think we're fortunate in having Senator Bellmon here today. Not only does he serve on both the Agriculture Committee and the Appropriations Committee, as I do, but he is the senior Republican on the Senate Budget Committee, the committee that has the final word on what spending limits the Congress will be able to act within, and is recognized by both Republicans and Democrats as the fiscal expert of the Senate and the man whose opinion is sought by those on both sides of the aisle.

Today's hearing is generally going to focus on the various child nutrition programs. We are going to focus this morning on the school lunch, then this afternoon upon the supplemental feeding program for women, infants, and children, commonly known as WIC.

We have had a number of hearings of the committee in Washington, but I have felt that there's so many people who can never testify in Washington, it's good if we get out of that city into other parts of the country. We'll be here and also in Oklahoma in a couple of weeks,

and during the 3 years that I have been in the Senate, I have made it a point to come back and hold hearings on a number of pieces of legislation. A number of those pieces of legislation, like the rural health care bill and others have been enacted into law following our hearings up here.

For a long time nutrition was like the weather—everybody talked about it, but nobody knew what to do about it. Now I think this is finally changing; nutrition has become a respected science. It is no longer considered a fad to be preached by health zealots, but is an issue vitally important to the health of this Nation.

I think that good nutrition holds the greatest promise of controlling our \$120 billion a year national health bill. It is a key to a national prevention health policy, which is long overdue, and education is the key to good nutritional practices. Activities such as these going on here in Rutland for Food Day are an important component of that educational process, extraordinarily important.

Education should be a primary focus for our Federal child nutrition programs. Our school meals programs should provide an example for healthy eating habits. The foods served in schools and in our day care centers should be nutritious and should be palatable. To provide nutritious food which tastes good is the only way to break the "junk-food" habit. To provide nutrition education is the only way to counteract the billions of dollars of advertising for food which may be tasty but which merely contains "empty calories."

Educating children will help, but educating parents and adults will help a lot more. There is a great need and desire for information on nutrition. Although I am sure we all agree right here about the need for better nutrition and education, I know there are many different routes we can take to achieve that end, and we're here today because the Senate is going to have to make a choice about which routes our Federal programs should take, and we would like your advice. Specific issues we would like to discuss are: Should WIC be reauthorized? Should income alone be a determinant for eligibility for the program? Should funds be earmarked for nutrition education, and if so, how much? Should we reduce the age limit for children from 5 to 3? In the area of school meals, how can we expand the breakfast program? What must be done to improve the quality and nutritional value of the meals served? Are the reimbursements for meals and administration sufficient? That is the kind of advice they want from you, and it is advice that will carry a great deal of weight, because we'll have various lobbyists from major national concerns in Washington, but your testimony will become part of the Senate hearing record.

Those of you who testify today will carry as much weight, and in many respects more weight with our committee than anyone else, so I want to thank all those who helped prepare and set up this hearing. I especially want to thank Peter Ryersbach and Susan Rudin of Bread and Law Task Force. Susan was recently down in Washington to testify before the committee. I also appreciate the assistance of the State education and health departments here in Vermont, but also I'd especially like to commend all the people in Rutland and around the State who have been involved in organizing the Food Day activities here.

On a little side note, I mentioned in a recent newsletter that I sent back to the food organization, that the President has agreed to set up a Commission on World and National Hunger and Malnutrition. We had a resolution introduced into the Senate by myself and by Rick Nolan in the House, and the idea originally came from Harry Chapin a folk singer and Sandy Chapin, who have a Vermont home right nearby here, and a very close personal friend, and Senator Bellmon was a strong supporter of that in the Senate, as was Senator Stafford and Congressman Jeffords.\* As I mentioned in my newsletter, I'm glad to see that Food Day is an example of the things we talked about there. I yield to my colleague, Senator Bellmon.

**STATEMENT OF HON. HENRY BELLMON, A U.S. SENATOR FROM  
OKLAHOMA**

Senator BELLMON. Thank you, Mr. Chairman. Let me begin by saying that I am highly pleased that Senator Leahy invited me to be in Rutland this morning for this important field hearing. It is worth it to come up and just look out the window at the view, so I appreciate your letting me share this spring day in Vermont with you.

My basic interest in these field hearings is the fact that, having been in State government, I know that very often programs the Federal Government writes, with good intentions, have a vastly different impact back at the level where they're administered, so I think if Congress is going to do a good job of writing legislation that meets the real needs of our people, we need to come back and see whether or not the programs are doing the job we had in mind when they were first conceived and written into law. I want to express my appreciation to those of you who have to come here to talk to us about food and nutrition programs and I'm sure that from this meeting we will get many ideas to help us do a better job in drafting legislation for the future.

Also, I'd like to say that you folks in Vermont are very fortunate to have a man of Senator Leahy's caliber representing you in the Senate. Pat holds an important position on the Agriculture Committee and on the Appropriations Committee. I guess it's only coincidence we're on both committees together, but I can tell you from having watched his work that he is one of the most effective Members of the Senate. He's looked to by many others for guidance in many fields, and he does an excellent job, not only in representing the interests of Vermont, but also in providing the broad perspective that we really need in the Senate.

I was a little surprised, until I came here, to know of his interest in agriculture. I always thought of Vermont as something different than an agricultural State, but I find out now that, while your crops and your conditions are a little different than they are in Oklahoma, Vermont is an agricultural area, and we certainly need to have your interest represented on that committee. I also noticed, another thing we have in common. I understand Pat is the first Democrat to be elected Senator from Vermont, and I was the first Republican ever elected Governor of Oklahoma.

\*See p. 129 for the statement of Congressman Jeffords.

Senator LEAHY. I'd like to think that both Oklahoma and Vermont benefited by it.

Senator BELLMON. Well, I guess, but we ought to exchange our trade secrets before we're through. There are some opportunities, I guess, as well as obstacles that go with being a precedent-breaker.

Once, a long time ago, we drove with our daughters through Vermont, but it's been a long time. It's certainly a beautiful State, and the people here have been friendly, and it's a pleasure just to be here.

Now then, what I hope to do here today is to learn about how these child nutrition programs are functioning in Vermont, and I hope you will be able to be candid with us—to sort of tell it like it is. It's only in that way that we get the information we have come for, and it's only that kind of testimony that will make our trip worthwhile. I'd like to take just a moment to introduce the two young men that came with me. First of all, Dick Woods from my staff. He helps with the food and nutrition area and Brad Gungon, who helps me with the agricultural programs. I'm sure Pat will introduce the members of the Agriculture Committee staff and others.

Senator LEAHY. On my right, Liam Murphy, who's from Brattleboro, has been working on agricultural matters with me in our Washington office; and Doug Racine, who is from South Burlington, Charlotte, and was in our Washington office and is now running our Montpelier office.

Senator BELLMON. Could I say one thing?

Senator LEAHY. Sure.

Senator BELLMON. I don't know how many folks in Vermont are aware of the fact, but Pat Leahy, almost single-handedly, stood the ground against the vested interests in Washington against the expenditure of probably well over \$100 million to build a convention center in Washington. He became either famous or infamous, depending upon which newspaper you're reading down there, but finally, after at least 12 months of holding the line almost alone, he has now convinced virtually everyone that it was a waste of taxpayers' money, a bad investment. He scored, I think, a very significant victory, so, Pat, I'd like to congratulate you for holding on.

Senator LEAHY. Thank you, Henry. It depends upon which view I get, whether it is famous or infamous, and the Appropriations Committee helped me greatly.

Our first witnesses will be Daniel Moerdyk, the principal of Bridport Elementary School, and Bea Buxton, nutritionist at the county extension service in Morrisville, Vt. We'll have both come up and take seats up here. Please come over and take one of the council's seats.

Mr. Moerdyk, how badly did I mispronounce your name?

Mr. MOERDYK. It's Moerdyk.

Senator LEAHY. Miss Buxton, I have probably got your name correct?

Ms. BUXTON. You've got that correct.

Senator LEAHY. Are you any relation to the Buxtons in Plainfield, Vt.?

Ms. BUXTON. Yes.

Senator LEAHY. They're old friends of our family. I have known the Buxtons in Plainfield since I was, well, actually, I guess since I

was born. They were friends of my parents, even before my parents were married. They're very good friends, and I'm glad to hear that Mr. Buxton is recovering well in Montpelier.

What we'd like you to do, is to say whatever you would like, but there are some specific questions that, if you could answer, would also help me: The provision of school meals and their effect on attendance and behavior of participating children, and whether school meals affect their performance levels, and then we'll go into other questions regarding school breakfast programs. Mr. Moerdyk, why don't you begin?

**STATEMENT OF DANIEL MOERDYK, PRINCIPAL, BRIDPORT  
CENTRAL SCHOOL, BRIDPORT, VT.**

Mr. MOERDYK. After hearing your opening comments, I was tempted to go back and rewrite all of my thoughts, because there's so much more that is involved in this than even I, as a school principal, really realize, but I do have some things which I have prepared which do speak to some of these issues and maybe some others, if I might.

Senator LEAHY. Please.

Mr. MOERDYK. I first heard of the proposed legislation on breakfast programs about 2 weeks ago. I was delighted to hear that it was being introduced at that time, and I still am. I support a good program to aid needy kids in this country, and I see this as an opportunity to really do so.

I have several reasons for my position. My own personal background is such that I am familiar with the problems of the poor, many of those who are on aid programs of various sorts. I feel that we need to provide people with opportunities to break the welfare cycle. I'm sure that you gentlemen are well aware of that cycle in which many families are bound generation after generation to stay on welfare. I feel that education is perhaps one of the most significant keys to breaking that cycle. In order to get the most out of education, a youngster must be fed, not only fed, but more importantly, well-nourished, because, as you probably know, we're fed in this country, but we're probably one of the poorest undernourished in the world. Too many families on aid programs are not.

Insufficient protein is a major problem. Any attempt to beef up the attempt or the amount of nourishment available in breakfast and lunch programs, in my view, is commendable. As an educator, I know that well-nourished children will be better able to take advantage of their education. This, in turn, will hopefully produce better, more responsible citizens of this country.

My knowledge of good school lunch programs goes back to 1959. All the schools I've worked in have been fortunate enough to provide hot lunch programs, utilizing the Federal subsidies. These programs do make a difference.

As a classroom teacher, I know what happens to a youngster who misses lunch. That youngster is most likely to be inattentive, fidgety, cross, even downright ornery. And why shouldn't he be so? You know what you're like when you miss your meals. Do you concentrate better

on your job when your belly is full or when it's empty? The same thing happens to kids. Why should a kid be expected to pay attention to what's going on in the classroom and to do his best when his mind is preoccupied with the fact that his belly is empty. To a hungry person, getting food is most important; learning is secondary.

My firsthand experience with a school breakfast program began in September 1978, at Bridport School. That is the year that I started working there. The program has been in existence since 1966. To say it is good for the school is an understatement. It is vital for most of our 176 students.

School starts at 8:45 in the morning at Bridport. Many of Bridport's kids are farm children. Their day usually begins at 5 a.m. with barn chores lasting until 6:30. Then it's hustle and clean up, change clothes to get ready to catch a bus at 7:05, for many of them. They arrive at school about 7:55 to 8:05 without breakfast.

These kids are, because our school has a breakfast program, able to have a leisurely breakfast, have some playtime for approximately 15 to 20 minutes before school starts. Even for the nonfarm kids, it is vital, too, because many of these kids are from families with both parents working. Their day may not start as early as the farm youngster, but breakfast at school is still important for them, because of the rush at home, getting everybody off to school and work.

For those kids who are on free or reduced price, lunch and breakfast, these may be the most filling and nourishing meals they get. Thus, it has special significance for them.

What happens to the kid who doesn't have breakfast? Let me tell you about Sammy G., who is a seventh grader in the junior high school where I taught a few years ago. He was an average student, well-behaved, good worker and an even better athlete. About midyear, his teachers, I was one of them, noticed some changes occurring. Sammy was not working well in class; he dropped basketball. The quality of his work dropped. He was becoming a behavior problem. Finally, during a conference with Sammy, when his counselor asked, "Why?"; he angrily spat out, "Well, how would you feel if your family couldn't afford enough food for everyone to have three meals a day?"

These are some of the reasons why I support federally subsidized lunch and breakfast programs. These are programs to help kids. Kids are vital to my business, so I'm biased. But, I also know that kids are the future of this country. That is everybody's business.

The one thing I'd like to add in this part of my comments is that I wish that somehow we could get at the business of educating families and individuals who are on financial aid programs, about wise expenditure of their money in matters of good eating habits. I wish we could educate them to the business of getting the most nourishment for each dollar spent.

Senator LEAHY. I might add in that regard that one of the things that hurts us the most, I feel, is the absolutely outrageous and sometimes unconsciously irresponsible advertising that families and children are subjected to all the time for food products that have little or no nutritional value and sometimes have, in effect, a negative nutritional value. They advertise in the way which make you think that it was good for you, and it bothers me. It bothers me greatly. It bothers

me that we're not in a position in our schools and in other forms of education to let people know the real differences, and unless we can change that, constant bombardment of people encouraging the consumption of real junk food, we're never going to break that cycle.

Mr. MOERDYK. I agree that is one of the things we face in our own home, and, fortunately, our kids haven't become addicted to the television so that they watch it all the time, but we know in the snacking kind of thing, what happens at home after they've been watching television for awhile. My wife, fortunately, has been onto improving the nourishment of the things that we provide for our kids for probably the past 7 or 8 years, so that they're not used to getting a bunch of junk food at home, but still it is a tough thing, and I see that as a real problem, not just the poor, the working poor, the needy, but many people in this country, but I do see this as a way to begin, perhaps, to break some of that.

Well, I'd like to see schools be able to do more with programs having to do with nutrition.

Senator LEAHY. Mrs. Buxton, why don't you make your statement, and Senator Bellmon might have a couple questions.

**STATEMENT OF BEATRICE F. BUXTON, NUTRITIONIST, COUNTY  
EXTENSION SERVICE, MORRISVILLE, VT.**

Ms. BUXTON. I heartily endorse the testimony that has just been provided. My own background in nutrition is a long and extensive one, and I have had several years of experience in school lunch programs where I was responsible for the program, and this happened to be in the State of New York, and I heartily endorse the concept of nutrition education as part of the total school lunch program, which is very fine, but it was never implemented in the real effective way, and I daresay, in other States of the Union it is even less effective, and my school lunch program experience started in 1958, and I was thoroughly sold on nutrition education in conjunction with the school lunch program and the many nice ways it could be used in the classroom, as well as in the cafeteria. However, as I say, it never was effectively implemented, and for a number of reasons, because we know that when we talk about endorsing a school lunch, breakfast and school lunch, and endorsing nutrition education, it is not as simple as that. It takes a lot of planning and a lot of coordination all along the way. It covers a multiplicity of subjects which we do not speak to effectively, and I don't think we have spoken to the needs of children effectively. It has been too political, and most of us, like myself, do not know what the political ramifications are, so we speak from a scientific and educational aspect without being fully aware of all the political roadblocks along the way.

Well, I heartily endorse nutrition education, and I heartily endorse school breakfasts and school lunches, and I endorse them for all children. I don't think it's just the poor who are neglected and who come to school without breakfast.

I used to do surveys in the elementary school on Long Island, and I have found that out of 32 kids, 30 came without breakfast, and they were not poor children, so I heartily endorse it, but I think we have got

to speak to all the many ramifications and not treat it as though it was a simple subject, because we know it takes money and manpower, and it takes good management, and it takes real intellectual and professional clout to put some of these things across in our schools. I think many schools do not hire people who are qualified to not only operate school lunch, to appreciate and implement the educational benefits, and to speak on a par with the principals who oftentimes set their feet because, of course, they're involved with all of the administrative problems, and they often seem overwhelming, because a school principal is supposed to speak to all these subjects with expertise, and no way can he do that, and if he is honest, he'll admit it, and if he's not honest, he'll not, and, in my opinion, most of them do not admit it, just like many of us, we're set up to be know-it-alls, but can't fit that category.

Senator LEAHY. I'm glad to see somebody, other than Members of the U.S. Senate, being described that way.

Senator?

Senator BELLMON. Thank you, Mr. Chairman. I'd like to express my appreciation to both Mr. Moerdyk and Mrs. Buxton for their contribution. Let me just ask the question first of Mrs. Buxton. You have had some experience with the failure to implement nutrition education in the past. Are you aware that right now the guidelines are being drawn for a new attempt at nutrition education? Last year the Congress passed the child nutrition bill, and we wrote the bill in such a way that the funding is more or less automatic for nutrition education. There's 50 cents available for each student to be used for nutrition education. The funds have been accumulating, but the program hasn't been undertaken, because, at this time, the guidelines haven't been written. They're being written now, and it is intended that the program will get into effect this coming September when the school term starts. Have you had anything to do with writing the new program?

Ms. BUXTON. No. Well, I do not keep up with all these programs as they're written. I did work on Vermont's design for nutrition education and expressed my opinions.

Senator BELLMON. Could you tell us what the extension service is doing in nutrition education?

Ms. BUXTON. We have nutrition aides who work with families, tell them how to prepare their foods better, and teach basic information on nutrition.

Senator BELLMON. How many nutrition aides do you have in Vermont, do you happen to know?

Ms. BUXTON. No; I don't know how many we have in Vermont. I have two in my county. It is a totally inadequate number. I live in a very rural county. We have many, many poor, many undereducated school dropouts who desperately need help. No way can we meet the demands on our time.

Senator BELLMON. You have two assistants or two—

Ms. BUXTON. I have two nutrition aides.

Senator BELLMON. That makes three altogether?

Ms. BUXTON. Yes.

Senator BELLMON. For how large a population?

Ms. BUXTON. We have a population of 15,000 in Lamoille County. That's not 15,000 poor. That is the population of Lamoille County.

Senator BELLMON. Do you primarily operate on a one-to-one basis? Do you have classes?

Ms. BUXTON. Yes; we have small classes, but we find that when you work with the poor, you get along better on a one-to-one basis. These blanket rules and regulations and classes and so forth do not, speak to the problem at all. It is a one-to-one—

Mr. MOERDYK. If I might add, when she talks about the one-to-one basis as opposed to, say, a classroom kind of a setting, isn't it quite true that to get some of these people into a kind of a class setting, is almost impossible?

Ms. BUXTON. Absolutely.

Mr. MOERDYK. In the first place, before you can make any impact—so two people might seem like a lot for the size of the county to get in touch with these people, it's a pretty big job.

Senator BELLMON. How many, say, clients can one person deal with under the—

Ms. BUXTON. Each one of my nutrition aides carries about 25 families, and her visits depend on their need and their reliance upon her for assistance.

Senator BELLMON. And if the family becomes involved in your program, how many weeks or how many months would you continue to have contact with them?

Ms. BUXTON. Well, ideally, they'd continue until they graduated, because they'd become so efficient or so capable that they could carry on themselves, some families the aide doesn't service very long, for a number of reasons: Sometimes they reject her and sometimes they become very independent, so it's a variable length of time. Some families my nutrition aides have carried for 5 years, and they call on them once a month and check up on them and encourage them and help them out with food commodities, some they visit every week, sometimes twice a week. An aide has three or five women in small classes which might meet. They also meet with Head Start mothers, help them plan their menus, and the Head Start mothers learn how to us low-cost recipes, that are very nutritious. They're involved in a good many things. They have low-income 4-H clubs, and they teach the children how to cook and use nutritious foods in beneficial ways, and how to recognize nutritious menus and nutritious foods and how to recognize junk foods, this kind of thing, they're a very necessary part of rural living, probably city living, too, but I don't happen to serve the cities.

Senator BELLMON. Let me ask Mr. Moerdyk just one or two questions. If we have time, we can come back, because I think your information could be really helpful to us. You mentioned the fact that you had a lot to do with the feeding program in school. Did you have a problem with the children wasting food, not eating what's put before them?

I was watching 60 Minutes the other night—you may have seen the program—in which we start off with the shot of the school garbage can, which was overflowing with food that children had not eaten. Is this a problem with you?

Mr. MOERDYK. A lot of that depends on the area. I do know that it is a concern with any management. I can say that in school where I'm

working now, the biggest amount of refuse that you'll see go into the garbage cans are the milk cartons.

Senator LEAHY. Empty or full?

Mr. MOERDYK. Empty, and I know that, because I go out and get the milk cartons and recycle them to replant seeds that are going into my garden at home. They're empty, and very, very little, we have maybe the equivalent of 5- to 10-gallon cans that go out in the refuse that actually would be off the plates, and that's serving from the plates of about 120 to 125 kids daily.

Senator BELLMON. This program that I'm referring to, the 60 Minutes program, talked about a school, I believe in the State of Washington or Oregon, where they had literally turned the school and its program over to one of the fast-food companies. They were preparing literally junk foods that were properly fortified with vitamins and other elements of good nutrition, and the kids, of course, they'd come in and order a corn dog or something like that, and they'd get what they ordered, except they'd be tricked into eating something nutritious. Do you have a secret? How are you keeping down plate waste? How do you manage?

Mr. MOERDYK. Well, I think that, I've got to say the right thing at the particular moment, because my food service manager is sitting back here.

Senator BELLMON. If you'd like, we'll go into a closed session here.

Mr. MOERDYK. Faith and I get along well enough that I'll say exactly as I see it. The meals are well-balanced. They're well-prepared. They are attractively served. I won't say that everything that goes onto the plate is what kids like. There are some things that go on the plate that I don't particularly like, too, but I think, basically, they're well prepared. They look good on the plate and surroundings are comfortable and kids are pretty, generally relaxed. This probably is the biggest reason why it is consumed. We do make an attempt, as teachers, to talk with the kids who may be inclined to shove the spinach aside or the peas, to try to encourage them to at least sample and try, and then that kind of assistance helps.

Your comment about the fast-food chains getting into the business is not new. I lived and worked out of Long Island for about 3 years and know that they're getting into the business there. I'm a little bit concerned about the fact that they may be adding a whole bunch of stuff, and I think that's what you're talking about when you say that the vitamins may be added and so forth, because most of what they probably have been using would be chemical-types of things, so that they may be getting that kind of nourishment, but I don't think it is the basic kind of thing that really should go into a program. I guess I'll come back and say that our food is wholesome; it's nutritious. It's well-prepared.

Senator LEAHY. I think one concern that a number of people have, and it goes back to something Mrs. Buxton said earlier, is the question of nutrition education. I happen to feel, as I'm sure you realize from my statement is vitally necessary, one of the problems of having, in effect, junk food prepared, albeit, fortified with vitamins and everything else, is that the same student who's used to eating that in a school lunch program will go out and buy it at the fast-food chain where it's

not so fortified, and would not realize the difference—the same problem with the super-donut concept.

Now, in your breakfast program in Bridport, I'm delighted to hear your strong endorsement of it. I'm just wondering whether the reimbursements that you get are paying for the costs, or are there costs beyond whatever reimbursements you get for the breakfast program?

Mr. MOERDYK. Mrs. Angier can speak more specifically to that than I, as to just exactly how the costs are handled. I can see this. It has not cost, nor has the lunch program cost the school district any money. It does not come out of the local taxpayers to support the program.

Senator LEAHY. And you feel that there is a definite difference in performance level of the students if you did not have both the breakfast and lunch program?

Mr. MOERDYK. Certainly.

Ms. BUXTON. I heartily endorse that, too, because I was a classroom teacher for 6 years, and I certainly noticed how lackadaisical or absolutely unruly students who came to school without breakfast can be.

Senator LEAHY. You feel both that breakfast and lunch are extremely important?

Ms. BUXTON. Absolutely, and I hope that schools will really speak to the needs of the child. I'm not just talking about a scientifically, well-balanced menu, but really, the needs of the specific children that go to that school, as to time and what they're eating and so forth. I would like to see strong nutrition education from kindergarten right up through grade 12. I think that we have got to get these teacher training institutions going on good nutrition education for the teachers.

Senator LEAHY. Even our medical profession could use that. Let me make sure I fully understand both of you. Do you base your attitudes toward feeding programs on the need for the program itself and not just based on the financial background of the child served? In other words, you are not putting an income criteria on it, you are just putting a feeding criteria?

Mr. MOERDYK. That's right.

Ms. BUXTON. Yes.

Senator BELLMON. There's one other thing I'd like to ask. I'm very interested, and so is Pat, in getting the nutrition education program off on the right foot. We have earmarked money. It is only \$26 million a year, nationwide, and it isn't going to be any great extravagantly funded program, but I think there's enough money there to do some good.

As things now operate, Mr. Moerdyk, who plans the menus in your school? Do you have a nutritionist or a dietitian? Does the USDA give you any help? How do you know your children in the school are getting a nutritious diet?

Mr. MOERDYK. Mrs. Angier, our manager, and two other ladies who work with her, work on that kind of thing, planning the menus themselves. The menu that goes in specifically is theirs, their work. However, they do receive advice, both in person and in written communications from the Vermont State Department of Education, school food services program, as well as from the Federal programs.

Senator BELLMON. Mrs. Buxton, do you counsel with or work with the schools in your county in planning menus?

Ms. BUXTON. No; I do not. They, the school in Morrisville has asked me if I would consider myself a consultant, and I said I would, but they don't consult with me. They have, I guess, contact with the State, and if they don't need me, that's fine; I'm an extension agent, and I'm busy like a Senator is.

Senator BELLMON. Do you happen to know where the schools in your county are getting their nutritional counsel from?

Ms. BUXTON. I think they get it from the State, the department of education, for one place, and they use the teaching materials from the Dairy Council, which are very good, which is a specific help for teachers in teaching a classroom. It is not planning the menu. However, you know, you referred to the 60 Minutes program. They talked about one school on the 60 Minutes program where children eat very well and the plate waste is very small, and those children are doing what the USDA mandated school lunch to do way back in the early days, and that was to get the children involved in planning the school lunch, to get the teacher involved in the classroom, discussing that school lunch, critiquing it both positively and negatively, and I must say, from my experience, there's nothing more effective than having children critique a school lunch.

It changes so rapidly, if the children can really speak to it in a very, well-informed manner, and that's not impossible. I think children are so smart. If we just give them half a chance, and even just a smattering of good education, and then hold this school lunch up to them and have them critique it according to the guidelines that have been set up, they'll do a wonderful job in not only critiquing the inadequacy, but improving it all along the way, and the more the children are involved in planning these things, the better they accept it, and, furthermore, they educate each other as well as educating adults in the classroom.

Senator BELLMON. Do you have children critique the lunches in Bridport schools?

Mr. MOERDYK. Not on a formal basis, but they let us know, so do teachers, and it comes about through, if on a particular day a certain kind of thing winds up in the trash bins, we know, but they also speak out, too. Ours is a pretty, it's a small school with 176 kids, grades kindergarten through eighth. That isn't a terribly big school, but the kids know our cafeteria people, and they do seek out information from them.

Senator BELLMON. Do you think if they had some formal method of input, say, if you had a committee of students who could sit down with your dietitians and help decide the menu, would that give them a feeling of having participated and perhaps make them feel that their voices were being heard? Would this present problems?

Mr. MOERDYK. It always presents problems, mainly, of time, because that kind of a process does take time. It also takes some education, which in itself is time, but I don't think that, in the kinds of problems of working the program, I don't think that that would be any big problem.

Senator BELLMON. We are approaching the day when we'll have a nutrition education program in place that will give us a chance to have a lot more feedback from the students, if we ever get it going.

I'd hope that the lessons you've learned in your work and the lessons that have been learned by the administrators of the school system could be applied in designing the nutrition education program we have. That's all I have, Mr. Chairman.

Senator LEAHY. Thank you, thank you both. I should point out for everybody, the hearing record is going to be open for 1 week. If you want when you get back, and, like I often do, think of what I should have said or get some extra points, please feel free to submit them to me at Box 933, Montpelier, and we'll add it to the record.

**STATEMENTS OF BANBA FOLEY, CHIEF, CHILD NUTRITION DIVISION, VERMONT DEPARTMENT OF EDUCATION; GREG BOYD, CHILD NUTRITION SPECIALIST, CHILD NUTRITION DIVISION, VERMONT DEPARTMENT OF EDUCATION; LEO J. GRENNON, FINANCIAL MANAGEMENT CONSULTANT, CHILD NUTRITION DIVISION, VERMONT DEPARTMENT OF EDUCATION; AND VIRGINIA WILLIAMS, CHILD NUTRITION COORDINATOR, CHILD NUTRITION DIVISION, VERMONT DEPARTMENT OF EDUCATION**

Senator LEAHY. The second panel is State administration and involves Banba Foley, who is the chief, Child Nutrition Division, Vermont Department of Education; Greg Boyd, child nutrition specialist, Child Nutrition Division, Vermont Department of Education; Leo J. Grennon, who is the financial management consultant of Child Nutrition Division, Vermont Department of Education.

Ms. Foley has a statement which we'll enclose in the record.\* I thought maybe we might go into a couple of questions regarding the statement that you have, Ms. Foley, that a minimum amount of funding should be given to each State because of the necessary costs incurred, regardless of size. As you know, the Vermont Congressional Delegation has always urged such things, especially as we are the third smallest State in the Union, but I'd like to talk about the State role and funding administrative expenses, because, obviously, the State has a significant concern here, as well as the Federal Government. How much is the State contributing, and what percent of the total is that amount?

Ms. FOLEY. \$60,000 in Vermont to \$76,000 we're getting from the Federal.

Senator LEAHY. So we're about 40 or 45 percent? How does that compare with the other States?

Ms. FOLEY. With New England region, New Hampshire is about—

Senator LEAHY. Or even New England? Take it with a region, how do we compare with a region?

Ms. Foley. Maine is about 50-50. Massachusetts is putting in more State dollars than Federal dollars. Connecticut is putting in \$30,000 versus \$176,000 in Federal. New Hampshire put in \$63,000 to \$91,000.

Senator LEAHY. So New Hampshire goes a much lower ratio statewide?

\*See p. 129 for the prepared statement of Ms. Foley.

Ms. FOLEY. Yes; that and Connecticut.

Senator LEAHY. You stated an opposition to a school breakfast mandate, because you felt that school districts are finding it increasingly difficult to finance existing school programs due to local restraints of school budgets, but Mr. Moerdyk had stated that it is not costing their school district out of their budget. The reimbursement rate is sufficient, if I am correctly rephrasing his statement. If mandated schools received especially needy raises as proposed in the administration's bill, wouldn't it be such that there would not be any cost for local funds or State funds?

Ms. FOLEY. I think that's probably true. We don't have any schools classified as especially needy right now, so it's kind of a difficult question, because most of the public schools we do have in the breakfast program are, to our knowledge, just about making it on the regular reimbursement. As you know, we don't have that many public schools in the program. We have 33 breakfast programs, and probably half of those are in private schools and residential institutions.

Senator LEAHY. If they are, even if they're coming close to breaking even, aren't there some very significant educational and social benefits for Vermont?

Ms. FOLEY. I think so. We strongly support the breakfast program. It's just that in our experience with talking to superintendents and principals and local people, that I think the feeling we have is that they're opposed to a mandated breakfast program. I think, in one way, basing it on a percentage of the needy, we'd look at a child nutrition program as a program for all children and not as a program just for needy children, and I think that we'd hate to see that stigma attached to it as becoming more of a welfare program than a program for all children.

Senator LEAHY. Let me just follow up on that a little bit. Do you feel pretty much as Mrs. Buxton was saying earlier, that the income criteria is not the thing? It is, just the need to have—

Ms. FOLEY. The need to have it. I think in Vermont our free and reduced percentages, even in the lunch program, are not that great, and, personally, I am a native Vermonter—

Senator LEAHY. I know you are.

Ms. FOLEY. There is this feeling in Vermont, the pride factor, all through the State of Vermont, families would rather send their children with 30, 35, 40 cents than fill out a free and reduced application in a great many instances, so that our percentage of free and reduced is not that high in Vermont, and I don't look at this as being all bad.

Senator LEAHY. Nor do I, except that I worry, as I'm sure you do, and the rest of the people here about the whole question of adequate nutrition for our children, and I see the dangers down the road as they reach out. I see the dangers in health and everything else. If they are not getting adequate nutrition, and there is so much more as a Nation that we can do, especially a Nation as wealthy and agriculturally wealthy as we are, it concerns me as a Vermonter. It concerns me as a Senator to see the real lacks that we have in the country.

Now, you talked about the concerns on mandating a breakfast, and I recognize those concerns. People from my office have gone around the State, talked with different school administrators and been very

frank in expressing that concern, but at the same time, we ask the question, whether legitimately, what alternatives will be used? In introducing the legislation, I have introduced it as a talking point so that we can have hearings and so that we can determine what best to do, and in realizing that there will probably be substantial changes before it gets through. I accept that, and I, in fact, hope to have that, otherwise Senator Bellmon and I would not be traveling here this weekend and going to Oklahoma and sitting through hours and days and days of hearings. Tell me how do we get such a program?

Ms. FOLEY. I figured that probably would be asked. I don't think any of us have a good answer. I think it is just, the department feels strongly against mandates period, and I think the local people do. I think if we had maintenance of staff and additional staff and could maybe reach the recommended staffing patterns, that the State agency might be able to do more with outreach. I think that certainly principals like Mr. Moerdyk, that could talk to other principals in his own field, because I think it is at that level that we generally get the resistance. I think if there was more prime time television done on programs of this type, the people who watched it would see positive and not negative, such as "60 Minutes," because there is a lot of good in the program. There are many programs in Vermont that have very little plate waste of any kind, and when we look at the plate waste problem, we always seem to pick a State or a large school system that does have a lot of plate waste, and I think some positive media on the subject might be one way. I think it's also got to come from parents wanting the program and going to local school boards, because the school board is the one that has the ultimate say as to whether the program's going in or out.

Ms. WILLIAMS. Those are pretty much my feelings. Part of my responsibilities is to visit the breakfast programs and to monitor them. At the ones that I have seen, the children enjoy it, and there's very little plate waste, and it's well accepted by the teachers, the principals, the school administration, but I think, as Ms. Foley said, we really need some good attractive publicity that would catch the attention of the parents. It would create an interest, and then it would get before the school board.

Senator LEAHY. Senator Bellmon raised the point earlier about students and teachers getting involved on an ongoing basis in setting up menus, and I would assume, in conjunction with that, a very positive nutrition program. I know, as a father of three young children, 14, 12, and 7, how interested they get if you sit down and fully explain why, but I also look at what they get bombarded with. I watched a couple of the ads on children's programs, and breakfast cereals, for example, are the things that are most advertised. Some of these have the percentage of sugar added in volume. Some of the most popular ones, are 47.4 percent, 55 percent, 61.3 percent sugar. They might as well just take sugar cubes and eat that, or have advertised what amounts to having a chocolate bar for breakfast. I don't envy your task in trying to conquer that kind of nutrition education, because that is education in a form, except it is a very negative education.

Ms. WILLIAMS. That's one of my biggest concerns, I guess. I'm relatively new to the staff. I just came on in October, and previous to

that I was at the university, and I have done most of my research in nutrition education, and always perceive this as our weakest point. Most of USDA leaflets, pamphlets and all their educational material is so blah, they're either black and white or white with gray or pink with gray, but, you know, if I, whenever I went out to teach—

Senator LEAHY. They can't match Count Chocula.

Ms. WILLIAMS. No. Whenever I went out to teach a group of children, I would use Delmonte's Basic Four or Dairy Council's. USDA's is just very uninteresting and very unappealing, and I really think that this is our job. We have to become as exciting as Kellogg's, as General Mills, and it really does take money. USDA has some films out that I think are really very effective.

I did some research on a series, Mulligan's Stew, and that's a very good series. I would like to see that used widely. It was put out by 4-H. There are other things that are very attractively done. I just think we need more of them.

Senator BELLMON. Thank you, Mr. Chairman. Let me get to a kind of a touchy point. You know we in Washington and Congress are frequently accused of trying to impose the heavy hand of the Federal Government in places where we shouldn't bother. We should stay away. But one thing that troubles us is the fact that many schools, in addition to offering breakfasts or lunches, also have soft drink machines and junk food machines sitting around. We were tempted last year when we wrote the child nutrition bill to ban the Coke machines and the junk food machines, then we thought that really is being pushy for the Feds to do something like that, so we wrote a provision that gives the Secretary of Agriculture authority to do so if he chooses. That's sort of passing the buck.

Let me ask a question, Ms. Williams. In your contact with the schools in Vermont, how many of the schools would you say have soft drink machines available to the children?

Ms. WILLIAMS. I don't know.

Senator BELLMON. Would you say half?

Ms. FOLEY. I think probably it is mostly on the high school levels.

Ms. WILLIAMS. Most of the elementary schools, village and middle schools here do not have vending machines. I didn't come from a part of a country where we had a middle school, but those do not generally have the vending machines. It is basically the—

Senator BELLMON. Let's talk about high schools? What percentage of the high schools?

Ms. FOLEY. I would say probably a large percentage of the high schools have at least soda machines. Several years ago this was not allowed. They had to be turned off at lunch period. They could not be in competition with the lunch program. I think our feeling would be that we'd like to see this happen again, that the competitive foods should not be in the lunch room, and if they are, they should be not available at the time of lunch service. I think this would do a lot more for nutrition education and the school lunch program.

Senator BELLMON. Why are those machines allowed to be present? Do the schools rely on them for revenue? Is that part of it?

Ms. FOLEY. Revenue, and I think, demands of the students when you're talking high school age children. I think they figure, from what

we're told, they're going to have it, anyway, why not have it in the school. That's a poor excuse, but—

Ms. WILLIAMS. I think many of the student council use them as a means of raising funds.

Mr. BOYD. In the Montpelier school system they had a policy which followed the USDA previous guideline, where the soft drink machine had to be shut off during meal service time. Recently, they hired a new school administrator in the high school, and he allows it to be on during meal service time, and they experienced approximately 50 percent reduction in milk being taken with the meal.

Senator LEAHY. Give me those percentages again.

Mr. BOYD. It's probably 50 percent. The last time that we went in there to do a review, there were approximately 30 students in the cafeteria in a study hall class at 10:30 in the morning, and you could count at least a dozen cups of Coca-Cola sitting on the tables during the study hall. I think this is something that—in last night's press, there was a list of foods that Assistant Secretary of Agriculture Foreman had come out with that would not be allowed to be served at mealtime, but it did not include these items. I was a little bit disappointed.

Ms. FOLEY. I think that was supposed to be part of Public Law 95-166, which would be helpful to the State agency, at least if we had regulations from that law, which we don't have, which was passed last November in 1977, so that we really, as far as we are concerned, competitive foods have not been defined yet. If they have, it is recent, and we have not received a copy.

Senator BELLMON. You really have to wait for the—

Ms. FOLEY. We have to operate by regulations.

Senator BELLMON. Couldn't you, on your own, if you choose, hand down a mandate saying no soft drinks?

Ms. FOLEY. If that type of thing happened at the State level, we'd have to go before the State board of education to set policy. It would take months. We figure it was going to be in the regulations, which our program operates by, and we're still waiting for regulations.

Senator LEAHY. But it could be done?

Ms. FOLEY. It could be done, we might have some problems, but it could be done, both ways.

Senator BELLMON. Are these vendors of soft drinks, and you say competitive foods—I'll say junk foods—are they so strong that they could overpower a local administrator?

Mr. BOYD. I don't think that's where the pressure's coming from. I think the pressure's coming from the local administrator. I don't think it goes beyond that. I don't think it's a selling point. It's a fund-raising activity for the student body, for the student council or athletic foundation.

Senator BELLMON. You couldn't make money selling orange juice or apple juice.

Mr. BOYD. I think they feel that perhaps these are items that sell the best to the kids. There's no doubt that the kids want them. The desire has to be there in order to have that great participation. It's just the idea of having that there at school during a mealtime. Then you wonder why you have plate waste, and it is because at 10 o'clock in the morning, they're having their Coca-Cola, and at 11:30, they're ready to sit down at the lunch table.

Mr. GRENNON. Some of our school districts indicate to us that they have the food to support—

Senator LEAHY. They have the competitive food.

Mr. GRENNON. Many educational institutions school lunch and school breakfast programs cannot survive solely on Federal reimbursement. I think it is common knowledge that local school districts are finding it more difficult to obtain additional tax dollars on the local level to support local, Federal, or State programs, and more so, our local districts are finding it difficult to get additional funding to support a food service program.

We have experienced that local school districts will go to competitive food in order to obtain additional funds to support their food service program.

Senator BELLMON. Would it be a workable plan if the USDA provided an incentive for schools to take out the soft drink machines and junk food machines?

Mr. GRENNON. I think very definitely.

Senator BELLMON. Make it voluntary, but provide an inducement to do that. Would you like to see that or not?

Ms. FOLEY. That's going to be a difficult thing, because in some cases then you'd be reimbursing above the costs of the meal, and present regulation does not allow for this.

Senator BELLMON. But we have been told that the reason some schools have the machines is because—

Ms. FOLEY. Because they're in financial difficulty. Many of our school districts voluntarily appropriate money for the school lunch program. I think it's kind of mixed all over Vermont as to what the school districts do. Some don't have to put anything in. It depends a lot on the management of the program and the person running it, and the number of free and reduced they've got participating, as far as what they get in reimbursement. I really don't know that giving schools that take out the machines more money, when schools that didn't have it, and still don't have it are finding it rough to make it, would solve the problem. I'd just like to see them, at least not in service at mealtime, and I think this could be done through the Secretary of Agriculture, going back to what the original regulations were.

Senator BELLMON. I think Mr. Boyd's point was the child who has a coke at 10:30 will not be so anxious to have spinach at 11:30, so if you leave the machines open at any time, there is that danger.

Ms. FOLEY. Maybe after school.

Mr. BOYD. After lunch service in the afternoon.

Senator LEAHY. Doesn't it really defeat the basic idea of providing nutrition education in schools, to even have them there at all?

Mr. BOYD. When it comes right down to it, if you can teach the child that he doesn't need what comes out of the vending machine—granted, there are some nutritional foods available, but most of what we find in the schools isn't, if we can teach the child he doesn't need it and we'll solve the problem at that level. We all agree that that is where we should be. We'd like to see it all combined.

Senator LEAHY. I agree with Senator Bellmon about the food within machines and worry about their nutritional value.

Getting back to the cereals, one called King Vitamin is 43.8 percent sugar. More prosaic Shredded Wheat is 1 percent sugar.

Senator BELLMON. Let's not refer to wheat as junk food.

Senator LEAHY. No. That's why I say it's good. I'll be very careful not to, if I go to Oklahoma. The point is that Shredded Wheat, which is basically pure wheat, at most, 1 percent of sugar, doesn't get the glamorous name of King Vitamin, which is 43.8 percent sugar. I must admit, my only personal bias is that the junk foods being in the school. The extent that they're there is diminution of what we want to do to nutritional education.

Ms. FOLEY. It would be very conflicting to start a nutrition education program and have these things so available in the school.

Senator BELLMON. Would you say that again, please?

Ms. FOLEY. It could be a contradiction to get a nutrition education program under way, which we hope to be able to do, and have these things available in the school.

Mr. GRENNON. We would hope that nutrition education would be removed from the school, is basically the effect the nutrition may have on the school administrator. I do have a question of Senator Leahy. The current proposed legislation for mandating school breakfasts, is that mandate properly targeted at needy children in schools where there's only a school lunch program, or is that targeted at only children in all schools.

Senator LEAHY. The proposal is simply the talking point, and that is one of the answers that we're trying to get. One possibility is simply in those areas where there's the school lunch program. How would you want to see the legislation?

Mr. GRENNON. First I must make it clear that the department of education does not support the mandate, but, however, as Ms. Foley has said, we support the legislation on school breakfast. Assuming that we support a mandate, would it be targeted at all the children and not only children involved in the school lunch programs, because that in itself would have an adverse effect on the school lunch program. I don't expect that this would be widespread, but let's refer to the choice of an administrator who's dealing with a tight budget and he identifies that his district is in need of a lunch program but under the new breakfast mandate, he would have to institute both a school lunch and school breakfast program. A district with a school lunch program having financial difficulty may back out of the school lunch program, because if the legislation were to say, if you have a high percent of needy children in your school lunch program, you must have a breakfast program.

Under the mandate, if you have a needy population in school lunch, you must have a school breakfast program which would require more funding at the local level. Strictly from a financial point, not addressing the nutritional value of the legislation, I could see, an effect, on school lunch programs, if the breakfast mandate applies to only schools that have a school lunch program. If it were required for all school districts that meet a certain percentage of needy, regardless if they have that school lunch program or not, one could have simply a breakfast program and not a school lunch program.

I would rather see it targeted at all children and all schools.

Senator LEAHY. I have one question, Ms. Foley, from your statement. The schools can't support a lunch program with reimbursement now. Why is the State's reimbursement approximately 5 cents less than the maximum? The State now reimburses on—

Ms. FOLEY. The maximum reimbursement.

Senator LEAHY. But you're back to reimbursement, about 5 cents less than what the cost of the school lunch program is.

Ms. FOLEY. Right now we give maximum reimbursement, or the cost of preparing the meal as reported on the claims, which is what the regulations read.

Senator LEAHY. Then I was mistaken on that. If you had an ideal situation, how much would you need to administer your program?

Ms. FOLEY. You mean at the State level for State administrative expenses?

Senator LEAHY. Yes.

Ms. FOLEY. We don't have enough this year, and we're definitely not going to have enough next year, unless something is done with the formula. We anticipate with the present staff of five, that are federally funded, four of us and a typist, that the cost next year will be \$101,000.

Senator LEAHY. Do you face, as a small and rural State, particular problems, that there's a certain price you're going to need, no matter what the size of the State is?

Ms. FOLEY. Very definitely, and you also have to take in the rural nature of the State and the ability to get around in the winter months and many other problems that, basically are—

Senator LEAHY. Get around during mud season.

Ms. FOLEY. Basically our office staff is not large. All of our people are field people, except myself and the typist, which leaves a pretty minimal administrative staff at the State level, period, so that we just don't see any relief, unless something is done to the formula for a State such as ours.

Senator BELLMON. I think this is the group that I wanted to ask the question I mentioned earlier. We wrote a child nutrition bill last year. The guidelines are being prepared, and are supposed to be put into effect nationwide at the beginning of the school term this fall. You are all from the Vermont Department of Education. Has your testimony had any input at all into preparing the guidelines for the child nutrition program?

Ms. FOLEY. The child nutrition program, the separate one?

Senator BELLMON. The one that is to be started this fall?

Ms. FOLEY. No.

Senator BELLMON. None of you?

Ms. FOLEY. No.

Senator BELLMON. You have no idea what the guidelines will call for?

Ms. FOLEY. We have the interim phase one regulations for the nutrition education, but that's all.

Senator BELLMON. Are you making plans now for—

Ms. FOLEY. Yes; we are to submit an application for funding; yes.

Senator BELLMON. It seems strange that USDA wouldn't have had some sort of a national compilation of—

Ms. FOLEY. There is something on that point, and that is that even the State staffing standards, which is a recommendation of the Secretary, I don't know of any small State that was represented in designing those State staffing standards earlier. It is the same with the SAE formula. I know State directors that were involved with coming up with that formula, but I don't know many from small States. As a result, small States don't really get too much of a voice, generally, in those kinds of things that are done.

Mr. BOYD. And our other problem, Senator, with the lack of SAE funding this year, we haven't been able to make all the meetings that we'd like to make.

Ms. FOLEY. Just can't get there.

Senator BELLMON. We may have occasion to discuss it when we get back to Washington. Let her know that there's some people that might be able to help us. Miss Williams, you mentioned that USDA nutrition education material leaves something to be desired. Could you bundle up a few examples and send them down to Senator Leahy and myself?

Ms. WILLIAMS. Sure.

Senator BELLMON. We'd like to present this back to the people who are responsible for it.

Ms. WILLIAMS. I have to say, though, when I was at the university, we did use Hatch funds for nutrition education research through the experiment station. We did try to come up with a few alternatives, so maybe with some other people, throughout the country, there's a little more work being done on it.

Senator BELLMON. But there's no reason with the budget USDA has, that they can't do—

Ms. WILLIAMS. No. If you look at their television commercials, even they are very blah compared to Kellogg's. There's no life to them. They have had some that come on Saturday morning which, you know, is really the time to hit the children, the little children, and I would agree with Mrs. Buxton. Really, the action is with the little ones. You have to start when they're young because this is when they begin forming their habits and their eating patterns, and you want to catch them really when they're little, so ideally, you'd like to hit the cartoon hour. You'd like to see something on the TV along with the Electric Company and Sesame Street hour, something in there, those are the times when those children are watching television. They do put pressure on the parents, as I'm sure your wife knows when she goes to the store. How many pleas are there for King Vitamin as opposed to Shredded Wheat or something like that? However, we do need something for the parents as well.

Senator LEAHY. Thank you very much. We may have some additional questions to submit for the record, but will try not to burden you with an awful lot. I appreciate all four of you coming down here today, and, please send on some of those things.

I agree with Senator Bellmon, that adequate money to the USDA should be more to focus their attention a little bit more directly in that area, but so much is still going to come right back to good education.

Ms. WILLIAMS. It really does.

Senator LEAHY. Thank you all very much.

STATEMENTS OF LAWRENCE SEAVY, PRINCIPAL, UNION SCHOOL, MONTPELIER, VT.; FAITH ANGIER, COOK, BRIDPORT ELEMENTARY SCHOOL, BRIDPORT, VT.; PETE KELLEY, JR., CHAIRMAN, FEDERAL POLICY AND LEGISLATION COMMITTEE, AMERICAN ASSOCIATION OF SCHOOL ADMINISTRATORS, BRANDON, VT.

Senator LEAHY. The next panel is involving local administration; Lawrence Seavy, who is the principal of Union School, Montpelier, Vt., the city I was born in, in fact; and Faith Angier, Bridport Elementary School; and Pete Kelley, who is the superintendent of the Rutland Northeast Supervisory Union.

Mr. Kelley, as I understand it, you have a class. Because we're running late here, you'd like to make a statement and leave; is that correct?

Mr. KELLEY. Yes; I would.

Senator LEAHY. I can certainly appreciate that. I would ask that if Senator Bellmon and I have questions subsequently, we'll write you and would really appreciate it if you could answer back, and we'll make it part of the record. Why don't you go ahead.

Mr. KELLEY. Fine. Senator Leahy, Senator Bellmon: I am pleased to have this opportunity to testify in regard to the National Child Nutrition Act of 1978, introduced by Senator Leahy.

School administrators across these United States have long recognized the relationship between good nutrition, healthy minds and healthy bodies. The Federal Policy and Legislation Committee of the American Association of School Administrators as a guide to our office of governmental relations and as a guide to our membership, has adopted the following statement:

We support the concept of the universal availability of the free lunch program and continue to urge full funding of the Federal share, especially in the provision for free and reduced price meals.

As Senator Leahy has pointed out in previous press releases, the availability of free lunches is not universal. Nutritious breakfasts for those children in greater need are even less universally available. This bill represents a major step forward in attaining this goal.

While you have had testimony in regard to the relationship between good nutrition and health and the high correlation between good nutrition and learning, I would like to comment on a situation in a small, rural, economically depressed community of which I am aware. This community had an unusually high incidence of mental retardation in their children. This high incidence had persisted over a prolonged period of time. There seemed to be some indication that there was a strong positive correlation between this retardation and malnutrition of the mother during pregnancy and the child during early infancy. The school seemed to be more subject to the prevailing viruses as they went around. As a result, school attendance was adversely affected. Incidentally, in conjunction with the Vermont Department of Health, we applied for a grant to research and to alleviate this problem of the unusually high incidence of mental retardation and its apparent relationship to malnutrition; however, the program was not funded. In the light of the Golden Fleece awards, one sometimes wonders

where one's priorities are in funding Federal projects. I realize that's not a function of the Senate at this point.

Senator LEAHY. We'll pass the word on to Bill Proxmire.

Mr. KELLEY. In commenting on the bill, I would make the following observations: On page 5, lines 17 through 21, I would applaud the open-ended level of authorization and trust that subsequent appropriations are sufficient to meet the worthy purposes of the legislation. In light of the fact that both of you are members of the Senate Appropriations Committee, this may give me some comfort.

On page 9, line 4, I would treat with care the definition of the word "substantial," which triggers the mandatory provision for a breakfast program. Few school children today have an opportunity to go home for lunch, and, therefore, there has been a fairly ready acceptance of the school lunch program. Provisions for breakfast raises in the school community the notion of impinging upon family lifestyles and obligations. While the need for a nutritious breakfast is unmet to some degree in every community, it can be accommodated in many ways other than through the implementation of a full-blown breakfast program. This is particularly true when the incidence of having breakfast is relatively low. There is a real danger of losing support for the lunch program, if a breakfast program is mandated without evidence of a critical need. I am not saying that it should not be mandated, but in defining the term, "substantially," I think one has to be careful that they don't lose the support which we have spent so long generating for the basic lunch program itself.

Senator LEAHY. I might mention that is one of the things that bothers me the most, and is one of the things I hope to get guidance on in these hearings, both here and Washington and Oklahoma.

Mr. KELLEY. I do favor mandation of a breakfast program, provided one can document a "substantial," whatever that means, need in the particular school system, but I think we have to be careful that we don't lose the support that we have generated for the programs we now have.

On pages 9 and 10, lines 20 through 25 and lines 1 through 15, appear to provide a benefit to schools guaranteeing a free meal and which might be experiencing a declining enrollment without penalizing those schools or school systems with stable or increasing enrollments. I like that provision.

On page 11, line 11, I question the level of appropriation. While I have no feeling for the appropriate authorization level of funds for this purpose, they have been insufficient in the past in this State. The priority and reallocation provisions of this section are well-defined to meet the goals and objectives of the legislation; however, they appear to be cumbersome, as far as implementation is concerned. This is the section that provides funds for capital equipment, allocating one-third of the funds to equipment for systems that do not have a program currently; the second priority, allocating a third of the funds to those systems that have one program but not both programs, and the final third allocated to equipment for those programs that have one food service and not two but which are ongoing in nature.

The need is greatest in our smaller units. I'm sure that you would find the cost per meal of capital and current expenditures to be positively

related to the size of the unit. Units of under 100 students have particularly high costs. Federal funds for purchase of equipment where the programs are ongoing, single-meal programs has been particularly limited. What is the rationale for a one-third-one-third-one-third initial allocation system? A little later on, I'll come back to this higher cost and smaller units.

In regard to the section on income requirements, beginning at page 21, line 19, I feel that the guidelines have been quite generous for the economic climate in our area. It has been a cause for some comment, when children from some families, wherein one or the other parent is professionally employed, and their children become eligible for reduced price meals. This has had a rather detrimental effect upon support for the program. Are or should these guidelines be established on a regional basis reflecting regional economic conditions? On the other hand, when there is a real need, why do we not accept food stamps in lieu of cash for breakfast and lunch programs? Is there not a relationship, perhaps a linkage that can be established between our other programs for helping families with limited incomes and the school nutrition programs? I understand that the General Services Administration has been quite critical of the school lunch program in the area of plate waste. I have not found this to be the case in our schools. If children's tastes are given equal consideration with the nutritional requirements of a lunch, plate waste can be reduced.

Incidentally, I was inclined to ask a local chef and restaurateur to look at our local hot lunch programs with an eye to making them more aesthetically pleasing without greatly increasing costs. By the way, he was interested. I think that the private food service industry could become involved in and interested in our school lunch program.

On page 28, lines 12 and 13, the bill encourages providing a choice to participants. I think this should also tend to reduce plate waste. I am pleased to see the provision of funding for nutrition education programs. The efforts of the Vermont Dairy Council have been mentioned previously. Senator, if you do not have their curricular materials, I would suggest that they would be beneficial to the deliberations of your committee. They are excellent. They provide a sound program of nutrition education. I don't know where they get their funds from to do the research to put together the program, but I think they're to be commended and perhaps supported and encouraged to continue their activities in this area if they qualify.

Interestingly, we have applied for and received a minigrant under the elementary and secondary education act. It provides funds to our school nurse, not only to purchase instructional materials for classroom use, but, interestingly, as we mentioned earlier, student involvement to have students plan a sound nutritious meal, to go out and purchase materials for it and then invite their parents in to eat it. I feel we'll be educating the parents as well as the children through this type of approach. I'm enthusiastic to see this implemented as a pilot in the schools in our system.

Senator LEAHY. I'd be very interested if you could keep me posted as that goes along.

Mr. KELLEY. A couple other unique things. Eight o'clock one morning I was invited to participate in a breakfast put on in the middle of a

snowstorm, outdoors, by our physical education teacher. It was part of a survival training program, but it also taught some nutrition education. The children prepared the fire, cooked on skillets over the open flames, prepared eggs. They provided fried fish which had been caught through the ice and also had some cocoa to go with the meal. It was a very nutritious, well-balanced meal prepared and served under some rather unique but rather interesting kinds of conditions. The children were third graders.

I think that as teachers apply some creative thinking to the problem of teaching meal preparation and sound nutrition, we can generate student enthusiasm.

Another second grade teacher, through use of some materials put out by a cereal company on balanced meals, also invited me to a breakfast prepared in the classroom. In this case, I might add, that by the time we got through plugging in all of the skillets and we blew a few fuses, that the project may have failed from a safety point of view, but it was successful from a nutrition point of view. I think the action is really with teachers and students, and if we can get them excited and interested in teaching about food and good nutrition, we've got the battle won.

I take exception to the maintenance of efforts section as found on page 45 and line 18. Given the present philosophy of the National Child Nutrition Act, it is necessary. However, I would agree with the thinking of the late Senator Humphrey, that we should provide a free lunch for every child in our schools. I believe the goal to be easily attainable from Federal, State, and local funds. Without regard to capital expenditures, financial support for the school lunch programs in the eight-town area which I serve is as follows:

The State and Federal reimbursement represents 47 percent of the cost of the meal, the local governmental support, 14.3 percent, and the parent's support, 38.7 percent through the charges to the students for the meals. Encouragement through a higher rate of Federal support should be given to States and municipalities to pick up the remaining costs of the school lunch program.

Food is a basic necessity of life. I feel that there would be widespread support for providing free nutritious meals for our school-age children as a part of the school's regular program. It should be noted in this regard that the Federal support of meals for senior citizens has been readily accepted.

The need for nutritious meals for our children and youth does not begin on the opening day of school, nor end on the closing day of school. While Federal support of summer food service programs is available, little is being done. A high national priority should be given to providing at least one nutritious meal per day, every day, for all who would not otherwise receive one. Our Nation is certainly sufficiently affluent to meet this basic need.

Thank you.

Senator LEAHY. Before Mr. Kelley leaves, do you have any—

Senator BELLMON. Well, I have only one comment to make. You seem to favor Senator Humphrey's proposal for making the school lunch program free to all children. To me, that program has some appeal also, but there is a cost associated with it. As best we can figure,

nationwide, the cost would be about \$4 billion. Do you think the State of Vermont would be willing to bear part of that cost?

Mr. KELLEY. I would suggest, as I have here, that with an incentive program from the Federal level, that the States would be encouraged to increase their level of support as also might be the case of the local municipal level. In other words, I would suggest that it be an incentive program to encourage the State's and local municipalities to reach that point in time.

Senator BELLMON. Looking at our budget this year, we find that the Federal budget will have a deficit of about \$60 billion; States and localities will have a surplus of about \$30 billion. It seems that the money is out in the States to be used for something like this. When you mentioned an incentive, what would it be, a 50-50 matching arrangement, or what?

Mr. KELLEY. Perhaps to that extent on the remaining balance. If my local data is any indication, you are currently paying about 47 percent currently, and what we're talking about is 38 percent, which is currently being funded by the parents, so I'm talking about picking up that 38 percent with an incentive program, perhaps 50 percent of the cost coming from the Federal level, if the States and municipalities would pick up the difference.

Senator BELLMON. So the way we could structure the State of Vermont program, there would be a lunch and breakfast for every child. The State would pay half the extra cost, and the Feds would pay the other half?

Mr. KELLEY. The State and local municipalities, I think there's support for that. I didn't want to go back to that point about small-size units. In the smallest-size unit that I have, which has 65 students in it, the deficit in their program, which is what was picked up locally last year, was \$5,000, and that figures out to be. I figured it out here somewhere. That was \$83 a student in a year's time, and we have had absolutely no complaints in that community from that level of support. It happens to be the most depressed town of the eight towns I serve, and yet they recognize the need for sound nutrition and have been willing to support it. The local contribution is 50 percent of the total cost of the program.

Senator BELLMON. The other point you mentioned was the good job that Vermont Dairy Council is doing in providing nutrition education materials. We asked Miss Williams, an earlier witness, for examples of the bad materials you get from the USDA. Could you give us examples of the good material you're getting from the Dairy Council and perhaps some other sources? Could you send them to Senator Leahy or me?

Mr. KELLEY. Surely. They are really excellent.

Senator LEAHY. Thank you very much. I know you want to take off.

Mr. KELLEY. And please excuse the ones that will be leaving with me. It is not because of lack of any interest, but they're under some compulsion to go.

Senator LEAHY. Let's go to you, Mr. Seavey. You are the principal in my hometown's Union School. How are you today?

Mr. SEAVEY. Good. I've got all of them in the city, all but St. Mike's.

Senator LEAHY. You have all but what would have been St. Mike's?

MR. SEAVEY. I've got four lunch programs. The reason I'm here is to talk for the Vermont Elementary School principals as a group. Most of us did not get—

SENATOR LEAHY. I should have mentioned this before. A number of people suggested that they can't hear all the witnesses, and, apparently, a couple times haven't been able to hear me, either, so if we'd all speak up.

MR. SEAVEY. Thank you for the opportunity to be here, and I'm representing the Vermont Elementary School principals. This bill came to our attention this week. We have talked a lot about it. We are here to support it. We feel you are doing the right thing. We have talked a lot about nutrition. A lot of other people have covered that. I don't think I have to go into that again. We know what it can do. We want to do it. We think our group—a few people said, well, principals, when it gets to that level, something happens, and administratively takes over, and it does not occur. Well, our group strongly supports it. In fact, I'll send you a resolution that we have. It's not typed. I'll send it to your office, that we'll support it, and we feel we should do it. We feel we can do it, and we'll do it, but we do need some support from you. We have a few things that we're concerned about, a few reservations. We strongly believe in education, the educational aspect, nutrition, the Dairy Council pamphlets that everybody's used. I have 16 teachers in that Union School using those, and they really are great. You can't believe everything you've heard. That aspect is critical, but also, the hot lunch and the breakfast program aspect is critical. We cannot just teach the children. We have to not teach one thing and do another. I really cannot share totally the fellow's position from Bridport that everything is rosy in the hot lunch program. It's not in Montpelier.

The coke machine, by the way, at the high school is going out. There's a parents' group that has worked on that, and that will be gone. In the elementary schools in Montpelier we do have plate waste. We do have some problems. We have checked over what kids will eat or won't eat in our four schools. We have checked over what goes and doesn't go. We have found the faculty being present in the lunchroom. The atmosphere which you mentioned in your bill in the school is critical, all of that, and I think our local areas are really working on it. We have some principals who are against the bill, who were at Montpelier the other day when they heard about it. They're all upset—oh, my God, what are they doing to me, that kind of a feeling, and that's sort of the evolution that principals have gone through.

On the other end of that, all principals who have the breakfast program in Vermont support it strongly. Christine Hutchins from Berlin, she couldn't come, but she's had that program for 3 years in her school and probably it's as good as an example, but the other 22 that have that program feel the same way. They feel strongly about it. They don't want to do without it. The people that have it know it. Some of those who don't know it do get anxious, do get upset. They read the bill; they start thinking about it. This happened the other day. By the time we left our meeting with the State Principals Association, we had a unanimous resolution to bring to you, so the more education,

the better. There is support for it, but there are some reservations. I think Pete brought some of those out real well. We don't like the mandate without support. Instead, we like to make it attractive enough and have some flexibility and some options in that, and I think what Pete mentioned about the incentive-type program is really critical, and I think that we do what, to do what we can do, but I think we have got to have the means to do it. We're not sure that we're home on that. We're not sure that the funding, so forth that has been is really adequate.

In the city of Montpelier, we had to put \$10,000 a year during this last winter in our budget to support the hot lunch program. If I go back there and I strongly want a breakfast program in Montpelier, go back there and say I want a breakfast program to the local board, they're going to say, oh, my God. That's basically the position of our association. I'm happy to answer any questions you have, Senator, in any way that I can help. Our association wants to help you with it. If we can do anything as a group, we're willing to go all the way with you.

Senator LEAHY. Mr. Seavey, I arrived in Burlington from Washington yesterday afternoon, and it was rainy and overcast. A member of my Vermont office handed me a press clipping, telling of your association's support for the bill, and the sun came out immediately, and it was a very nice day. The legislation, as you know, is in the talking stage, and it's there because, within the Senate Agriculture and Nutrition Committee, there is a strong concern about this whole area of nutrition, and it is a concern that has a nonpartisan basis. I mean, it's not a Republican concern or Democrat concern; it's not a regional concern or ecological concern. It's just a very, very real concern. I yield to Senator Bellmon at this point.

Senator BELLMON. Mr. Seavey, I'd like to join Senator Leahy in congratulating you for removing the coke machines, but I'd also like to ask you how you managed to get the parents sufficiently interested so that they would support this kind of a move?

Mr. SEAVEY. The parents, I found in Montpelier I have had no difficulty getting parents interested in, active in concern. They were concerned. It was the parents that did it, not necessarily the administration.

Senator BELLMON. Was this going to deny the school needed income?

Mr. SEAVEY. At the high school, it probably will need income. The coke fund is one of those funds they have used for things that have come up. I doubt that it's going to make a significant—the student council will find another way to do it. We'll have a good food sale and we'll sell Granola bars or something. There are other ways to do it.

Senator BELLMON. You mentioned also that in the school systems you administer there's plate waste?

Mr. SEAVEY. Yes.

Senator BELLMON. Do you allow the students to have a voice in the meal planning?

Mr. SEAVEY. Yes; we have recently. This is the fourth year I have been in the schools, four schools I'm talking about, and we have really, this last 2 years, really worked on how can we adjust this and make it better. We found we have had studies that we have done. We have

taken a 2-months' period, and we have counted them, what do kids eat, what don't they eat. We found a real significant difference in what they'll eat and what they won't, and they really don't have a lot of the commodity foods. I wonder about the decisions that are made on those. Probably they're made for a good reason.

Senator BELLMON. Are the commodity foods the ones that get thrown away?

Mr. SEAVEY. A lot of them; the gravies, the mashed potatoes, the kinds of rice-gravy mixture kinds of thing. What gets eaten is anything kids can pick up with their hands. When you watch them eat, when you take a survey of what they're eating and not eating when kids can pick things up, the popular items at our schools, whether Peter and his group will agree, pizza is very popular, the kinds of sandwiches, cheese-filled sandwiches, fish burgers, kinds of things like that are the things that our students eat, and there's very little plate waste. Gravies, mashed potatoes, there's plate waste.

Senator BELLMON. But when you have allowed the students to have a voice in menu planning, do the students use good judgment so far as planning a nutritious meal is concerned? I would guess that a lot of students might like lots of hamburgers and hot dogs and potato chips.

Mr. SEAVEY. I think, Senator, we're at a state of evolution where we have started with the Dairy Council pamphlets. We're working with kids from second grade up, with fats, carbohydrates, proteins, what they are, what they do, how they help. I think that process and the teachers eating more with the kids and talking about what is good and what is not good has helped. We don't have enough. Whether it's money or administrative planning, could be both, so that we do have a lot of choice within the lunch, so that they have a lot of input into what they have and don't have in the meal planning.

Our meal planning is based a great deal on what is available for commodity foods and what we have, we use, what we have.

Senator BELLMON. Do you prefer to have the value of the foods in money, rather than to have the commodities?

Mr. SEAVEY. I think I could use both. I don't have any strong—I would like more money, and I would like to continue with the commodities. I think we can use the commodities well, and a great deal depends on who your local cook is and what they can do. If you have a good person, they can use those commodities well, and we can do a great deal with them, but I do agree with Pete on the incentive and need for funding.

Senator LEAHY. Let's go back to this \$10 thousand the city has provided. How much does the State provide, do you know, offhand?

Mr. SEAVEY. About 2 cents a meal. It averages out about 2 cents per student per meal. That provides the whole thing for supervision, making sure you have the personnel, equipment, everything you need for that program.

Senator LEAHY. I'd like to hear from Ms. Angier.

Ms. ANGIER. Well, I came here principally because of the breakfast program. There's so few in the State, and to me it is the important meal of the day. We don't find it expensive to operate, and we don't serve those sugar-coated cereals you've been talking about. We stick

to corn flakes, shredded wheat, Special K and Cheerios. Of course, we serve on the requirements that we are required, the 4 ounces of fruit juice, the half pint of milk, cereal or toast, and on Fridays we have our big pancake day. Then we have got cereal, too, each day, either oatmeal or cream of wheat, which are both big cereals, especially with our farm boys.

As you spoke of, you didn't think it was quite as rosy down there as my principal said. I agree with you there in the final department and the meal planning, and that type of thing where he's not quite so involved, it isn't that rosy.

Senator LEAHY. What are some of the problems? Tell us about that, essentially.

Ms. ANGIER. All programs are on a very tight schedule. So far we are able to operate on our reimbursements and the children's payments so that our town has never had to put out any money. I'm not saying that they never will, but it's, it isn't that rosy; it's hard. To go to the plate waste, like you said, the gravy days are not the best days, although our kids are really picking up on that. We've got some real rice eaters now, and when I look in my storeroom, I'm glad of that. Also, our kids are beginning to eat the beans.

To go on to the commodities, I would hate to give up the commodities. We could use more cash, but I really depend an awful lot on those commodities. I think that's what helps keep us going. I don't know what else I can tell you.

Senator LEAHY. Maybe I can ask this question. In making your planning, how does that involve planning a meal? To what extent do others get involved? Is this something you do alone, or do you seek help?

Ms. ANGIER. No; the two girls that work with me, we use the guides by the USDA and our State. We use this together, the three of us. Of course, we don't always come up with exactly the right thing, and, of course, we're closely watched by the State supervisors. We've tried letting the children make menus. We really get some funny ones, and, also, you know right away the teachers that are interested in this by the menu that you get back, but it's really surprising they don't go for all hamburgers and hot dogs and french fries. We've had some problem on this soft drink thing. We don't have the machines, being a small country school. We have never had that, but we did have a lot of cold-lunch children bringing in soft drinks, and Mr. Moerdyk, the first principal we have had that ever got into this just said there can be no soft drinks in the lunchroom at lunchtime. There's milk for sale. That milk is for you, and that's what we expect you to drink. We just haven't had that problem this year. We seldom see a bottle of soft drink around the building.

Senator LEAHY. On a personal level, we went through this whole question in our own home. My wife is a registered nurse and has always been quite interested in nutrition. My own interest has increased since being on this committee, and we were wondering what to do about all the emphasis on soft drinks. We find that kids are used to going and getting a snack and going and getting soft drinks. We've accused our youngest of having a tapeworm; he's always hungry. If you replace the junk food with something good, I don't find any

severe withdrawal pains on the part of the youngster, if that's what is available. If something nutritional is available, their habits are still there. They're going to have something to eat or drink, and they'll take the nutritional item. I really don't think that any of the schools are going to be terribly deprived by taking these dispensers out or as Senator Bellmon said earlier, replace it with something nutritional.

Ms. ANGIER. I don't think so either. We have two teenage boys at home, and we rarely have soft drinks in our refrigerator, but, boy, the milk sure goes and the orange juice, so I don't think it's a problem. If the milk is there or the fruit juice or whatever is there, they're going to drink it.

Senator LEAHY. I have no further questions.

Senator BELLMON. I have no questions.

Senator LEAHY. Thank you for coming down; I appreciate it.

Our next witnesses are Sherry Labelle, Rutland, Vt.; Lynne Labelle, Rutland Vocational School; and Dotty Votier from Worcester, Vt. Why don't we start on my left? Why don't each one of you just give your name, so we'll make sure we have you in the right order here?

**STATEMENTS OF SHERRY LABELLE, RUTLAND, VT.; LYNNE LABELLE, RUTLAND VOCATIONAL SCHOOL; AND DOTTY VOTIER, WORCESTER, VT.**

LYNNE LABELLE. Lynne Labelle.

SHERRY LABELLE. Sherry Labelle.

Ms. VOTIER. And I'm Dotty Votier.

Senator LEAHY. I assume Lynne and Sherry are related?

LYNNE LABELLE. Yes; we're sisters.

Senator LEAHY. Who would like to go first? You're right in the middle. We'll let you go first, or would you prefer if we just asked you questions? Do any one of the three of you wish to make a statement?

LYNNE LABELLE. One thing I'd really like to talk about today is about the meats in our school. Now, I don't know about the other schools, but I know that in our high school, we have a problem with the meat. We don't get enough meat, I don't think. We get, in place of it, we get the cheese for our protein. Like, we have, like, well, spinach and cheese on top, and I don't think we get enough fresh meat, cooked meat, for the program, for the food, for lunch.

Senator LEAHY. Have you mentioned this to the school authorities?

LYNNE LABELLE. No; I haven't. Well, I have talked to a couple teachers about it, but I have never really gotten to talk to anybody else.

Senator LEAHY. Have students encouraged a program involved in setting up the menus?

LYNNE LABELLE. No; but I think they're ready to.

Senator LEAHY. Do you think it would be a good idea?

LYNNE LABELLE. Yes; I really do.

Senator LEAHY. Do you think there would be some good, solid student involvement in that, if that was done?

LYNNE LABELLE. Yes.

Ms. VOTIER. I would like to start off by saying, I am in full favor of the breakfast requirement bill, and I read over different sections of your bill, and the two parts that I am very concerned about are the sections on what nutrition does for the student as opposed to lack of a good breakfast with the sugar content. Taking it from a philosophical standpoint, breakfast, like a donut with maybe a chocolate drink instead of chocolate milk, what that does to his system and how it cuts down, and it is served through the blood-sugar level as it cuts down on his ability to listen, to concentrate, and where a good breakfast that is balanced in carbohydrates and balanced in proteins that maintains a blood-sugar level all day, we'll take the student, bring him to a situation where he can listen all day and learn and be at his optimum of learning, and I think this really is important to the schools and to teachers and you're dealing with trying to teach these children all day long, and if you are dealing with a hungry child or child that maybe has a full stomach but is full on a high-sugar content diet, then you're not, couldn't be able to teach this child, no matter how good the student or how good a teacher, and I think you have in your bill; and the second—

Senator LEAHY. Do you think that word is getting out enough to the teachers generally?

Ms. VOTIER. I don't think so, no. I think maybe it's left to the home ec. teacher. Like my oldest son is in Union-32 and his first class of the day was—I forgot what they call it—I think it's home and living, and one section was learning about nutrition, and she was very good, the teacher teaching about the whole cereals, whole grain, a good-balanced menu, and then he would go down to the lunch line, and it wasn't there for him. He would say, he would come home and say, now I'm being taught this, and this is supposed to be right, and I'm going down the lunch line and that's not what I'm being served, because he's hungry. He eats what's there, even though he knows it is not probably what he should be having, and the second section is, you talked about the nutritional level of food, and I think that that is very important, to have a breakfast program and to serve King Vitamin or Count Chocula or whatever the other things and donuts, a lot of jelly or whatever, that is going to completely defeat the purpose of a breakfast. I think we need a good balance of the high protein and carbohydrates, and I think that in our State, we could probably—you were talking before about the commodities, probably use less from the Federal Government, from the USDA or whoever sends them and rely more on local grocers, because we have a dairy State, and we have fresh good food available to us, probably on a local level and probably that would be less expensive in the long run than buying from you, you know, others, so those are my two main points.

I'm sure there's been enough testimony and enough written about what important nutrition does for people and what good nutrition does for people. There are two psychiatrists in the St. Albans area that are now treating their patients through diets, through high-nutrition diets, and I really think that if there are enough people that are doing this, and we hear about this, that there really is something very, very important behind a high-nutrition diet, and we ought to really take into account that these things are, you know, and implement them on a level for our children.

Senator LEAHY. Thank you.

Ms. VOTIER. Thank you, Mr. Chairman.

Senator BELLMON. Sherry, I see you have a statement there which you haven't read. You may be a little embarrassed. Let me suggest to you, you go ahead, and I want to tell you why. I have three daughters, and I think some of the best advice I have ever gotten has come from them. I remember my middle daughter when she was a senior. I was invited to make the graduation talk at her school, so I asked her what she thought I ought to talk about. She said that I should talk about 3 minutes. You might be able to help us a great deal if you'd go ahead.

SHERRY LABELLE. In our school, the time space to eat, the cafeteria is not big enough because there's still junior high students there when the high school students go in, and we only have like 10 minutes, and we have to wait, either wait for a table to sit at or we have to wait for the food to be made, because there's not enough.

Senator BELLMON. So mealtime isn't any fun?

LYNNE LABELLE. You only get 10 minutes to eat, and I don't get to eat 'til 1. I have my breakfast usually between 6:30 and 7 in the morning. I don't get to eat 'til 1. When I get there, they either fill my plate up too full, because they don't want to throw it away, which I end up throwing half of it away, or I have to wait my 10-minute period that I eat my lunch, usually for them to bring me something, and then by the time I get it, it's too late to eat, and I have to go to my next class, and I don't have lunch.

Senator BELLMON. Why such a long wait and why such a short time?

SHERRY LABELLE. I think because we have the junior high and the high school in the same cafeteria, and they have three lunch periods, and their last lunch period and our first lunch period are combined, and then we have the second lunch period, and I'm in that, and I think it's because of the space, because I think if they could have it all, the junior high together, that way it wouldn't be taking part of our room away, and we could eat earlier with the rest of our school, so we wouldn't have to wait.

Senator BELLMON. Is the food still warm and attractive when you get it?

SHERRY LABELLE. No; not usually. Sometimes it's cold and dried out. We don't get what the rest of the kids get. Sometimes we don't even get a balanced meal.

Senator BELLMON. Is this your problem, too? You're probably in a different class?

LYNNE LABELLE. I'm a junior.

Senator BELLMON. What class are you in, Sherry?

SHERRY LABELLE. Sophomore.

Senator BELLMON. What time does your class get to eat?

SHERRY LABELLE. Twelve.

Senator BELLMON. So you get the first crack?

SHERRY LABELLE. Junior high starts at 11.

Senator BELLMON. So the mealtime runs for almost 3 hours? It must be difficult to keep the food in an appealing condition for 3 hours? You have suggested a larger cafeteria?

LYNNE LABELLE. Yes.

Senator BELLMON. How many children in the school?

LYNNE LABELLE. Junior high and the high school combined must have pretty near 1,000. The junior high, there's more than there is in the high school, but there's really not enough room.

Senator BELLMON. Do you girls get courses in nutrition? You are a junior. Have you had any courses in nutrition in grade school or junior high or high school?

LYNNE LABELLE. Yes.

Senator BELLMON. Are you studying nutrition? Is that one of your—

LYNNE LABELLE. Not right now, no; but I have had in home economics, diet, 2 or 3 years, junior high; grade school and the courses, they were pretty well done.

Senator BELLMON. Are those courses only for students who are majoring in or taking home economics? What about the young men in school? Do they get nutrition education?

LYNNE LABELLE. Yes.

Senator BELLMON. They do, also?

LYNNE LABELLE. Yes.

Senator BELLMON. Have you had any voice or any chance to make a contribution toward the way this lunch program is run or toward the planning of the meals?

LYNNE LABELLE. No; well, I take that back. I guess last year there was quite a few complaints about our food, because our menu, we have the same thing every week on the same day, and you can always guarantee we're going to have that, because I know every day when I go down there, I know Tuesdays we're having macaroni, the same thing every week. There's no variety of food whatsoever, and last year I guess there was quite a few complaints to the principal, and I guess they tried to have a second menu this year, but I don't think that's working out as well as they thought it would.

Senator BELLMON. What do the Members of the Senate do to help besides providing meals?

LYNNE LABELLE. Try to see if we could get better variety, along with the nutrition in our schools, and I think more kids would eat their lunch, too, and a lot of it wouldn't be wasted as much as it has been.

Senator BELLMON. What kinds of foods would you like to see on the menu? Would you like to see hot dogs and pizza?

LYNNE LABELLE. No; I like fresh turkey, sliced turkey or chicken, more fresh foods. We don't have any fresh foods at all, unless you buy them in the cold lunch line. We usually get them canned in syrup with sugar. That's about all.

Senator LEAHY. One last question, Mrs. Votier. I know both you and your husband are interested in what happens down here today. I'm wondering in the school system, how actively such things as PTA's get involved in this whole issue of nutrition if anything is done to encourage parents to get involved in this. Obviously; no matter what is done to schools, some of it should be carrying off into the homes.

Ms. VOTIER. Right. In Worcester, which is outside of Montpelier, we have had a few small programs that have invited people, you

know, the local people to come and listen on different nutrition issues, or people from Bread and Law talk, and, unfortunately, it is the people that already are aware, nutritionally aware, that were there. Unfortunately, we didn't draw the people who should have been drawn. As far as our particular school, Union 32 has a, the food director is very proud of his department and of what he has done, and in order to go in there and make any changes, there would be a lot of opposition, and that is very difficult for us at this point, trying to make changes and do it effectively without making certain people upset or angry, or whatever. I think probably a strong parent group could very easily, I think there are enough that are aware and could very easily work through the schools. My big complaint about the school lunches, and probably if a breakfast program were implemented, that the people working there are not cooks, they are not people that actually take food and prepare food. They are taking prepared food that, already prepared food, like canned turkey, instant potatoes, dehydrated vegetables and merely putting them together, warming them up and serving them, so where you might take a plate that is offered to a child that has, say, mashed potatoes, gravy and turkey that looks fine, it looks like a good dinner, then, indeed, it's not good-tasting, because of the food itself.

I would like to see more real cooks and, therefore, more real food, and I think in the homes now with what percentage I know, it is a majority percentage of homes across the country that both parents were working. How important it is, I think probably the tendency is for parents now, with both parents working, to pick up processed food and serve them in the homes, and maybe a child eating at school, and very often, either for that case, not necessarily a poor child, that doesn't receive the right kind of food, because either he can't get it or lack of education or nutrition that probably the meals served in the school are the only meals, balanced meals that this child will have an opportunity to get, and I do feel it is important, and the schools should become involved with nutrition, and I think, just mainly, if they're looking on the selfish point of view, that these children will be more teachable if they're well fed.

Senator LEAHY. Thank you. Thank you very much, Mrs. Votier and both Sherry and Lynne. I appreciate you all coming over.

**STATEMENTS OF MILES JENSEN, ABNAKI SELF-HELP ASSOCIATION, SWANTON, VT.; VEDA AGONE, RUTLAND OPPORTUNITY COUNCIL; MARILYN NAGY, NUTRITION AIDE, COUNTY EXTENSION SERVICE, BENNINGTON, VT.; AND CHERYL PRATT, ADDISON COUNTY COMMUNITY ACTION, MIDDLEBURY, VT.**

Senator LEAHY. We're going to have the final panel. The next panel will be on issues of school meals legislation. Miles Jensen from the Abnaki Self-Help Association, Swanton, Vt.; Veda Agone, Rutland Opportunity Council; Marilyn Nagy, nutrition aide, County Extension Service, Bennington, Vt.; Cheryl Pratt from the Addison County Community Action, Middlebury, Vt. If you'd come up here, and after we hear from them, we'll hear from Frank Moriarty from

Congressman Jeffords' office. As I have done a number of different times, I have shared hearings, and each time, of course, have invited Congressman Jeffords to sit in, because we work very closely together in such agriculture matters, and I am most appreciative that you'd be making Mr. Moriarty available for that purpose.

Let's go down to each person. We have them in the proper order.

Ms. PRATT. My name is Cheryl Pratt.

Ms. NAGY. I'm Marilyn Nagy, and that is misspelled. It's N-a-g-y.

Ms. AGONE. Veda Agone.

Mr. JENSEN. Miles Jensen.

Senator LEAHY. I would want to hear from each of you, and the topics that I'd like you to talk on, if you can are: expanding breakfast programs, schools with substantial percentages of needy children, defining and expanding percentages of needy children, and if we continue mandating it, what might be an alternative to mandating. These are just some general ideas, but they are some things I'd like to have you keep in mind as you are testifying here today. Why don't we start with Miss Pratt from the Addison County Community Action.

Ms. PRATT. Yes. Let me tell you briefly the kinds of things that our agency is involved with, and maybe you will understand why my point of view is what it is. We are an antipoverty agency funded primarily through grants through the Community Services Administration. We have emergency fuel programs, weather station programs that are federally funded. We also have a local Addison County Community Action group that gets local project money from United Way, from town revenue sharing funds and from donations, and I am very excited about some of the things that our agency is doing in the field of nutrition. The community food nutrition project receives a grant every year to do things related to reducing hunger and malnutrition among low-income people. One of the things, that I am funded half time under that program in Addison County, and I am expected to do a wide variety of things under this grant, one is to monitor the Federal feeding programs, because of times in the past my efforts have primarily centered around monitoring the food stamp program and monitoring the WIC and elderly feeding programs. It's just been recently that I have become aware of the possibility for expanding the breakfast program, and through a special CETA grant, I have a staff person that I have assigned to meeting with area school principals, superintendents and school boards to try and expand the breakfast program in Addison County. I'll talk more about that later.

We also have a gardens project. We're raising about 30,000 vegetable plants in a greenhouse, which we have leased that will be distributed to low-income people, in order to help them raise more of their own gardens. We have a buyer's club for low-income people that is owned by the people themselves. In spite of all the things that we're doing, the families we're working with still are not getting, I'm convinced, enough to eat, and one of the ways to help the families to have more money to devote to the other meals would be to expand the breakfast program, and I am convinced that the only way that this is going to happen in the schools and the areas that need it the most is through a breakfast expansion mandate.

In schools where 25 percent of the children are eligible for free or reduced-price lunches, I really think this is needed. I tell you why. Dick

has met with about 12 areas so far. Of those, one has definitely already started implementing a breakfast program. The town of Lyndon, which is a very small school, started the breakfast program with less than 100 students, I might add. Several school boards have refused to even talk to him, and several others are still deciding. I think one, I think there's a good chance that another school is going to start a breakfast program. We're also going to be working in areas—we have two schools in our county that don't have even a lunch program, and we're going to be working with these schools to try and at least get a breakfast program started, because Greg Boyd, from the department of education, tells us that probably the only piece of equipment that will be needed would be a milk cooler to start breakfast programs in schools where there is no lunch program.

I am concerned about the State's attitude toward the breakfast program. I think that when the State plan has a goal of only increasing participation by five schools, that that certainly leaves something to be desired. I am also concerned, because Vermont's "especially needy" definition, which would make schools eligible for higher rates of reimbursement is much more stringent than it needs to be under the Federal guidelines, as far as I can determine.

I think that the provisions and the new legislation that would strengthen the State plan requirements and give the State additional administrative funds to go along with that are excellent. I think the provision that allocates nonfood assistance money, money for equipment into three parts is very good. I personally think it is very important that we keep some money available to encourage new schools to keep coming into the program. I think that is critical, because we did have one school that was seriously considering coming into the program, and Dick had mentioned the possibility that from time to time there was money available for equipment, and the school went to the State, found out there was no equipment, and although they had voted to institute a breakfast program, as I understand it, they reversed their decision at their next meeting, because of lack of availability of funds for that.

I was very interested in the remarks that one gentleman made about prevention. At one point I was considering being a teacher at the secondary level, and I changed my mind and went into social work instead, because I was convinced that many of the children that I wanted to reach were not reachable by the time I would meet them at this level. They don't stay in school, because they start performing. Their performance may not be as good as other children, and they drop out, and something about our schools is not reaching the children that I wanted to reach. I think the breakfast and the lunch program is one way of helping those children to have an equal chance at succeeding in our school systems.

I was in UVM's school of secondary education, and I completed all the requirements except my student teaching, and I never received any type of nutrition education in that training program, and I think that this is something that we need to look to, requiring teachers to have some knowledge in the area of nutrition, if we're going to do nutrition education in schools.

Someone mentioned the possibility of using food stamps to pay for the lunches, and I find that food stamps already run out long before

the end of the month, even in those families that are receiving free or reduced prices lunches. The 30-day food plan doesn't stretch that far. I also think that the idea of a universal lunch is wonderful, but I would question whether given the political, fiscal realities, whether that is something we ought to consider.

Senator LEAHY. In Washington or in this State?

Ms. PRATT. Both. We had a surplus in Vermont this year in our budget, as I am sure you know. At the same time, we were doing away with some programs that I considered to be critical. One of those is the funding to the general assistance program, and I can see—I would be opposed to asking the States to put up that extra kind of money, because I can see other programs serving as a result that are badly needed. I always wanted to mention about nutrition education and the efforts the extension service makes and the kinds of things that we're doing with nutrition education. They did one pamphlet on food stamps and how to shop well with them, and a group of us met with someone from regional USDA office, and I looked at it. It looked to me pretty difficult reading, and I said, did you talk with any reading person about what level this is written at. No; they hadn't. I spoke with the State WIC people at a WIC town meeting, and they were talking about their nutrition education materials, and I said, who developed these, and they said, well, nutritionists developed them. I said, what reading level are they written at. No one could answer that question. When we design written materials, we have to keep in mind who we're trying to reach, and I also requested whether written materials is a good investment of our money, because many of the people we're trying to reach with nutrition education do not relate well to written material, and it goes in the trash can. The place to do that is early and in the schools, because I think people's eating patterns are pretty well established by the time they get out of school.

Senator LEAHY. I think that's a point well made, and I think it is one that is gathered from the question we have asked up there, and is of some concern to both Senator Bellmon and myself. I don't mean to cut you off on that point, but because of the time limitations, I'm going to move on to the next three panelists and come back to Senator Bellmon for questioning of all four of you.

At this point, as I mentioned earlier, when you get back after testifying, if you think of things that you either forgot to say, or because of testimony you've heard from others or time limitations, may have been cut off from something specific that you'd like to have said, just send that on to us at Box 933 in Montpelier, and it will be made part of the record. I can assure you that I will both read and consider it.

Ms. NAGY. I am a nutrition aide for the Bennington County Extension Service. I have been employed for 5 years, and am starting my 6th year. I work specifically within the EFNEP program, the expanded food and nutrition education program within the extension service, and my job is to work in the field. I visit exclusively low-income families in their homes and deal with a variety of subjects that relate with general nutrition, meal planning, food shopping, food preparation, food safety, sanitation, budgeting, food preservation, and gardening. I also work with youth, and I also cooperate with several agencies and

make referrals, or accept them from a variety of agencies, such as Head Start, social services, food stamp program, and the WIC office. I also feel that this bill should be a mandate. I feel that I have a lot of up-front experience with low-income families in their homes, and I feel that most of what I do is to listen to what my clients' days are like, what their day-to-day schedules are like, and what their problems are. Many of these problems are connected to their financial situations, and food and nutrition is certainly a big problem with low-income people. I am required to fill out a food recall on each family, initially, and then every 6 months to update my files on the families, and it is interesting. One side of this paper is for keeping a 24-hour food recall on the homemaker in the family, and I have found that asking the homemaker what's she's eaten in the last 24 hours, will get an incredible answer, that they don't need me, they're eating great. I have decided that, doing this on my own, from what I see, is much more valuable in finding out where the family's nutrition level is, and more useful in determining where to start my educational program from.

I am the only one in the extension service who does work exclusively with low-income people, and I see many outstanding problems with low-income people directly related to nutrition such as obesity, obese children, as well as obese adults; severe dental problems, children who by age 20 have lost most or all of their teeth, and the rest are waiting to be extracted. This includes not only the nutrition related problems of school-age children, but also the problems of pregnancy-age women, and men. I see children going off to school without breakfast or children who are not sent to school because there are no breakfast foods in the home, or more specifically, not foods at all. These children are without a doubt, the problem children in the classroom, the kids who can't sit down, the kids who are literally bouncing off the walls, the ones who are slapping their next door neighbor and constantly looking for something to keep them busy. Much of this overactivity and poor concentration is due to hunger. These children need a breakfast program as well as a lunch program. These are kids who get those highly advertised, processed sugared cereals that are also served with tablespoons of sugar at the breakfast table, if they have anything at all, so you can add onto that sugar intake percentage there. It is disheartening to see these products continuously advertised on TV. What an education!

Senator LEAHY. Almost to the point where you skip the middleman, just go right to the sugar.

Ms. NAGY. As you said, eating a sugar cube would probably give the same effect. It is interesting that parents of children, interested parents of children who are involved in Head Start or a school-lunch program, where meals are served, first question upon the child's arrival home is, "What did you have for lunch?" or, "What was your snack?" or, "What was your breakfast?" and I see this as a desire on the part of the parents to be informed nutritionally, to find out what schools are serving, so that maybe they can pattern their own meal planning around the school meals.

I feel that nutrition education is of great importance for children as well as adults. I worked in a school in Bennington, Molly Stark School, which is located almost directly across the street from a low-income housing project. I held a 6-week program dealing with general

nutrition information. This was in the second grade. It was with two different second grades, and we prepared food, discussed nutrients, and played food identification games. All of the children were involved in it, and one of the classrooms had 35 children in it, and each one of them was directly involved, helping prepare the food that we ate and participating in the nutrition games we played. They were both morning sessions, and the children who did not get breakfast at home were very willing to state that fact, were also the most eager participants, and the ones who ate up whatever it was that we prepared.

I think that the teachers that were involved in this were very supportive, were very interested in following up on the information and the activities that we were doing. I see a reasonable opening there in the schools, to provide specific nutrition information.

The Dairy Council, I think, has some very good ideas and some versatile materials. I think the USDA has some very bland and very bleak attitudes toward nutrition education.

Senator LEAHY. I think both the Dairy Council and the USDA's publications are going to get closer scrutiny than they would have without these hearings. They're going to be discussed at some length in Washington.

Ms. NAGY. I agree with previous testimony that states that—why hand out printed material. The people who are nonreaders, most of the people that I work with have an incredibly, difficult time with any written material, let alone a book full of printed material, information, recipes and things like that. It just doesn't work. I find myself using those kinds of materials purely as resource materials for myself, and then I, in turn, take whatever information that I find useful and use it in ways that I have found to be effective.

Something that I would like to say about fortified foods is that, fortified foods are fortified with chemicals. Our bodies are designed to process real foods. I'm sure that many health-related problems are aggravated by the body lacking nutrients and bulk that the body needs to function properly.

Senator LEAHY. Another problem with fortified foods is that they usually look the same as, the same as nonfortified, and, at least an argument for nutritional value to be made—they want it, but can the student, the student would not know the difference.

Ms. NAGY. Yes, yes, and key words like enriched or vitamin C fortified, are not always caught by the consumer in the marketplace or the kid who's purchasing that item.

Senator LEAHY. I'm going to stop at that point and go on to Miss Agone from the Rutland Opportunity Council, and I realize, Miss Nagy, that you have more items there, and I beg your indulgence in cutting off at that point, and would ask if there are other specific points, don't hesitate to send them on.

Ms. NAGY. I will. Thank you.

Ms. AGONE. I think this is fairly brief. I think that Cheryl Pratt covered everything that I would like to say and did a good job doing it.

I also work with low-income people. I've been doing that for 3 years, but I have been really interested in nutrition for 6 years. Before that, I thought I knew about nutrition, and my eyes have opened in

the last 6 years to the whole story about whole grains and excessive sugar consumption. I would just like to see the breakfast program mandated, and included in that mandate, a really good way of beginning to teach nutrition education, because we are going to have to work really hard to come back 20 years of Madison Avenue advertising. The average American consumes 128 pounds of sugar a year. It is estimated that many, many elementary children are getting from one-quarter to one-half of all their calorie intake per day from sugar, and that is appalling to me, because they also aren't using whole grains, and to adequately have sugar in one's body, you have to have whole grains, so everything that's been said, and if nutrition education started, I would be very happy to see a mandate with nutrition education included in it.

Senator LEAHY. Mandate not based on income levels but mandate, period?

Ms. AGONE. Yes; because I think everybody needs it.

Senator LEAHY. But nutrition education is still going to be something that may have to be tailored?

Ms. AGONE. Yes.

Senator LEAHY. Depending upon educational level and so forth?

Ms. AGONE. That's right.

Senator LEAHY. Do I understand you correctly on that?

Ms. AGONE. I think you can be very creative with nutrition education and tailoring it.

Mr. JENSEN. I am Miles Jensen. I am a program director for the Abnaki Self-Help Association. I'll limit myself strictly on the need for mandating in breakfast programs. I'd agree I'd like to see it mandated for all schools. I realize the political impossibility of that being accomplished. I think it has to be started somewhere and I think we should start with low income. If the program is not mandated in low-income areas, then the burden of bringing about the increase in school breakfasts is placed upon those organizations and those people with the least capabilities, as far as resources, to bring about this change. We heard testimony earlier from the State representatives, speaking as administrators, they were opposed to the mandate. I'm sure some of that opposition is philosophical. I also think some of that is opposition to what they perceive as increased administrative hassles. Without a mandate, the political pressure that is needed to influence these individuals, is just impossible with the limited resources, that I know my organization and most of the other low-income groups have.

With the other programs we are running, we do not have the time or resources, we don't have that capability. We need a mandate, to insure that people are well fed.

Senator LEAHY. Thank you.

Senator BELLMON. Thank you, very much. I know we're running out of time, so I'll try to be very brief. Mr. Jensen and others have said that they would like to see the breakfast program mandated, and yet we have heard today from the young people who have testified, that the school lunch program leaves a lot to be desired. How can we avoid the problems of the school lunch program if we start a breakfast program? You have heard girls talk about how the lunch lines are

long and foods are unattractive by the time they get it. There's talk about the fact that some of the commodities that are provided end up in the garbage cans.

Ms. PRATT. I think the situation at Bridport—we went out to visit the Bridport school before we decided to advocate the breakfast program to see how it worked, and the process of serving breakfast seems to be a great deal simpler than the process of preparing lunch. I think that you can do a nutritious job of breakfast without having a great deal of problems, as far as keeping things warm. You can serve nutritious cold cereal, juice and toast, and that would eliminate the kinds of problems they were talking about with food being cold and dried out and that kind of thing. It also doesn't take that long to serve the breakfast. It takes less than 5 or 10 minutes, except when they have pancakes. Then it takes longer, and also, the requirement in one bill that there be protein. I think twice a week would be good.

Senator BELLMON. Any other comments? Do the children get tired of having the same breakfast morning after morning? If you had cold cereal and juice and toast, would they keep coming back?

Ms. PRATT. I think so. I think they're hungry.

Ms. AGONE. One thing, we're one of the really small schools, and we have 60 children in a four-room school, and we have a general store at the foot of the hill, and there's always at least 10 children that are heading down there when I'm dropping my kids off at school, to pick up sweets.

Senator BELLMON. For breakfast?

Ms. AGONE. For breakfast, and I know some of the families, and I know that some of them are low income, some of them are not, but that disturbs me greatly. I think that they would probably eat breakfast if it was in the school and their parents would not be giving them a quarter to go to the store. I don't know where they get the money. You could get, put in hard-boiled eggs sometimes as, like twice a week for the protein requirement. I think you could do a breakfast in a short period of time and not have it be too repetitious. I think it is possible, a real possibility. It has to be, because I feed my kids in a really short period of time, and they always eat. Sometimes they complain.

Senator BELLMON. We heard some earlier witnesses express the fear that if schools served breakfast, this would diminish the time families had together and would probably weaken family life.

Ms. NAGY. I don't see that as a factor, really, at all, because I see morning, particularly in low-income families as a very rushed time, as a time when the families are the least together, and I really don't think that that would cut in on the family life. I think it would, instead, add to the solidarity of the family life. It would give something else for the kids to relate to the rest of the family about at the end of the day, a new experience that they could carry over into the family life on weekends. Saturday and Sunday mornings.

Ms. PRATT. I never realized the difference in the family budget that the school lunch program makes until last summer. One mother who had six children and her husband, it's a really struggling family. He's employed part-time, and in Vermont, if you're employed part-time, it's a very tough road ahead, and she said—we started a summer feeding program in the area. She said the kids had been out of school for

a couple weeks before they started coming to our summer feeding program, and she said, Cheryl, you just don't know the difference it makes. I can get supper now. There's enough money in the food budget to eat properly, because that makes, let's see, 6 times 5, 30 meals extra a week that she wouldn't have to prepare for her family, and that left more money in her inadequate food budget to make a good dinner for the family to enjoy together.

Senator LEAHY. I have no further questions.

Senator BELLMON. This is not a question. This is a favor. Twice today people have favorably mentioned the USDA materials. Miss Pratt, you also mentioned the nutrition materials that the low-income families get which are written over their heads.

Ms. PRATT. Yes.

Senator BELLMON. Could you give us examples of those? Could you mail them to us?

Ms. PRATT. I don't know if I—

Senator BELLMON. If you have some, I think it might be helpful.

Senator LEAHY. If anybody comes across some, send them on to us. We're working on a Federal program. We hate to sit there and try to design each point all the way down, because we spend billions of dollars a year on administrators. On the other hand, a part of our whole oversight responsibility is to check periodically what the administrators are doing. It would be interesting to see the programs.

Senator BELLMON. It certainly does bring administrators back to Earth if you can show results.

Senator LEAHY. It focuses their attention, especially before the Appropriations Committee. Thank you very much.

Dr. McKAY, good to see you again. It's been so long since I've seen you last. We're joined here by Senator Bellmon of Oklahoma, who was kind enough to come up to Vermont with me this weekend.

What we'd like you to do is to speak on what you see as benefits to the WIC program. I'm sure you could tell us some of the things that impact the amount of nutrition on child development and physical-mental development and any other thoughts you might have, so why don't we start with you and go to Miss Greenberg and Miss Carr.

**STATEMENTS OF R. J. McKAY, M.D., UNIVERSITY OF VERMONT, SCHOOL OF MEDICINE; BARBARA GREENBERG, WIC NUTRITIONIST, BRATTLEBORO, VT.; AND CHRIS CARR, PUBLIC HEALTH NURSE, BURLINGTON, VT.**

Dr. McKAY. For the record, I'm Dr. R. James McKay. I'm chairman of the department of pediatrics at the University of Vermont, College of Medicine. I'm also senior pediatric consultant to the Vermont State Health Department, past president of the American Academy of Pediatrics, and I'm coeditor of Nelson's Textbook of Pediatrics.

I would like to express my appreciation at seeing both Democrats and Republicans joined together for the welfare of children. I congratulate you gentlemen on this.

Senator LEAHY. I might add to that, that is an area where I don't, I cannot think of one single time in the 3 years that I have had the

privilege of serving with Senator Bellmon, I cannot think of one single time where he has raised any question of partisan politics on these areas of nutrition child care, and I hope that I have not been doing it on my side of the aisle. It's a matter that transcends politics.

Dr. MCKAY. I would like to speak chiefly to the children's part of the WIC program. I think first, that there's no question but that the welfare of the fetus is very importantly linked to maternal nutrition, and we are very concerned about this in pediatrics. We're also concerned about the research which is coming out showing the adverse effects of malnutrition in early childhood on brain growth and development. We think now that malnutrition in fetal life and early childhood has quite a bit to do, at least partly, with educational problems and poor intellectual development at a later date.

As you know, Senator, I not only have my teaching duties, but I conduct a practice in northern Vermont with medical students and house officers. I'm also head of the group of pediatricians which serves the largest number of medicaid patients of anyone in the State, with the possible exception of Dr. Fred Holmes, whom I think you also know. Since the WIC program started, undernutrition has practically disappeared among the population which we serve. We used to see children and infants who came in obviously underfed. We just don't see that anymore; the only cases we see now are children who are underfed because of neglect or abuse arising from other sources. Second, I think that the educational outreach efforts of the WIC program have been very important in getting children into preventive health care. We're certainly seeing in our offices and clinics children who have not previously been seen and who come in through the WIC program. They're sent in by WIC. They're encouraged and educated by WIC to seek out preventive health care, and the way is paved for them by the personnel who work for WIC.

I think that the WIC program should be tied to low income and not to factors such as anemia and evident malnutrition. By the time these are apparent, it may really be too late to prevent damage to the brain, and we think that it is important that we adopt the preventive approach; namely, to keep evident malnutrition or anemia from occurring, and the highest risk group, without question, is the low-income group. I think that the program should be tied to this rather than to evidences of malnutrition.

Last, I would advise not dropping the eligibility age from 5 to 3. Children between 3 and 5 are still at an age where brain growth is occurring, and I think it's important that they have adequate nutrition during this period, and for a certain group of children, I just don't see where it's going to come from, unless it comes from this program.

Senator LEAHY. Doctor, would you expand on that just a tiny bit. You had said earlier that since the advent of the WIC program you haven't seen undernourishment. You may see child neglect or child abuse, which is an entirely different thing, but you haven't seen undernourishment. Let me see if I fully understand what you're saying. If we lowered the age down to 3 years old from 5, we exclude 4 and 5 years old. My understanding of your testimony is that there still is significant development taking place during those 2 years.

Do you feel, based on your own experience, that withdrawing WIC from that, that you are going to begin again to see some of the problems that you saw prior to the WIC program?

Dr. McKAY. I think we'd see undernourished kids between 3 and 5 years of age, or rather 3 and 6, as we don't have kindergartens in many places in Vermont. Finally, although it's in a related matter, I'd like to put in a good word for the idea of school breakfast, as proposed under the Child Nutrition Assistance Act, and I speak on this because I would sort of like to tie it into the WIC program, which I'll do at the end of my comments on this. The idea of school breakfast, I think, is a good one, not only for those children whose families are unable to supply breakfast for them, but for the increasing number of children of working mothers who don't have time or energy to make them breakfast. I would insert a plea, however, that the teachers and educational administrators not carry the load of administration of school nutrition programs. I don't think they should have the load of school lunch programs, which they apparently carry. They work hard on carrying out their educational duties, as it is, and they should be expending all their energies in that direction.

I'd like to suggest that the schools be used as a site for a nutritional program run by a nutritionist rather than by an educational administration, and here is the tie into WIC. I think perhaps WIC, which is a nutritional program, might be the appropriate administration of bureaucracy to be responsible for school lunches and breakfasts. That concludes my testimony.

Senator LEAHY. We'll go next with Barbara Greenberg, WIC nutritionist from Brattleboro, Vt.

Ms. GREENBERG. In our certification of eligibility procedures we have two components. One is the health screen and assessment, and the second is nutrition counseling.

For many of our clients, this health screening is their first real initiation into some type of preventive health care, rather than the usual crisis oriented health care. The WIC assessment involves usually a check on dental care, immunization, social and physical development, prenatal care, the blood iron levels and assurances that the client is tied into an ongoing medical home. Most of the people that we see seem to benefit from this type of encounter, especially since the crisis oriented health care practices do not lay well to asking and having answered the general health concerns of the client.

In addition to answering these general health concerns, referrals are made as appropriate to a wide number of various agencies and groups. One example of the health and referral benefits of WIC is the case of the 12-month-old infant first seen in a WIC clinic with a hematocrit of 20 percent. The child was immediately referred to a physician, placed in a hospital, put on an iron supplement and enrolled in WIC to start receiving high iron foods plus nutrition education for the mother and incorporating iron-rich foods into the infant's diet. When the infant was next seen at a WIC certification visit at 20 months of age, the hematocrit was up to 34.5 percent, which is in the normal range. The nutrition component of WIC is valuable, in not only providing nutritious foods to high-risk individuals, but also in providing the nutritional counseling to fit the needs of the individ-

ual; so that the combination of the WIC foods and related counseling has a maximum health impact on the client. An excellent example of this is the case of a 10-month-old infant with a history of severe milk allergies and frequent hospitalizations. When I saw the infant at 10 months of age, the longest time he had spent at home since birth was 4 continuous weeks. WIC not only provided a very costly milk substitute formula that the family could otherwise not afford, but an extensive nutrition education for the mother in reading nutrition labels to look for milk and milk products so that she would avoid using these foods with the infant. It was last known to me this infant has avoided hospitalization for 3 continuous months.

Aside from the clear benefits of the WIC foods and improving a given individual's diet, nutrition education plays a vital role in laying the foundations to enable the mother to select and use a more highly nutritious assortment of foods for her family, thereby enlarging the impact of food beyond the food distribution program aimed at one individual family member to a more generalized impacting on all family members.

An example of WIC impacting on the entire family is the case of a 4½ year old child that was grossly obese. Through working with the mother to change this youngster's diet, the diet of the entire family changed and the overweight father ended up losing 30 pounds, the two adolescents from 5 to 10 pounds, as well as the weight loss for the 4½ year old.

At the present time we have no hard data to draw conclusions about the effectiveness of WIC in a statistical sense, but comments have been obtained from the nurses and nutritionists throughout the State last week. In the diets of the WIC population there has been a shift in snacks from soda, candy, potato chips to more nutritious snacks of fruits, vegetables and cheese. Improvements in the diet of pregnant women in their second pregnancy who were once enrolled in WIC during a first pregnancy have also been noted, so the education and counseling that they learned with their first pregnancy has carried over to the second pregnancy.

On a whole, I feel that WIC is beneficial, not only in supplying to high-risk individuals, but also in altering food habits and in providing the tools to enable the mother to continue providing nutritious foods for her family long after the WIC foods stop. The effectiveness of WIC will be realized by a decrease in high-risk neonates. The decrease in the—

Senator LEAHY. High-risk what?

Ms. GREENBERG. Neonates, newborns, a decrease in the incidents of anemia, more normal growth patterns and less health problems requiring costly medical interventions.

Senator LEAHY. Thank you very much. Miss Carr?

Ms. CARR. My name is Christine Carr. I'm a public health nurse working in the Burlington office of WIC. In doing that I work with the WIC program 3 days a week, and I work in homes visiting child health patients the other 2 days, and I think it's probably the combination of those two experiences that I would like to share with you.

My job in WIC is to take the information obtained by the Federal representatives, in terms of height and weight and hematocrit infor-

mation, the information brought by the mother from the pediatrician and the information she herself provides in terms of diet interview stuff and try to pull it all together and make some assessment of where the family is at. They may have problems in terms of housing, or, I don't know. We call them system-related problems, problems finding one of the multiple entry points into a system to get some help around specific areas of problems. For other families, it may need spending the entire time doing the new counseling.

From that framework, two things I would like to talk about are the whole area of having a category of people who are automatically eligible to receive WIC foods without needing to find a medical reason.

I don't think there's any way that I can convey to you the amount of frustration which we feel interviewing mothers or fathers who are doing a good job at providing an adequate diet for their families and coming to the conclusion that there's no way for us to keep them on the program, and they say, you mean, I can't keep getting the food because I'm doing too good a job, and we say, yeah, that's the way the program is currently structured. Sometimes, to be quite frank, it means we finagle with them and we work hard to find an answer that they can say no to in order to make the system work for them, instead of against them.

I don't think there's anything more I can say about that, except that I'm sure the experiences of every public health person that you talk to will reaffirm the fact that poverty and poor nutrition and a whole multiplicity of problems are just an inexorable length, and to deny it is to keep your head in the sand and to make fools of us all.

The second point is about the administration's counterproposal to lower the age limit from 5 to 3. I think the time from 3 to 5—they're making some decisions for themselves. I think the whole environment around them that allows them to begin to make some choices for themselves as people is important, and I would like for us to be able to continue to have an impact on that. The difference between when a child begins to open a refrigerator door and grabbing a piece of cheese as opposed to, as Dr. McKay said, in this State we don't have kindergartens, so we would lose kids for 3 years.

Senator LEAHY. Do you agree, from your experience and with Dr. McKay's feelings on the health aspect?

Ms. CARR. Most of the kids have a growth spurt before they enter school. Mothers know that. They'll tell you that even if they didn't put kids in school, they'll have to buy them new clothes because they don't fit. I think from the point of growth spurt and from the point of view that, to provide some teaching both to the mother and the child is really important. I'm not sure that I can say anything more than that.

Senator LEAHY. You have said it very, very well.

I didn't ask Ms. Greenberg whether you felt the same way on this question of lowering the age from 5 to 3. Would you be opposed to that for children on the WIC program?

Ms. GREENBERG. Yes; I would. I counsel a lot of mothers with 3½, 4 year olds, and at that stage of development there's a lot of other things in nutrition going on. It's when a child is striving to be independent and wants to take some control of his or her life, and one

nice way of doing that is through food, so a mother would prepare some food for the child and the child would say, no; I don't want that, and the mother gets frustrated, and a lot of feeding problems can develop at 4 years of age, and these types of problems can last into adulthood, and the mother might become so frustrated to give in and let the child eat whatever it wants, just to get food in, and I think counseling at this age is very important for the mother, to make her realize or become aware of the fact that it is a normal stage for a 4-year-old, just as it was a normal stage for a 2-year-old, and that if she continues to offer nutritious foods to her child, eventually the child will outgrow the picky stage of not wanting certain foods and will start eating right again.

Senator LEAHY. Senator Bellmon?

Senator BELLMON. Thank you, Mr. Chairman.

All three of you seem to be agreed that the eligibility for WIC should be on an income basis only. You are assuming that there's no limit to how much money we have?

Dr. MCKAY. I'm a taxpayer, too, Senator.

Senator BELLMON. If it turns out that there isn't enough to fund a program clear through the 5 years age limit and make every low-income mother and infant eligible, which choice would you make?

Dr. MCKAY. I think the choice would have to be made in favor of the younger children and the pregnant woman, because growth takes place at the most rapid rate during that period.

Senator BELLMON. But a woman who may come from a low-income family, whose physical condition indicates no nutritional inadequacies, I don't see how she benefits from WIC.

Ms. CARR. I would say to look at the impact of that situation on an entire family. I think of families that I visit with fathers working two and three jobs to avoid being on welfare, to avoid that negative stigma and to be able to provide for their families. I see that reflected perhaps in a more adequate diet, but I also see it reflected in terms of increases in family stress as the difficulty of essentially forcing the mother into the role of being a single parent in order for the husband to be able to provide an adequate diet. I think it's impossible for people over a long period of time to be both very poor and well-nourished. It may be possible in spot checks, but I just, the bulk of, I mean, I have only been doing this for 10 years, and that's not a very long time in terms of what I have seen with families, that's not possible to maintain without giving it something else.

Senator BELLMON. As I remember the regulations, WIC is available to nutritionally eligible women up to 195 percent of the poverty level, isn't it?

Ms. CARR. I think so. I have trouble with that number.

Ms. GREENBERG. Yes.

Senator BELLMON. To me that can be a fairly high income, particularly in the rural areas. The poverty level now is around \$6,000, so that puts people up to the almost \$12,000 level.

Ms. CARR. There are people at the lower end of that level who may come in with an OK diet interview and not have any miscarriages or abortions or toxemia with a previous pregnancy. We're seeing people who are having fewer babies, so they're not so lucky to get into the

problems of multiparity with small babies and the complications that are associated with it, but there are people who come in at the low end of that scale who can present perfectly normal, who have a good diet interview, who we can't give food to.

Senator BELLMON. Perhaps there's a way to solve this problem, if there is a problem. That is, maybe the WIC program could be available to all pregnant women or children at the poverty level, and then, based on some nutritional need above that up to the 195 percent.

Ms. CARR. I would offer that condition of compromise that would reflect both.

Dr. MCKAY. If I may speak on this again. I think that this is a point where we should look at what our priorities are, and I think that the first priority should be good health of our children. I think it's going to pay off in later years in a way that nothing else could, and I would suggest that, as I read over the bills, the suggested amount of money is \$850 million; somewhere in that range, and I wonder if it might not be worth it for this purpose, lopping it off the \$190 billion Defense budget.

Senator BELLMON. I know the Defense budget is not \$190 billion.

Senator LEAHY. It's about \$119 billion, but we could also lop it off of education or highways or other things, but it's a problem, and remember, we have a deficit of \$60 billion, so there's a question as to how much more we can do.

I think that the reason we're having these hearings is that whether we're dealing with the Department of Agriculture's budget or whatever, with a multibillion dollar budget, we have to set priorities. I suspect if each one of us will fund fully all the programs that we would like and think are well worthwhile, we would probably have a \$200 billion deficit where the priorities go. You should take some solace in the fact that the whole WIC program has received as much attention in the past several months in our committees as just about any matters. Do you have anything?

Senator BELLMON. Could I ask just one other question, particularly for Ms. Carr. In your experience, how many, I'll say, worthy or needy mothers who should be given WIC are presently not able to get it because of a lack of resources?

Ms. CARR. Because we're not able to make them eligible?

Senator BELLMON. Yes.

Ms. CARR. Vermont has been very lucky in the fact that after the court order to start these funds going a few years ago we had a program all ready established; therefore, Vermont has not had the situation other States have had where there have been a number of people eligible, but only a few of them can get on. Anybody ineligible in the State or Vermont has been able to get onto the program.

Senator LEAHY. Thank you, thank you all very much.

Dr. MCKAY. I might say that I am glad to see you gentlemen paying attention to the matter of the budget deficit. I find sometimes that the House, particularly, is what I could term only as fiscally irresponsible, however, I do think that this type of program deserves a very high priority.

Senator BELLMON. It's difficult to be both socially responsible and fiscally responsible.

Senator LEAHY. I'd like to point out that Senator Bellmon is the senior Republican on the Senate Budget Committee, serves with Senator Muskie in that regard. That committee has been more responsible in trying to put the brakes on, trying to set priorities, than most of us who are on the Appropriations Committee. Senator Bellmon tries to decide where the dollars go within the limits set by the Budget Committee. Thank you very much for coming down.

The next panel includes Ellen Thompson, chief, nutrition services, State Department of Health; Bethany Myrick, interim assistant of the Vermont WIC program; Alan Plumb, who's fiscal manager of the Vermont WIC program; Tom Witwicki, who is the WIC field representative from Barre, Vt.; and Brian Henehan, who is the WIC field representative from St. Johnsbury, Vt. Starting from my left, if you'd just give your names back so the reporter will have them well in mind.

**STATEMENTS OF ELLEN THOMPSON, CHIEF, NUTRITION SERVICES, STATE DEPARTMENT OF HEALTH; BETHANY MYRICK, INTERIM ASSISTANT WIC PROGRAM MANAGER, VERMONT WIC PROGRAM; ALAN PLUMB, FISCAL MANAGER, VERMONT WIC PROGRAM; TOM WITWICKI, WIC FIELD REPRESENTATIVE, BARRE, VT.; AND BRIAN HENEHAN, WIC FIELD REPRESENTATIVE, ST. JOHNSBURY, VT.**

Mr. HENEHAN. Brian Henehan.

Mr. WITWICKI. Tom Witwicki.

Mr. PLUMB. Alan Plumb—excuse me, Senator. I invited a representative from one of our dairies to participate on this panel, also.

Senator LEAHY. Be glad to have him come up, and the name is—

Mr. PLUMB. Rene Lamothe.

Senator LEAHY. Because of the time constraint, not the least of which is the fact that both Senator Bellmon and I have to be in Washington this evening. To be in Washington by early evening, we have to be in Albany by late afternoon to catch the plane. If you have appointed a spokesperson for the group or if not, if each one of you would summarize as well as possible your own statement and let us open up to questions. Why don't we start, Ms. Thompson, with you.

Ms. THOMPSON. Thank you. On April 6, the New England nutritionists presented a position paper on nutrition services in WIC to this committee down in Washington, and my testimony revolves around how that would have impact on Vermont.

Our program has grown by leaps and bounds, and as a result, it has created some inefficiencies in delivering service that I think would be improved by redefining Nutrition Services, to include: Nutrition assessment, data collection, certification prescription of the foods, nutrition education and guidance, referral to other resources and the ongoing monitoring of the care that our people receive, and accompanying that, a realignment of the way funds are allocated to insure that Nutrition Services has a stable funding source.

As it is now, the nutrition education component is the only place where there's any give in the budget. As other costs go up, nutrition

education always seems to lose money. That group suggested that 27 percent of the total project grant be allocated to administration with about 12 percent allocated specifically to nutrition services. I did some calculations for Vermont, and it would appear that that same percentage would be very helpful to the nutrition component in this State.

I also want to add my 2-cents' worth in regard to reducing the age of eligibility. I feel that the ages 3 to 5 are critical in development. Poor nutrition leads to lower attention span so it is much harder to learn, a child in that age has a lot of learning to do before it's ready to attend school. I think it is very important to continue to provide food to these children.

Also, we know food is shared. We try very hard to teach people that the food is intended for the individual on the program, but there's no question that if we eliminate the food for 3- to 5-year-olds, we're cutting food to the younger siblings and to pregnant women. I have some specific recommendations which are printed up.

Senator LEAHY. I'd like that for the record, if I could. Thank you very much.

As I have mentioned, it bears repeating, the fact that you are all here on a Saturday, I appreciate that, and I said this morning that Senator Bellmon and I had arranged to have the nice weather, but somebody told me if they had to spend the day inside, they'd rather it was a rainy day. I doubly appreciate your being here.

Miss Myrick, go ahead and tell us what you'd like.

Ms. MYRICK. I'd like to confine my comments to four general areas. First of all, I support the proposal that eligibility be open for those families whose incomes are below 125 percent of poverty guidelines. I feel it is time that we acknowledge the correlation between low income and undernutrition, and I also feel that it is important, because it will allow programs to provide benefits to families in that income group who are doing a good job, those families who probably, only through a great effort and sacrifice, are able to maintain adequate dietary intake in the health of their family members.

I think that in the interest of being able to provide early intervention and screening, that we need to also continue to require that that income group participate in the clinic or the health screening procedures.

Second, I support the proposal made in S. 2630 and in the administration's bill to establish 195 percent of the poverty guidelines as an income ceiling for eligibility. In Vermont, that would represent an increase in the allowable income for many families. It would allow us to include among our participants, those families who are not eligible for other benefits of health and welfare programs, but who may be in need. I feel that at this income level, too, it is the flexible food budget which suffers first when there are increases in the fixed cost of living—as in heat and in housing. I'd like to ask that there be guidelines established for prioritizing eligibility within those two income categories.

It seems important to me that a pregnant woman whose income falls above 125 percent of poverty guidelines, who may have several eligibility factors, should be eligible to participate before a 4-year-old

child who's automatically eligible because of income, but whose health and dietary intake are adequate.

I, too, do not support the administration's proposal to reduce the eligible age for participation to 3. I feel the years 3 to 5 comprise an important period of growth, and I think we have to acknowledge that at that income level below 195 percent of the poverty guidelines, that all children's health and potential for optimum development may be in jeopardy because of undernutrition.

As a final comment, I would like to encourage that there be adequate administrative operational funding levels, that we be able to provide transportation for participants to the clinics.

There was a survey done in Vermont recently. Of over 200 participants who were terminated for reasons other than ineligibility, 28 percent of those participants couldn't stay on the program because they didn't have transportation to the clinics. I think that our local staffs have done a good job in trying to bring WIC to the people. There are 65 outlying clinic sites, in addition to our office clinic sites which have been established. In spite of the effort that we're making to bring WIC to the people, the percentage of the people for whom transportation is still an impediment to participating in the program remains too high.

Senator LEAHY. Thank you very much, Mr. Plumb?

Mr. PLUMB. For, in the last 2 years, Vermont has had difficulty reacting to certain U.S. Department of Agriculture redistribution of WIC funds. For that reason, I would like to see new legislation include certain recommendations which were contained within the National Advisory Council on Maternal, Infant and Fetal Nutrition in its 1977 annual report. Those recommendations were to insure that funds are distributed on an equitable basis; to insure that no State agency suffer hardship by having its grant reduced if a new formula is adopted or have to wait for other State agencies to catch up, and the third recommendation was that each State agency be guaranteed the minimum amount of funds to operate this program at the previous year's level.

I welcome the constructive tone found in and the flexibility allowed by the Humphrey-Simmons bill. It allows the Secretary the prerogative to make crucial decisions he needs to. It urges cooperation between Federal and State WIC personnel to develop a necessary staffing pattern in order to determine funding necessary for operating and administrative costs.

Vermont has an efficient program structure in that it is a combined State and local agency staffed by State employees. We utilize some extremely burdensome manual systems to collate program data and to order food for recipients. Presently with food packages tailored to meet individual needs, we're finding it difficult to keep administrative costs below 25 percent of food costs. Hopefully, with proposed electronic data systems, and adequate and fixed funding level and 20 percent of those funds for operating costs, we can comply with program regulations and provide some nutrition services. More operating and administrative funds would provide even better services and assure WIC is available to even those in the most rural setting.

The administration's bill allows purchase of medical equipment, which is severely needed at the clinics, but I think, I feel that if the

age limit were reduced, that equipment would be unaffordable, and it would also vastly reduce the potential population eligible in needing WIC.

Senator LEAHY. What you're saying is that on the question of having either the medical equipment or having the 3- to 5-year cutback, you would much prefer they kept it a 5-year level.

Mr. PLUMB. I don't think it's presented as a choice. I would rather see it, yes, if there were a choice, I'd rather see it that way, but I don't think the medical equipment would cost as much as feeding the 3- to 5-year-olds.

I think that we at the State level would be wise to keep you folks, our Congress, at delegations informed of the impact that the department decisions have upon our State WIC programs, and we ask you to assume an active overview role in assuring that this wonderful program applies the maximum benefits.

Senator LEAHY. Mr. Witwicki?

Mr. WITWICKI. My name is Tom Witwicki, and I work as a WIC program representative in the Barre field office. Some of the things that I do include determining financial eligibility and performing the medical screening, height, weight, hematocrit, and also initiating the nutrition screening form that we use.

I'd like to present my views from the prospective of somebody who sees participants everyday. I'd like to talk first about the members of the program in the Barre area and then go on to a couple issues which I think are important.

In the Barre area, we have field clinics; in other words, the clinics aren't in our office, but at outlying temporary field sites, which means that we have to transport all the equipment to these sites. The facilities are usually not very adequate, but we make do.

What I would like to talk about is, as far as issues go, the issue of income eligibility, which, I think, is quite important. I think a lot of people have spoke to it. I'd like to talk about it from the prospective of the participant and what a participant's reaction is to that sort of eligibility determination, and in saying that someone is eligible because of nutritional risk, what we're, in effect, saying. Well, we're making a judgment on their nutritional status. We're making a judgment on their life, in fact, and it is a negative one. In other words, in order to be eligible for the program, in other words, the participant is not doing a good job, so if eligibility were determined on the basis of income strictly, rather than nutritional risk, there wouldn't be any significance attached to eligibility. Someone is eligible simply because they are low income, which, as far as an indicator goes, is probably the best one that we have, as far as the things that I have read.

The other issue I'd like to talk about is not a legislative one; it's a regulatory issue. I think you should be aware of it. That is the issue of hematocrits. Right now under present regulations we are required to do a hematocrit every 6 months and simply, according to a standard medical practice, it is not necessary to do every 6 months. The hematocrit is usually performed under very trying conditions, so it is, it is often traumatic for the child to go through it, and it simply isn't necessary, so I would urge that that regulation be changed.

Senator LEAHY. Mr. Henehan?

Mr. HENEHAN. My name is Brian Henehan. I work in the northland of the State, the tri-county area that is known as the Northeast Kingdom. I'd like to talk just a little bit about some of the situations I see and some of the ways I've seen WIC benefit since I've been working for WIC for 3 years.

The area I work in is suffering from a real severe erosion of the farm economy. The figures are pretty dismal. I would just like to mention a few and then get on. I work in Caledonia County. There are two towns in Caledonia County that have per capita incomes of \$1,700 annually; that's standard, and \$1,900 annually in another town. These are 1976 State tax department figures. The town of Newark has the lowest median income in the State at \$7,100.

Senator BELLMON. Is that per capita?

Mr. HENEHAN. I switched here to median. The first two were per capita. Newark, which is a town that our office serves, has a median.

Senator LEAHY. A median family income?

Mr. HENEHAN. Yes, of \$3,100. As they say, the traditional source of income, the farm, is having problems. A University of Vermont study estimates the total number of dairy farms in the Northeast Kingdom has dwindled in the past 20 years from 2,436 to 826, about a third.

With the costs of electricity, heat, clothing, transportation, and food skyrocketing, it doesn't take too much figuring to see that these people are having a hard time putting food on the table. What WIC really does is put food on the table for a specific population that, as we have heard today, is very critical, that they do have these high-quality foods, and this is also why we see families first before other agencies. The appeal of WIC is very basic. It's food on the table, as I've said, and this is, the important spinoffs of this are that we can refer people with a range of problems to other agencies and also give nutritional advice in education.

The two issues I would like to address concerning the proposed legislation is (1) the eligibility factors. I'd like to make a point of information exactly how we determine eligibility right now. We use income. We also use a nutritional assessment so someone can be below the income guidelines, but not necessarily apply for the program. What I feel is that if we adopted an eligibility factor for income only, it would allow us to put people on the program immediately and then go about the business of helping that family through nutrition education or through referrals. It also would start that, the food deliveries, so we would have the, the family would have the foods to work with, which is really important in nutrition education. If the families don't have the foods, it's very hard to present theoretical situations.

The other issue I would like to talk about is the age of our target population. I think we should include the 3 to 5-year olds. Possibly the administration is looking towards a duplication with a Head Start program but in the rural area where I work, the Head Start program is very hard to organize. A small portion of our case load participates in it, and I think we should include the 5-year olds, up to 5, I mean. I guess that's all I have to say.

Senator LEAHY. Thank you.

Mr. LAMOTHE. My name is Rene Lamothe. I'm general manager of Maple Farms division of Weeks Dairy in Concord, N.H. I think Alan primarily asked me to come down here to perhaps fill you in or be available for questions relative to what happens to these commodities when they're turned over to a person like myself for distribution to the individuals. We're presently providing 861 individuals in southern Vermont, from 561 families with the basic nutrients of the WIC program. I watch very little TV, but I watch it often enough to be a little bit upset with some of the abuses in various welfare systems in the country; however, I'm very impressed with this program, because I really feel that the people who are deserving and who need these commodities are, in fact, receiving them when they need them, and per capita investment for the benefits derived are well worth continuing the program.

Being in the dairy business, I am very aware of schedules, getting milk out of the cow and to the consumer. I will be brief.

Senator BELLMON. Let me also be brief, Mr. Chairman. Would any of you tell us what is in a typical WIC package?

Mr. HENEHAN. Varies from age group and specific needs; in other words, we do a diet interview if the child's overweight, which is a nutritional problem. We cut down on the food. Basically, it's 28 quarts of milk, monthly; 8 quarts of juice, orange juice or grapefruit; 2½ dozen eggs and cereals, either cold or hot cereals, anywhere from one to three boxes, depending on the age, nutritional need, and then for the infant population we would have infant formula and infant cereal.

Mr. LAMOTHE. I might add that they can trade units of milk off for units of cheese, which is known to be one of the highest sources of protein in the diet.

Senator BELLMON. Are these fortified with iron or vitamins or anything like this?

Ms. THOMPSON. The cereals are selected based on regulation. They're all high-iron sources, and the infant cereal and infant formula are also fortified with iron.

Senator BELLMON. What is the current cost of one of these packages, about?

Mr. PLUMB. The adult package is currently \$22.50. The infant package is \$16.30.

Senator BELLMON. That includes the delivery?

Mr. PLUMB. It does.

Mr. HENEHAN. If a participant bought that in the store, it would be substantially higher.

Mr. PLUMB. I feel that the adult package would be comparable, but the infant package would be a good deal higher. We purchase our infant formula in bulk, distribute it through the dairies.

Ms. THOMPSON. The cost of the food package being \$22.50 a month, it works out to, what, in 8 months for a pregnant woman to receive the food. Intensive care nursery costs in Vermont are about \$800 a day, so if we keep one child out of the intensive care nursery, we've done very well.

Senator BELLMON. Do different vendors bid on the right to supply these foods?

Mr. PLUMB. They do, but we have never turned down a vendor who has offered home delivery services, and we believe the competition gives us a much better service deal.

Senator BELLMON. Do you think it is better to go this route than to simply provide a higher welfare check or something like this? It's been suggested, as you've heard, that the WIC program be made available to all pregnant women and infants in the low-income brackets. Could we just as well give the woman another \$200? Do you think she'd do as good a job choosing the food?

Ms. THOMPSON. I think we have a better control on knowing the high-quality foods are being used. Our educational efforts would be a lot more expensive and more time-consuming, I think, if we had to educate in regard to the entire marketplace. We're trying that, but—

Mr. HENEHAN. I would feel in the rural areas that I work in, it is a benefit to have the home-delivery system.

Senator BELLMON. How often? I mean, 20 quarts of milk obviously won't keep a whole month. How often is the milk delivered?

Mr. PLUMB. Usually on a weekly basis.

Senator BELLMON. That would seem to be fairly expensive, particularly in a rural area, to get someone to deliver seven quarts of milk.

Mr. PLUMB. We do a lot of business with the dairies, so it keeps the price down.

Mr. LAMOTHE. Some areas where distances are too great, we usually make arrangements with a participant who lives in the area, and will either drop ship enough for several families in that area, or they'll pick it up in our plant and distribute it in the rural area, for which they're paid a small commission.

Senator BELLMON. The milk is fresh milk?

Mr. LAMOTHE. Yes, sir.

Senator BELLMON. No powdered milk is accepted?

Mr. LAMOTHE. No, sir.

Senator BELLMON. What about a family that may not have refrigeration?

Mr. PLUMB. I'm not sure that the need has been identified. If it were, I'm sure that we would stock some powdered milk for those situations.

Senator LEAHY. If the child—I forgot the technical term—had to go to an alternative feeding formula of some sort, but a very expensive one, which was provided through WIC—we're talking about \$22.50 for adults, \$16.30 for infants—do you have the flexibility to design a special diet?

Mr. PLUMB. We do provide the special formulas within the regulations, those that meet the specifications of the regulations.

Senator LEAHY. And those particular instances would add to the cost?

Mr. PLUMB. They would.

Senator LEAHY. Is there also—

Mr. PLUMB. But they're included in that average.

Senator LEAHY. Is there also one built to provide a special diet for the adult, for the mother?

Ms. THOMPSON. No; not really.

Senator LEAHY. Miss Myrick, I spoke of the 125 percent of the poverty level. I have asked this question a number of times of different witnesses in Washington, because one of the hearings the subcommittee had in Washington, there was testimony from a doctor who said that a survey of WIC recipients showed that the most nutritional "need"—I emphasize the word, maybe those just above the 125 percent of the poverty level. His feeling was that this was due to the fact that those below the 125 percent level were receiving assistance from other programs such as food stamps. Those above that level were not receiving such assistance. I hope I'm restating his position correctly. Do you have any feelings about a statement like that?

Ms. MYRICK. I would be inclined to agree with him. That is one of the reasons that I am particularly happy to see the income guidelines increased, in terms of a 195 percent pay proposed at the ceiling. It is my opinion that it is often working people who have the least resources and who may be most at risk, but that is not to deny that it is a major struggle for the very poor, below the 125 percent, to just stay alive.

Senator LEAHY. Say it again, that last—

Ms. MYRICK. I am inclined to agree that there are more support systems available for the very poor, but I am not sure that those are adequate.

Senator LEAHY. Here in Vermont we have been fortunate. We haven't had to make the choices that a lot of States have to make on the question of eligibility. Given the choice, however, assuming that we have to give priority to some eligible recipients over other eligible recipients, how do you make the determination? That is an issue that's got to be faced if there are budget restrictions around the country.

Ms. MYRICK. From my view, it is important that we have some guidelines to determine who will be eligible first. Given a person who is over 125 percent and the person who is below that, I would like to acknowledge that those very poor should be automatically eligible, but I would also like to assure that a very high-risk pregnant woman, who is a member of the working poor, would also have a slot on the program. I believe that she should be given a slot before a 4-year-old child whose family is below the 125 percent guidelines but who may not have any medical problems and who may not be our most important target group.

Senator LEAHY. I realize that you don't want to be put in a position of choosing between the two, but both would feel like both were able to get in it, but I appreciate the candor of your response.

Senator BELLMON. Just one other question, Mr. Chairman. I believe that Mr. Witwicki mentioned the nutrition screening forms. Could you describe those forms, what kind of information you obtained from them?

Mr. WITWICKI. Our office has used two kinds of forms.

Senator BELLMON. First, are these sent down to you by the USDA, or do you develop your own?

Mr. WITWICKI. No. These are developed by the State. We have used two types. We have used a 24-hour diet recall screening form, and most recently we are now using a food frequency type of assessment, which is self-administered. It is filled out by the participant himself. That asks basically what foods and how often.

Senator BELLMON. Could you supply us with copies of the forms?

Mr. WITWICKI. I could.\*

Senator LEAHY. Just send a copy to Box 933 in Montpelier.

Senator BELLMON. What happens when the applicant fills out the form? Is there a medical test made? Does the woman go to a doctor to discover whether or not these nutritionally—

Mr. WITWICKI. Are you talking about the nutritional assessment form?

Senator BELLMON. Yes.

Mr. WITWICKI. No. That form is looked at either by the public health nurse or the nutritionist, whoever is doing the, and they would make the assessment from that.

Senator BELLMON. There's no testing of blood serum or anything like that?

Mr. WITWICKI. Yes; right. There's a hematocrit test.

Senator BELLMON. What kind of a test?

Mr. WITWICKI. Hematocrit. It's a test for anemia. That's done as part of our medical screening.

Senator BELLMON. It is necessary that a person show symptoms of anemia to be eligible?

Mr. WITWICKI. Well, as far as reasons for eligibility, if a person is considered in a below-normal range, yes, they would be considered eligible for the program.

Senator BELLMON. Assuming they're not in that range?

Mr. WITWICKI. Then there might be other factors which might make them eligible.

Senator BELLMON. What are some of those factors?

Mr. WITWICKI. A deficiency of some food groups in their diet. If they have less than three servings of milk a day, if they have less than four servings of grain per day, they would be eligible for the program.

Senator BELLMON. Suppose a woman prefers to drink beer to milk, what do you do then?

Ms. THOMPSON. Her infant is at risk. We have many eligibility factors. We can supply you with a list of all of those. They include underweight, poor growth patterns, as well as inadequate diet.

Senator BELLMON. You aren't going to have us wake up in Congress with Jack Anderson writing a column saying that the women come in wearing their minks and driving their Cadillacs and carrying off WIC packages?

Ms. THOMPSON. Not in Vermont, I don't think so. It could happen. We're trying hard—

Senator BELLMON. You know it's very embarrassing for those of us who make those programs to find out that they're sometimes carelessly administered. It puts the whole thing in jeopardy. You think you're good enough, that only those who genuinely need the help are getting it. You all agree?

Mr. HENEHAN. No. 1, for pregnant women they have to see a doctor to confirm their pregnancy and two, to add any recommendations from that doctor, because the doctor's going to be more familiar with that woman's situation. We also do a height and weight measurement as

\*See pp. 138-147.

part of the screening process, and each participant would see a public health nurse or nutritionist who would add more objective judgments and assess the situation, so, I mean, there is quite a bit of screening that goes on.

Senator BELLMON. The filling out then of the food recall form is only a part of it? There's medical opinions expressed?

Ms. MYRICK. It is a public health nurse who makes a decision about a person's eligibility.

Senator BELLMON. A lot of redtape. Do you think it's too much?

Mr. PLUMB. Too much paper.

Mr. WITWICKI. I would like to say that that sometimes stands in the way of that contact of the public health nurse and the participant.

Senator BELLMON. How many pages of forms would a public health nurse need to fill out for one WIC applicant?

Mr. WITWICKI. Counting now, there are five pieces of paper for each participant that accumulate at every visit.

Senator LEAHY. At every visit?

Mr. WITWICKI. Some are, but most have to be repeated.

Ms. MYRICK. One of the problems that we feel we have about paper, is that we're required to retain information for 3 years in our file. As our certification procedure becomes more refined and complete, it becomes burdening, to have to save all that paper.

Mr. PLUMB. The forms have been improved, and we can reuse some of them, the application. A couple of others have to be filled out each time.

Senator BELLMON. Five pages each time the applicant comes in? They come in once a month?

Ms. THOMPSON. Once every 6 months.

Mr. WITWICKI. Would you like to see copies of those as well?

Senator LEAHY. That's all. Thank you very, very much.

I have decided that the Bread and Law Task Force have been extremely helpful to my office in setting up these hearings and also state as a Vermonter, I am well aware of the work that they have done right from the beginning. I recall when the Bread and Law Task Force was first set up in issues we have been discussing here today; also, Ann Flanders, the public health nurse, Barre, Vt.; Flora Mason, Vermont Low Income Advocacy Council, Bennington, Vt.

Mr. Ryersbach, why don't we start with you?

**STATEMENTS OF PETER RYERSBACH, DIRECTOR, BREAD AND LAW TASK FORCE, MONTPELIER, VT.; ANN FLANDERS, PUBLIC HEALTH NURSE, BARRE, VT.; AND FLORA MASON, VERMONT LOW INCOME ADVOCACY COUNCIL, BENNINGTON, VT.**

Mr. RYERSBACH. Thank you. I'd like to thank both of you for having such an interest in the child nutrition programs, all of them, to take time out to come to Vermont. That is not done very often, and in our work, as we tried to organize this committee, we impressed upon people the rare opportunity they have to come address both of you. Before I get into Vermont's problem, I would like to address the national need for the WIC program.

In February of 1978 there were 1.124 million participants in the WIC program. According to a USDA statistic, there are approximately 8.3 million potential pregnant or post-partum women, breast-feeding women, and infants at the age of 5 years old below 200 percent of the poverty guideline.

Senator BELLMON. Give us those figures again.

Mr. RYERSBACH. As of February, 1978, 1.124 million participants in the WIC program, a 1978 statistic, but USDA is 8.3 million potential participants below 200 percent of the poverty level. Now, that doesn't mean they would meet the nutritional requirements or the medical requirements, but they are potential, plus a 3.1 or, for an aid, down 3.1 eligible WIC recipients below poverty, not 1.5 below poverty line. Another thing is that Vermont is only one of seven States in the Nation that have a statewide WIC program. Georgia is one of those States, has a 159 counties, has 40,000 participants, yet the WIC Georgia officials think they are reaching approximately a quarter of the population they should be reaching. I think this should indicate their needs to be an expansion of the WIC program. I'm hoping it indicates that. I think the administration realizes the national need, but I think they have a rather strange way of expanding the program. It seems that the way they would like to do it is to reduce the base that you start from, reduce the 3.1 million by eliminating part of the population that is eligible for the program; specifically, 3- or 4-year-olds.

There was recently, I guess, around 3 or 4 weeks ago, a survey done in Wisconsin on 1,000 3- and 4-year-olds, and the survey was those people on the WIC program, why they were on the WIC program. Those 3- and 4-year-olds, they found that 50 percent had inadequate dietary patterns. Thirty percent were anemic; 30 percent had inadequate growth pattern; and another 5 percent had abnormalities, and those are the reasons that these 3- and 4-year-olds were on the WIC program. I think it is also important to remember that WIC is a preventive health program, and it seems to draw people, poor people in the Nation into our health delivery systems where they haven't been before.

In 1976, the Urban Institute did a study and found out that as a result of the WIC program there was a dramatic increase of 3- and 4-year-olds who were immunized. To me, it seems inconsistent to take the 3- and 4-year-olds, I think, off the program. I can't go along with the administration's plan on that. Many advocates that I know of would like to see the program go to 6- or 7-year-olds, if in their area they don't have kindergarten or a first grade. Where a kid that doesn't go into first grade until he's 7 year old, the argument is that once a child gets into school, he'll continue with the same benefits that he has on WIC. He'll continue hopefully with good nutrition and either a breakfast or a lunch program or both that he should be getting nutrition education, and he'll continue or she will continue with health screening from a school nurse, and I think, again, it is difficult to do the level of spending of WIC. It is a preventive program. My feeling is that money spent here is going to save billions of dollars in the future in health problems elsewhere, but even more important, it is going to produce millions of more productive and healthful lives in future generations. Presently the WIC program is spending \$445 million this year, and that is because of the reappropriations of funds to expand the

WIC program to meet the national need. To retain 3- and 4-year-olds on the program, I don't think that the \$535 million that the administration wants for fiscal year 1979 is sufficient, and I fully support the amount of money in the Humphrey-McGovern bill, which is \$650 million for fiscal year 1979, bringing it more to Vermont on eligibility, on income alone.

In our office we deal with many different food programs that effect Vermont low-income people. Food stamps is one of them. When we work with a person, we usually try to see if there isn't another program such as the school meals program or WIC program that they can also fit into. We have found that with all of the people that we have helped with food stamp eligibility, and they were either pregnant or post-partum or had infants, all of them were eligible for WIC. We have found some who are on WIC are eligible for food stamps, but would not accept food stamps, because they have to go to the department of social welfare office to receive them. They see it as welfare. They have too much pride and they won't do it. They see WIC as a health program and, therefore, they, it's well accepted, and they do participate in the program. I see that a lot of people below a 125 percent of the poverty guideline would benefit tremendously from being added to the WIC program, just on income alone.

I think my final point is maybe not so crucial to everybody else here, but it is to me, and that is, to put a limit on the time when USDA must write the regulations for the WIC program, once the bill has been signed into law. I think we know from the nutritional bill that was done, the educational nutritional bill, and we know from food stamps that USDA does not always work in the most expedient manner. I have a lot of friends that are on the regional level of USDA, and I sympathize with them, but I don't think it's a crucial 90-day limit that USDA must write regulations in the bill and that, I believe, is also in the Humphrey-McGovern bill. Thank you.

Senator LEAHY. Mrs. Flanders?

Mrs. FLANDERS. I would like to say to that, I would like to have the only qualification to be on the program, the income eligibility, and for all the various reasons that have been previously mentioned. I think it is somewhat difficult to determine nutritional risk as one of their qualifications, and I think that this country should adequately supply basic foods for the majority of women and children of those. I am supporting the 195 percent eligibility. I feel that not only poor women, but middle-income women need help with the nutritional education that is given, and I think that the emphasis of the program should be on nutritional education. The poor people watch TV, and the amount of junk food that is advertised on TV is something that, in my estimation, is appalling, and when you provide those good basic foods that this program employs—I've lost track of the number of mothers who say that the children now go to the refrigerator and help themselves to cheese, which they would never in the world be able to afford if it weren't for the program.

Even at that, if the participants do select to take cheese, for a pound of cheese, they forfeit 3 quarts of milk, if I'm not mistaken about that. In the store yesterday I just looked through to come up with a food package, because I didn't have this \$22.50 at my

fingertips, but 7 quarts of milk a week costs \$7.01. If you take away 3 quarts of that, that's, you know, that's like half the milk to supply a pound of cheese, but a pound of cheese costs, 4 pounds of cheese yesterday costs me \$6.99, and so the cheese substitute for a week is \$1.74, so actually they're coming up with a difference in their amount of dollars and cents they're getting, substituting milk and cheese. I just think that the main emphasis of the program should be on this education, as far as good foods are concerned, and I just think that it is a tremendous program for that alone, and I think more people should be eligible, not less, and I doubt that at, even at a 195 percent, that there would be too many people driving Cadillacs.

Senator LEAHY. Thank you. Miss Flanders is a public health nurse in Barre, Vt. That is the town my father was born in and my grandfather, for that matter.

Next witness is Flora Mason, Vermont Low Income Advocacy Council, Bennington, Vt.

Ms. MASON. I want to say that I think a 125 percent poverty for the WIC program on income alone is very important to keep that. People keep saying give checks to people instead of giving them WIC, but they forget a lot, that the people on WIC are not all welfare recipients. They are some of the working poor who are not even making it with the WIC program. If you cut the 3- and 4-year-olds off the program, you're possibly cutting two children out of a family, and you're just taking the milk away from the 1- to 3-year-old, because any mother is not going to give milk to the 2-year-old and not the others in the family. I've seen this happening in Bennington quite a lot, that when the younger child, 5-year-old or 4-year-old, is getting the milk, that the 3-year-old would get it, too, because they just could not give to one and not the other.

Senator LEAHY. I couldn't agree with you more. No parent could do that.

Ms. MASON. Also, in Bennington, before the WIC program came into effect, we had quite a few children dying from malnutrition because the parents were working parents, and they just could not make it on their income, and they would not go and ask for welfare help, so their children, some of them die because of the malnutrition, and some were taken away to foster homes, which is another expense to the to everyone. I keep hearing this about people with Cadillacs picking up WIC. Well, being low income, I know that the bigger cars are a lot cheaper and possibly there's somebody picking up the WIC program food with Cadillacs, but I wish people would see what year the Cadillac is they're driving.

Senator LEAHY. I think the point we're making is that we just wanted to make sure that WIC, which is a program that's got a great deal of support within that committee, did not fall into some of the problems that some other programs that have been given support to have fallen into, because those are the kinds of things that destroy the program quicker than anything else. I think we're suggesting how unfortunate it may be to such a program.

Ms. FLANDERS. In defense of poor people, if they have an income, say of \$5,800 or \$5,512, if they earn \$2.65 an hour, if they have to pay a \$120 per month for their rent, that amounts to \$1,448 a year. If they

pay \$40 a week for food, that amounts to \$2,080, and so they have \$2,280 for everything else, OK. They're never going to be able to afford a home like you and I have, so in Vermont, at least, they might have a snowmobile, because that's something that they could purchase. That's their big pleasure thing. I have some black friends, and my black friends drive a better and more expensive and bigger car than I do, but the black people also don't have the chance to have the kind of home I do and live where I live in the beautiful Vermont hillsides, so that is the reason of poor people splurging for some one thing, even if it's a second-hand Cadillac or a snowmobile machine standing in their yard. I go into really poor, poor homes, and you'd be appalled to walk in the door; I am, and yet they'll have a snowmobile in their yard, so that's kind of a sign as to why poor people have more of an elaborate TV, or snowmachine, which I wouldn't buy even though I benefit occasionally getting up my back road, instead of walking. That's in defense of why poor people do those kinds of things.

Senator BELLMON. Let me ask a couple of questions. When you talk about going to an income only eligibility system, what level of income are you thinking about, Miss Flanders?

Ms. FLANDERS. I was thinking of the highest level of income that is provided in the Humphrey-McGovern bill, which is a 195 percent parity, I think.

Senator BELLMON. Do you think any woman, regardless of her nutritional condition, should be eligible up to a 195 percent of the poverty?

Ms. FLANDERS. Yes; I do. My reasons for that are a little different. My reasons for that, other than medical need, are because I think medically, America is really feeling pushed and pinched, and they do not, that higher level doesn't have the benefit of things like the medicaid program or food stamps, and I think to ask a public health nurse to sit across from a woman and counsel her and say you cannot be on the program because I can't find anything, you know, maybe so she's the upper limit of whatever you'd establish, and you can't, by even severe juggling, find out any reason to put them on, as far as medical reasons are concerned. It's going to be extremely difficult for those of us who have to look them in the eye and say, you cannot be on the program, when they know that a few dollars less income would provide them with that food and medical aid. I feel, to protest against the benefits of the poorer American, and it seems to me that it is time we did something for middle America.

Senator BELLMON. Mr. Ryersbach has given us figures. There are now about one and a quarter million participants in WIC, that there are 8.3 million potentially eligible, because their incomes are below 200 percent. That would mean increasing the program by about seven times. Have you ever considered the costs of that?

Ms. FLANDERS. I think about those costs, but I think about the other kind of things.

Senator BELLMON. This is one thing middle America is very upset about is high taxes. I'd like to help people who need help. It seems to me that someone whose income is up around \$12,000 a year might be able to manage to buy 7 quarts of milk a week.

Ms. FLANDERS. Twelve thousand dollars a year and two to four kids, \$12,000 doesn't go very far. I agree. I know you have to think about things like that. I'm pushing for the ideal; I know I am.

Senator BELLMON. One other question. Earlier it was brought out—well, this is an agricultural fact, but we are producing more milk in the country now than we are using. The supply of dry milk goes up year by year. Apparently, the WIC program does not use dry milk. I'm curious to know why. Is there some reason why we couldn't make dry milk available? I'm not suggesting we cut back on fluid milk, but if there is a family that needs high-quality protein, dry milk is a very good source.

Ms. FLANDERS. I'd have to get Ellen to help me, but I think that dry milk, there's an irritant factor, I think, in dry milk.

Ms. THOMPSON. It was primarily a matter of simplicity in delivering the program, and fluid milk is more acceptable. We have not excluded powdered milk. It is not well accepted by many people. If people wanted it, I think we would make an effort to get it.

Senator BELLMON. That's all I have.

Senator LEAHY. You made a very good point, Miss Flanders, on the question of education versus junk food ads. I hope that one thing that will come out loud and clear in these hearings, is the fact that an awful lot of people feel, as I do, that while nutrition education is extremely important, it's not adequate in this country. That's not a put-down on some people who are doing a tremendous job, but it is just a fact that it is not adequate, either at the school level or at the adult level for any of us. We're faced with what I think are some of the most irresponsible ads and irresponsible advertising techniques conceivable. I think they're as irresponsible as the cigarette ads used to be on television.

To put in the record, the figures were compiled by the Journal of Dentistry, by children, and the Quaker Oats Co. The cereals that I have seen advertised, most on television, have sugar contents ranging from 40 to 60 percent of what the child is eating. This we teach them to eat as being good for them or we say we do it all for you, as one fast-food chain said. I think they should say, we do it all to you, because, again, the nutritional values of some of these foods are outrageous, and that, unfortunately, is substituting for nutrition education in many parts of our society. The thing is that it is not the fast-food companies, it's not some of the cereal companies that are going to pay the price. Every one of us are going to pay the price, and our children are going to pay the price, and our grandchildren are going to pay the price, and it's going to be a whopping, whopping bill, and I'm not sure it's one that this country can afford, economically, and I know it's one that we can't afford socially. I don't mean to be on a soapbox this afternoon, but it really bothers the devil out of me. I appreciate all three of you being here, because if you weren't equally concerned, you wouldn't have taken the time to come here and help us and sit at these hearings, and I appreciate it very, very much.

Our last panel before we go booming off to Albany Airport will be recipients' perspective on WIC.

Before we begin this panel, I should mention that we have received written statements from many people who were unable to attend the hearing, and these statements will be included in the record at the end of the hearing. I repeat, again, as I have two or three times today, that any of the people that have testified today who were unable be-

cause of time limitations or any other reasons, to include all the items that they would like to, please write to my Montpelier office, and we'll have your additional statements made part of the record.

Now, if we could start with you. Could you please give us your name?

**STATEMENTS OF ANITA O'MALLEY, GUILDHALL, VT.; YVONNE HOULE, RUTLAND, VT.; LORETTE BOUGOISE, VERGENNES, VT.; AND LINDA GRAHAM, RUTLAND, VT.**

Ms. O'MALLEY. My name is Anita O'Malley. I'm from Guildhall. I'm a three-times-around WIC participant. My youngest child is 10 months old, and I have been on the program since 1974.

Ms. BOUGOISE. Lorette Bougoise.

Ms. GRAHAM. Linda Graham from Rutland.

Senator LEAHY. We'll go back to Ms. O'Malley, from Guildhall. Go ahead.

Ms. O'MALLEY. I'd like to respond to a lot of diverse comments that have come up. One thing that hasn't come up is the fact that, from what I've read, the cost of living in New England does not necessarily compare to other parts of the country. I know what we pay in winter for fuel, so when people are talking about national income guidelines, I wonder if those guidelines can be applied equally to people who live in northern Vermont and have to pay quite high gasoline and heating fuel costs, compared to other Americans.

I want to talk for a minute about nutritional eligibility as a basis. When I first came to the program, my second child was a year old. She was slightly undersized, and much to my amazement, she was found to be anemic when she was first tested. We were on the WIC program for a short while and her hemotocrit reading rose substantially. She's been healthy ever since the WIC program, and I have to draw a parallel between our participation in WIC and her good health. I was pregnant when I was on the WIC program, myself, with our third child. This is the first time that I was on the program as a pregnant woman. Our third child had a higher birth weight than the previous two children. I can't make any absolute, hard and fast rule, but my personal suspicion is that the nutritional benefits of being on WIC, myself, affected the good health of my third child. If nutritional eligibility were the basis for selection, my third child might not be on the program. I had a superior diet when I was pregnant, with the help of WIC, and I'd hate for my third child to be made ineligible on the basis of her good health.

One thing that hasn't come up, which I'd like to stress, is the fact that WIC has a strong nutritional education program built right into it, because there's no nutritional education available on Earth that is superior to having the milk and other foods delivered to your door. Nutrition education is not available through most pediatricians and routine office calls, unfortunately, and the nutrition education that I had gotten had always been a bit haphazard. I know, basically, about the four food groups, but until the WIC packages appeared at my door, I was not in the habit of buying cheese, or of using a lot of orange juice. Having the WIC food is an education in itself,

because to avoid waste, you put these foods to use, both in your cooking and in the snacking patterns of your children. So there was a definite effect; not only in what the babies eat, but in the kinds of cooking that I am doing.

WIC is a habit-forming program. When my son turned four, he went off the program, and when my daughter turned five, she too went off, but good habits were already established: They had learned that a good way to snack in-between meals is to help yourself to cheese. They have now been off the program for 2 years but those habits are set, and I'm very grateful for them. Also, I never bought cheese before the WIC program, but now, I can't just offer the WIC cheese to the baby and deprive them, so I now buy cheese for the rest of the family too. The effect is felt not only by the baby on WIC, but by the other members of the family who are not on WIC.

And then, there are times in the month, or times in the year, especially in the winter, when unfortunately, our food budget does reflect the other pressures in the family budget. I try and spend a certain amount per week, but sometimes I'm not always able to make it. The WIC program takes away from that awful anxiety of, "Does the baby have enough food?" "Does she have the right kind of food?" It is an enormous benefit to know that at least she's provided for, and that's been very, very helpful. Also, especially in the summer months when we're not paying high fuel bills, if there are a few extra dollars in our family budget, because milk is provided for the baby, I do find myself able to spend those extra dollars on fresh fruits and vegetables, so the entire family has been affected by our having the WIC food.

When I go to the WIC screening sessions with the baby, there's a public health nurse there, and she routinely reviews the vaccination records of my children, and so, in that respect, she's been very helpful in keeping me informed about different shots that ought to take place, in vaccinating the children.

Finally, to get back to my first point, if there's going to be a national income standard applied, I wish there was some way that a formula could be used which would reflect the high cost of living up in this area, so that not only low-income people, but those on a slightly higher level could be made eligible. For example—

Senator LEAHY. In other words, do something like the amendment that I had attached to the food stamp bill last year on excess shelter deductions to reflect extra costs of shelter costs and so forth related to our severe winters and our extra fuel costs here.

Ms. O'MALLEY. Yes; I think that's very helpful. I think my family is a good example. We're above, in terms of our income, we're above the poverty level. I've inquired, and we would qualify for food stamps on their higher scale, which would require us to pay something like \$35 a week to obtain \$50 a week worth of groceries, but our family budget is such that \$35 is more than I would spend on our food, and so for that reason we're not on that program. Without WIC, I don't think that I could provide anywhere near that kind of nutrition for the babies in the family, because we're not on the food stamp program. There are too many other financial pressures. I think that's all. Thank you.

Senator LEAHY. Miss Houle?

Ms. HOULE. I really like the program, because it shows me what nutritional needs my family needs, shows me how to go about breaking it down in different parts, and without WIC, I'd never be able to make it, because I'm on low income, and with the amount, you know, our fuel bills have been, the amount of the increase in food and, we could never afford milk, cheese and eggs. Those are extras that would more or less be like—it's a necessity, but, you know, at times we wouldn't be able to have it, because we couldn't afford it. So we would have to go without until we could get it.

When I first got on WIC, it was like a joy. We're getting something we really liked, and I have had it for my two boys, and I had it for myself. I was pregnant with my sons and, if I didn't have it, I know my two boys wouldn't have been as healthy as they are now, because their health has improved since they have been on WIC, and while I was pregnant both times, I know if it wasn't for WIC, I wouldn't have bothered going out and buying myself milk and eggs and juice, because I don't really care for it, but if I have it there, it's for me to take. I feel that most children need this kind of nutrition for them to build their bones strong and keep them good and healthy for their years when they start going into their teenhood and their schooling, because, to me, a healthy kid has to have a fresh mind to start everything with, and that's one good thing WIC helps with. They help keep those children healthy to build up their strength and their minds, so when they get into the world, they'll have a straight mind, and like, they've told me when I went for my last evaluation to see if I was qualified, they were saying how it's going to be based on income and the health and everything, but if a healthy child is in low income, they're never going to be able to get WIC, they can't qualify for WIC, and their parents are low income, but their children are healthy, they're never going to get the nutritional needs they need to keep healthy. And if a child is unhealthy, and the parents' income is high, then they still don't get it. More or less, the income should be mostly along with the health, but the income is what it really should be based on, because a lot of people can't afford it, even though they have got a little bit more income and need WIC, they can't afford it, especially with the cost of living going up the way it is.

They've got an age limit on WIC where children should be taken off, but what happens after that child reaches that age? They've still got to have that nutrition to keep going. To me, I feel they should give the kids a couple extra years so that when they get up there, at least until after they're in school, once they're in school, then they—I was told once that they were going to consider having lunches in school and breakfast, so the children would be getting the nutrition, but it's the time they turn of age and the time they go to school that they're going to be losing a lot of what they have gotten before, and pregnant women, they've got a waiting list, as I was told once before, they have a waiting list for pregnant women, and these pregnant women, if they have to wait in some line for some list with 100 names, and they're at the bottom of that 100 names, they'll already have had the baby and won't need WIC no more.

Senator LEAHY. We go on to Lorette Bougoise.

Ms. BOUGOISE. Also, my little 3-year-old's been on the program since it began. I don't want to see the 3- and 4-year-olds cut off. I feel that when they go in for their review, that they are seen by the public health nurse who does review their shot records, who does see if they have a hearing or speech problem that maybe would not come up because most people on the 125 percent poverty line cannot afford medical bills, and those who are working really can't afford it unless they have medicaid, and most are not qualified to get it. I would like to see everybody below 125 percent of the poverty line get it without any departments of health.

We have some families in Vergennes that have been turned down because their child is too healthy. I have one lady who said to me, "My daughter has to lose 2 pounds, and if she loses those 2 pounds, she'll be taken off from WIC," so, because to this family she really needs the WIC produce. She can't afford it. I'd also like to see it mandatory that when a woman, especially a teenage woman goes into a doctor's office, that the doctor is required to tell a public health service or WIC program, so that they automatically are given a visit by a public health nurse and put onto the WIC program.

If you live in Lyndon, which is probably 15 miles, and have no transportation, you cannot get to your WIC clinic. The first time that you miss, they don't usually say too much. If you miss the second time, they put you in for a revisit, and if you miss again, you are automatically taken off. Most people in the rural areas do not have transportation. They need a little bit more outreach, or these visits set up in their own towns. I think that's all I have to say, have said everything that I want to.

Senator LEAHY. Thank you very much. Linda Graham?

Ms. GRAHAM. My son has been on WIC since he was born. He'll be 3 in June, and if he is taken off at that time when he turns 3 he would not be getting what he is receiving now. I would not be able to afford it. I receive ANFC, and I would not be able to afford it even with any food stamps. I would not get all the things that I'm getting now, plus the supplemental helps out a lot.

He's been healthy, and the WIC has helped. The guidelines that you have for the 125 percent without any nutritional requirements, I think, is good. The 195 percent, I really don't know what their income is and how they buy all their goods and everything, but the 195 percent with nutritional as a requirement is good, I think, and they have pretty much covered everything else, so, thank you.

Senator LEAHY. You all feel pretty much in agreement on what is being said? I want you to add, if there was something else.

Ms. HOULE. No.

Senator LEAHY. We appreciate very much the fact that you have taken the time in giving us first-hand experience.

Senator BELLMON. I'm not a dairy farmer, and I'm not from a dairy State, but it does trouble me that we have enormous quantities of dry milk in storage. Would any of you ladies have made use of dry milk if you had it in addition to your other WIC food? You would have?

Ms. HOULE. A lot of months run a 5-week month, and in WIC, on that fourth week you get your last delivery. That fifth week you don't get nothing, so if you had the dry milk, you could use that for that 1

week that you had that fifth week. That really hurts when you don't get nothing that fifth week. I've even tried to arrange with my delivery man to break it up, take my, the 1 quart out every delivery so that fifth week I have something there for my children, and then if, when we do run out, we have got that dry goods to turn back on.

Ms. GRAHAM. I use dry milk for the rest of my family. All of us drink it except for the child on WIC, but let—I have seen a lot of prejudice against dry milk. Friends of mine have said to me, my child would never drink it. The same child has powdered milk, whether he knows it or not.

Senator LEAHY. He probably doesn't know it.

Ms. O'MALLEY. I don't think the children object to powdered milk, but I've seen a lot of prejudice on the part of adults who will swear their children won't drink it. They, themselves, perhaps won't go near it. I think it could be a problem area, only because there are prejudices that would have to be overcome.

Ms. BOUGOISE. I think the cold package of milk today, it is a better taste of real milk. I don't think any of us want to try it.

Ms. O'MALLEY. Government commodity milk really needs to be blended with a blender to be palatable, and you might run into a problem there in terms of people's preparedness to turn it into a palatable product.

Senator BELLMON. If it was made available to those who requested it in the military, at least where I was, we didn't have refrigeration, so powdered milk was all we got. It's not that bad.

Senator LEAHY. I might add just my own personal experience. Thirteen years ago I was in law school. My wife was a nurse, and working to put me through law school. I had to watch very, very carefully. One of the things we both liked was milk. One of the things we economized on was using dry milk or powdered milk, and it is amazing how quickly you get used to it after mixing it up and putting it in a pitcher and letting it chill in the refrigerator. I don't think either one of us is suggesting we cut back on the amount of milk. That you get in the WIC program, but it might at least give some consideration to a private program or otherwise as an additional thing for those who want it. I would be very interested in seeing who might ask in that case, and Miss Houle, you said you might be interested as having it as supplement.

Ms. HOULE. At times if I have on the end of my fourth week, when they make my last delivery, at times I have taken what was left of the milk. If I had maybe a half gallon of milk, I'd take and I'd make up some of the dry milk and blend it together, and my family don't harp about that. Even if I just made up the powdered milk, my children see it, they're going to drink it anyway. It looks like milk, and it tastes like milk to them, so they don't know it ain't the same thing that comes in the carton.

Senator BELLMON. The nutrition screening process has been criticized by some as involving too much paperwork. You ladies have been on the other side of it. What do you think of the nutritional screening you went through? Was it fair? Was it burdensome? Do you think it may eliminate people who need help?

Ms. O'MALLEY. I was never bothered by it. The diet questionnaire, is educational in itself: I'm made to consider how many vegetables I've served in a week, for example—it stimulates me to think in terms of a week-long period of time. It is helpful in terms of diet planning.

Ms. GRAHAM. I was glad to have the screening, because then I knew where my son's health stood, and if I wasn't giving him the proper nutrition, they told me the way to go about it to give him the right—what I was doing they told me was the right way.

Ms. O'MALLEY. It occurred to me—someone mentioned the frequency with which children are given the hematocrit, and in my family, it's always been very traumatic to get the hematocrit, and there's the association of going to the center with getting the blood sample taken out of your finger. If it weren't necessary, it would help me get my kids there.

Senator LEAHY. When they have to take a blood test from me, they bring me in kicking and screaming, so I have a great deal of sympathy on that.

Thank you all very much, and thank you, everyone who's been here today. You have done an enormous amount of good for us, and also, I'm thankful to the news reporters who have sat through all of the hearings. I think that one of the points made over and over again here, is that nutrition education is something that has to be heard at all levels. I suspect that word will go out fairly loud and clear on that point today, because I have found virtually everywhere, where good, solid nutrition education is made available, in a way that it is understandable and is appealing, a vast majority of people want to know more, not less, and slowly that word seems to be getting out to the areas where it should. Everybody who's testified this morning, this afternoon, has helped measurably in that regard, and I thank you all very, very much.

We stand in recess.

[Whereupon, at 3:45 p.m., the subcommittee recessed, subject to call of the Chair.]

## CHILD NUTRITION AMENDMENTS OF 1978

MONDAY, MAY 8, 1978

U.S. SENATE,  
SUBCOMMITTEE ON NUTRITION OF THE  
COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY,  
*Oklahoma City, Okla.*

The subcommittee met, pursuant to notice, in the Federal Building, Hon. Henry Bellmon presiding.

Present: Senators Leahy and Bellmon.

### STATEMENT OF HON. HENRY BELLMON, A U.S. SENATOR FROM OKLAHOMA

Senator BELLMON. I apologize for our tardiness. We came down this morning from the farm and took a slight detour on the way to show Senator Leahy an oil well drilling operation. He got a little red mud on his boots, I see. But, hopefully, he'll go back knowing a little bit more about where all this oil comes from.

I appreciate your attendance here this morning and hope this will prove to be a very productive meeting not only for the people here but for those of us in Congress who will be working on making some changes in nutrition and health legislation in the months ahead.

This is the first time I have had to hear representatives and recipients of a broad range of nutrition and health programs that are now operating in Oklahoma and to hear directly from some experts here in our State about health and nutrition research and about future needs.

I've been involved in nutrition research for several years but I don't know why we haven't given you a chance to tell us directly what you'd like to see changed or what you think of the programs that are already on the books. I appreciate your giving up your time to be here this morning and we will try very hard to give you ample opportunity to tell us what you want us to know.

I also want to thank Senator Leahy for coming to Oklahoma to help with this hearing. A couple of weeks ago he was kind enough to invite me to Vermont and we held a similar hearing there and a great deal of valuable information was gained from that hearing.

Also, I'd like to introduce the members of my staff who are here. They help us with nutrition education and other types of health-related legislation. First of all, Dick Woods from the Washington office and Dick Tourtelotte from the Oklahoma City office and Linda Sponsler from our Tulsa office, who's here, and Denise Love from the Senate Agriculture Committee who is also down and Brad Gungull from my staff.

The reason for holding field hearings such as this is to give Senators and Congressmen an opportunity to get closer to places where these programs, that we pass with such high hopes, are actually applied and to find out how they are really affecting the people we are attempting to help.

We plan to hold these hearings until 12:30 and adjourn at that time and I would ask you all to keep that hour in mind. It's been necessary, then, to ask you to hold your remarks down so that we can try to hear from each of our witnesses during the time that's been allocated.

Those of you who may have something you'd like to contribute but who are not on the witness list may, if you wish, make written statements for the record and they will be a part of the record of this hearing which is being taken by a court reporter. For those who have comments with you we would be glad to receive them today but those of you who may want to make comments later, perhaps based on some of the things that are said here, may send copies to us over the next 10 days to either the Senate Agriculture Committee in Washington or you can send it directly to me. The address is 125 Russell Building, Washington, D.C., and the ZIP code is 20510. Let me give you the address again, It's room 125, Russell Building, Washington, D.C., and the ZIP is 20510.

Senator Leahy and I both serve on the Nutrition Subcommittee of the Senate Agriculture Committee and Pat is chairman of the Agricultural Research and General Legislation Subcommittee which is an extremely important assignment. We also serve together on the Senate Appropriations Committee so we are in a position to help make changes in the law if we find that they are needed and then to help provide the funding for those laws as long as we feel like the money's being well spent.

I might say that we have something else in common. Some of you may remember, I was the first Republican to be elected Governor in Oklahoma and some people felt that I would be the last Republican ever elected Governor. But it didn't turn out that way. Senator Leahy was the first Democrat ever elected to the U.S. Senate from Vermont. So we both come from States where the predominant political registration is on the other side.

It's a great pleasure to have Pat down here. I've tried to make a farmer of him in the last 24 hours. I'm not sure how much success I've had. He may want to comment on that a little later.

Now, I think I speak for both of us when I say that not only Senator Leahy and myself but many Members of the Congress are excited about the contribution that could be made to our Nation's health if we could, first of all, develop guides and then convince people to adopt reasonable lifestyles that have health as one of their objectives.

For instance, during the past 10 years total health care expenditures have tripled from \$42 billion to \$142 billion and they have changed from about 5.9 percent of the GNP to 8.6 percent which shows the cost of health care has gone up much more rapidly than the balance of the economy has grown. This figure is more than one and a half times the entire national defense budget and it does not

take into account some \$40 billion that are spent for such things as eyeglasses, prescription drugs, dental care and other such needs. Also, this \$142 billion does not include indirect expenditures of some \$10 billion and reduced tax revenues provided by general income tax deductions for health insurance and tax exemptions by State and local governments.

And, this, I think, is the main point. If present trends continue and if we do not make any new Government programs such as national health insurance or even catastrophic insurance, total health expenditures will grow to over \$240 billion or 10 percent of the GNP by 1982.

In other words, we are now spending about \$142 billion for health care and in just 5 years, in 1982, that figure will go up another \$100 billion to \$240 billion.

So, I think you can see how important it is for us to try to find ways to keep people healthy rather than spending so much of our national wealth on treating people after they become ill.

Now, if you look at it from the standpoint of the individual family, in 1977 the cost of health care, and again, we excluded eyeglasses, drugs and dental care, figures out to be about \$640 per person or about \$2,560 for a family of four. A lot of this is hidden in taxes and in payroll deductions so not every family feels the full impact directly. But, that's what the bill is for every family in the country, \$2,560 for a family of four.

This represents 18 percent of gross income for a family at the medium income of \$13,700 a year. These substantial and rising health care costs contribute greatly to inflation because there is no limit to the demand that can be generated for health care service and because so much of our health care dollars go for chronic, long-term illnesses, many of which seem to be related to lifestyle.

Therefore, I believe and I'm sure you would agree that it's time for us to begin to stress the kind of preventive health care which personal responsibility can achieve.

Now, at the same time our federally funded food and nutrition programs have also very lately and very tardily started to grow so far as the nutrition education is concerned.

The reasons are very plain. We're spending a lot of your money, a lot of your Federal tax dollars in various feeding programs.

For instance, the food stamp program which cost \$35 million in 1965 was costing almost \$6 billion 11 years later. Food stamps went from \$35 million in 1965 to almost \$6 billion in 1976.

Child feeding programs, which have grown both in the numbers of people and in the breadth of the coverage, cost about a half billion in 1965 and in 1976 the cost had gone up five times to \$2½ billion.

If we add to this substantial base the nutrition program for the elderly, the community food and nutrition program, food distribution programs and the expanded food and nutrition education program, we find that in 1976 Federal obligations were \$8.3 billion and, of course, they have gone up since then.

That's a 1,100 percent increase in this Nation's food program expenditures in just the 10-year period between 1965 and 1976.

So, I think you can see it makes a lot of sense that we should be concerned about how well these programs work and, about the quality of information based upon research that's made available to those who administer the programs and to those who benefit from the programs. We are hoping that we can learn, here today, things that will make it possible to create even better programs.

Now, this morning we have invited representatives from nutrition and health programs that are operating in the private sector to appear as well as those from the public sector. While the Government does not fund these programs we feel they are extremely important because they are evidence of the voluntary organizations' ability to have an influence on our lives. Also, we think we can learn a great many things from them that may help in the design and administration of the public programs. We need to know what successes they have achieved and what problems they face so that we can learn from them when we are writing new legislation. Also, we need to be careful that we do not inadvertently pass laws that make it difficult for those in the private sector to succeed. So, we will be calling witnesses from both the private and public sector, from both the State and the local governments.

And, I again want to thank you for your willingness to participate. Senator Leahy, do you wish to make a comment at this time?

**STATEMENT OF HON. PATRICK J. LEAHY, A U.S. SENATOR  
FROM VERMONT**

Senator LEAHY. Just a short one and that's that I'm delighted to be here. It is quite a bit different from Vermont and the New England area that I come from. I arrived here yesterday around noon and spent yesterday afternoon and evening with Senator Bellmon out at his home and going around the farms out there. He wanted to make absolutely certain that I would realize what farming was like and he woke me up this morning—in fact, I wasn't quite sure we had actually gotten to bed—and we went everywhere, from checking the cattle to climbing an oil derrick this morning.

I had never seen one working. I had a friend in Norman, Okla., who has visited me in Vermont several times and talked about skiing in Vermont and always told me that no matter how much I might brag about the skiing in Vermont, the skiing was better in Oklahoma. I asked him to send me along some documentary proof to that effect and I finally got from him a large poster which shows an oil derrick and a fellow standing at the top with a pair of skis about to plunge off the side and at the bottom it says, "Ski Oklahoma."

But, I'm glad these hearings are being held. We've had them here, Vermont, and Washington on the area of nutrition. I think that nowhere near enough attention has been paid to the whole nutrition area in the past. It impacts on our health system, both financially and socially. It impacts on our education system. There's no question that there is a direct corollary between the ability of youngsters to learn and their nutrition background. There's no question that there is a corollary between the health of people in this country and their nutrition background.

And, I think that you, in Oklahoma, are extremely fortunate to have Senator Bellmon on the committees that he is with his interest in this area. I can say that with no ulterior motive coming from a different political party, I think that nationally Senator Bellmon is, of course, well known for his position as the senior representative on the Budget Committee and then ultimately, the most powerful of all committees in setting budget levels. But he's also well known in Washington for his work on nutrition, a matter that does not get the amount of headlines perhaps some of the other operations do, but its impact on our whole society eventually, will be greatly felt.

I have spoken longer than I intended to, Henry, but I'm very happy to be here and I look forward very much to the hearings.

Senator BELLMON. Thank you, very much. We'll have the opportunity to make comments as we go along.

I might say that Pat has very kindly asked me to preside here. Under the rules of the Senate Pat would be presiding here this morning and perhaps it will work out that way later. But, he asked me to go ahead and start the hearing and I appreciate it.

Senator LEAHY. I'm also well aware of the seniority system and Senator Bellmon has quite a bit more seniority than I and so I learn quickly.

Senator BELLMON. Our first witness this morning needs to leave by 10:30 so we'll go ahead and call him.

It's Dr. Jack Metcoff of the Health Sciences Center here at Oklahoma University.

Dr. Metcoff, if you would come here to the table and also use the microphone. If you speak loud enough for the folks back there to hear you are going to be shouting at Pat and me, but I guess this will work out all right.

Dr. METCOFF. Would you want me to sit on the side there?

Senator BELLMON. Does the mike reach over here? Oh, the mike doesn't work. OK. You'll have to sit here and shout at us, I guess, so the folks in the room can hear you. Go ahead, please.

**STATEMENT OF DR. JACK METCOFF, PROFESSOR OF PEDIATRICS  
AND BIOCHEMISTRY, HEALTH SCIENCES CENTER, UNIVERSITY  
OF OKLAHOMA**

Dr. METCOFF. Senator Bellmon, Senator Leahy, Mr. Woods, I'm a pediatrician and professor of pediatrics and biochemistry at the University of Oklahoma Health Sciences Center.

Senator BELLMON. Hold it a second. Can you folks hear in the back. You do not. Can you speak a little louder?

Dr. METCOFF. Let me introduce myself again, Senator Bellmon and Senator Leahy. I'm a pediatrician, a professor of biochemistry and pediatrics at the Health Sciences Center and I hold the George Lynn Cross research professor's chair.

I have been involved with nutrition and nutrition research with respect to human beings for about the last 30 years. Currently, I am responsible for developing an educational program to teach human nutrition at the Health Sciences Center for both the colleges of medicine and dentistry.

What difference does it make if the American people have excellent nutrition or not? What is excellent nutrition? And, in fact, what does one mean by nutrition?

Strange as it may seem, there are no precise answers for these questions. I define nutrition as the interaction of nutrients derived from foods to support the essential functions of all living cells.

In this fundamental sense, energy, proteins, carbohydrates, fat, minerals, vitamins are derived from the food we eat and they act together in varying degrees to sustain those vital processes that make cells work.

Excellent nutrition, then, implies excellent—in contrast to fair or poor—support for the cell functions.

It was interesting to me that since 1943, with the publication of the first edition of the "Recommended Dietary Allowances," which all of you will recognize as the RDA's, by our National Research Council of the National Academy of Sciences, there has been a continuing concern about the nutritional well-being of our people.

The RDA's are now in their eighth edition as of 1974 and describe more than 40 essential nutrients with specific recommended allowances for some 17 or 18 for which there is some evidence about actual requirements to maintain health of children, men, women of different ages and sizes and of pregnant and lactating mothers.

In 1967 Congress directed the Secretary of Health, Education, and Welfare to undertake comprehensive surveys to determine the location and incidence of hunger and malnutrition in this country. Since 1968 three major countrywide surveys have been carried out. More than 10,000 to 12,000 children have been evaluated. The results of the surveys were somewhat unexpected.

While gross malnutrition, as seen in less-developed countries, for example, was rare, 10 to 12 percent of minority group children, especially in the Southwest and in our area were anemic and had low levels of iron within their blood indicating iron deficiency. Nearly 30 to 50 percent of Mexican Americans and blacks in the South Central and Southwestern States had low blood levels of vitamin A indicating that they were at risk for symptoms of vitamin A deficiency which are first expressed as night blindness, but eventually may lead to complete blindness. And, vitamin A deficiency in less-developed countries is the most common cause of blindness in children.

More than one-third of our adult population were seriously overweight, increasing the risk for diabetes, hypertension, arteriosclerosis and coronary heart disease.

The people, and their representatives in Congress, have focused on the fact that 6 of 10 leading causes of death in this country have been statistically associated with something in the diet, cholesterol, coronary heart disease, for example, or saturated fats and arteriosclerosis, as another example.

In 1968 the U.S. Senate created a Select Committee on Nutrition and Human Needs. Recently, the Senate Select Committee on Nutrition and Human Needs published the dietary goals for the United States designed to serve as a practical guide to the individual consumer as well to form the core of the national nutrition policy. That

report has been provocative and has initiated an important dialog between the policymakers, nutrition experts and consumers that in the long run can only be beneficial. It has already led to a revision in the proposed dietary goals.

However, the problems of nutrition in our country, in my opinion, are too great, too immediate and too complex to be resolved by any one committee, even the Senate Select Committee on Nutrition and Human Needs.

I would like to suggest three essential areas of human nutrition which require immediate attention.

First, is the education of health professionals with regard to current knowledge and knowledge gaps and to probe problems of human nutrition in this country.

Did you know, for example, that 2 years ago only 19 out of 112 medical schools in this country taught formal courses identified as human nutrition? Only nine schools required students to take formal courses in nutrition. The medical students who were being trained as primary physicians to prevent or deal with the killer diseases got no formal training in nutrition.

On the other hand, departments of home economics, food sciences, schools of public health and of nursing often had formal, required courses in nutrition but their students usually were not to assume primary health care of the people.

In the last few years medical students have begun to consider nutrition relevant and want to have it taught. There are very few models, fewer textbooks and almost no qualified, trained medical nutritionists to organize or teach such courses. Funding has not been sufficient to develop such educational programs, to develop educational resources, or a corps of experts to use them.

While courses in human nutrition are essential in medical schools and in health science centers, they cannot be developed only by or for physicians. Nutrition is a multidisciplinary concern and many disciplines can contribute to its effective understanding and application.

The second problem is marginal malnutrition and its functional implications. I mentioned earlier that gross malnutrition is not a common feature in our country. Marginal malnutrition is.

Nutrition is thought to modulate many human functions at different stages of development. Among these functions, for example, are reproductive capacity and pregnancy outcome, learning and behavior, resistance and response to infection, work capacity and efficient response to drugs and medicine.

I'd like to comment, briefly, about two of these functions in order to illustrate that we do not know how our diet and the nutrients it contains modifies these capacities by influencing our nutritional state.

Not only do we lack substantive knowledge about the possible relationship, we do not know how or even what to measure to close the knowledge gap.

Let's take the reproductive capacity, pregnancy outcome and lactation first. While it's important to control our population growth, desired pregnancy should lead to healthy babies from healthy mothers who have the capacity to adequately breastfeed their babies if they so desire. The children should have development and growth

which will someday lead them to become effective competitive citizens.

Presently, 11 fetuses die in utero for every 1,000 born alive. Another 12 of those born alive will die within the first week of life. About a third of fetal deaths have been attributed to malnutrition of the fetus.

In the United States this would account for about 15,000 to 20,000 fetal deaths annually.

About 6 percent of all pregnancies in this country, some 130,000 babies, are born with evidence of malnutrition experienced while they were in the uterus. These babies have eight times the likelihood of having congenital malformations compared to well-nourished fetuses. They are more susceptible to infections and are more likely to have serious problems in the newborn period.

When fetally malnourished babies reach school age they are more likely to be undergrown, have behavioral problems and fail in school.

It's thought that brain cell development may be impaired from uterine malnutrition. Yet, the mothers of these babies are not obviously malnourished and they come from all socioeconomic classes and are reflected in all races and ethnic groups. Some are overweight, some smoke excessively, some drink excessively or take drugs. Some have complications related to pregnancy but together, these could account for only about one-third of the instances of fetal malnutrition.

Clearly, fetal malnutrition derives from some limitation in the quantities and qualities or interactions among nutrients delivered to the fetus from its mother. We know very little about this. We know, for example, that levels of certain amino acids in the mother's blood are closely associated with fetal growth.

Recently, we've learned that cigarette smoking alters the blood pattern of amino acids in the mother's blood.

We have learned that zinc and iron levels fall while copper and cholesterol normally rise during the course of pregnancy. These metals may influence certain enzymes which regulate the metabolism in the cells.

We don't know what appropriate levels for these metals should be.

In zinc deficiency, for example, the synthesis of one of the essential proteins in cells, RNA, may be defective. Zinc deficiency may be associated with the congenital defects. Someone has recently shown in experimental animals that the female pups from pregnant rats with zinc deficiency were more aggressive when they became grown up. Maybe that's a problem in our society.

We know that the fetus grows by making proteins and the energy for their manufacture comes from glucose.

Under certain conditions some normal amino acids in the cells may block the use of glucose and thus block the essential energy source. That may be a biomolecular equivalent for OPEC that can threaten the economy of the cells.

Perhaps the 150,000 mothers in this country who have malnourished fetuses are suffering from marginal malnutrition which affects their amino acids and trace minerals or interactions between them.

These mothers pose a major problem. They have differing ages, backgrounds, incomes, varying degrees of education, different lifestyles, all of which complicate the interpretation of the influence of nutrition on the outcome of their pregnancy; the effect of diet and nutritional status on the outcome of pregnancies and on reproductive capacities are areas of nutrition and function which potentially could affect every pregnant woman in the country and all of our future children. It must receive heightened attention.

A second area of needed intervention with respect to nutrition is learning and behavior.

A recent survey of the world's literature indicates that fetally malnourished infants and infants that experience severe malnutrition during the first years of life are likely to have measurable learning difficulties. But, although, as Senator Leahy pointed out, there is a corollary between nutrition and learning, we do not have the instruments to measure either the effect of marginal malnutrition on learning or on behavior.

Does marginal malnutrition contribute to poor school performance or to the creation of behavioral problem children? What is the effect of marginal malnutrition on the behavioral patterns of the adolescent?

We know that obesity, for example, a common problem of adolescence, does modify behavior.

We'll have to learn to measure marginal malnutrition and to measure learning and behavior before we can answer the essential questions about the role of nutrition on these functions. This is an obviously important arena for nutrition and nutrition-related research.

The third area that I would like to comment about is that of unconventional diets and fad diets.

I really don't want to discuss unconventional diets but rather to talk about the significance of food faddism and diet faddism as a threat to health.

There are three types of food faddism. First, exaggerated claims for benefits from foods or nutrients. For example, the megavitamin craze. There's virtually no experimental evidence to support any of the megavitamin claims.

Second, exaggerated claims for harm from specific foods or nutrients. The "natural" or "health" or "organic" foods are in this category.

Natural vitamins or organic versus synthetic-fertilizer-grown foods are, for example, said to have superior health qualities. There is no evidence to support that claim. And, there is no regulation of the claim itself.

The antifood additive campaign is another example. But, iodination of salt and the additives vitamin A and D in milk and dairy products, vitamin C added to fruit juices, and iron to cereals do have health benefits.

Without additives, baked goods would be stale overnight, salad oils would turn rancid, vitamin potencies would deteriorate, convenience foods would not be possible.

Some chemical additives like pesticides and fertilizers used in agriculture can, if used inappropriately or without regulations, be hazardous and their use must be supervised.

Yet, without these fertilizers and pesticides even second or third crops of potatoes or tomatoes would be wiped out. Commercial apple production would be impossible, oranges would be curiosities and so on.

The third type of faddism represents exaggerated claims for mystical benefits from foods. The Zen-macrobiotic diet is one example of this.

Faddism is dangerous because of its emotional appeal. It is not confined to superstitious people or to uninformed people or unintelligent ones or those who are economically depressed.

Faddism tends to be age related. It particularly affects figure-conscious and muscle-minded adolescents and youth seekers and those who want more sexual potency.

It's occupationally related where one's living, for example, depends, in part, on physical appearance. And most especially, it's disease related, where chronic and presently incurable diseases exist for which there is no definitive treatment available.

People so afflicted are easy targets for food faddism which promises easy cures. None of these fads will be more than curious aspects of people coping with frustrations were it not for the dangers they impose.

All deviations from a standard American diet and all unconventional diets, of course, should not be considered as food fads. But, fads do pose dangers because they may disseminate gross misinformation about food and health and there's no control of this misinformation. The fads have a tendency to promote self-diagnosis and self-treatment of illness, either imagined or real, which may delay getting appropriate health care until it's too late. Patients with diabetes, cancer, arthritis, heart disease may be misled by nutritional quacks who fraudulently claim they have a diet treatment and cure for these diseases. The hopeful, sick patient procrastinates getting medical help until he or she "gives that special diet a chance" and then it may be too late.

And, then finally, money is spent needlessly on fad foods which may limit the purchases of families for useful foods. The purveyors of food fads generally create distrust for food supplies and health professionals.

I'd like to recommend that some mechanism be developed to review each unconventional diet achieving fad proportions with respect to its scientific basis. Is there really valid scientific evidence for the claim? What is the scientific merit of the evidence? The burden of proof should not be the responsibility of science but should be the responsibility of those who propose the diet.

The cost/benefit should be assessed. Is the cost justified by the benefit to the consumer?

And, then the potential hazards of the fad should be dealt with. Will the misinformation lead to harm? The best, recent example of that is the liquid protein fasting diet for obesity.

And, I'll stop at this point.

Senator BELLMON. Thank you very much, Dr. Metcoff. You have certainly given us a lot to think about.

I have some questions I'd like to raise but, Pat, I'll let you—

Senator LEAHY. Go ahead.

Senator BELLMON. Dr. Metcoff, the first question I'd like to raise relates to your point about a lack of emphasis on health and nutrition in education in the health professions. That was your opening point.

We, as you know, passed legislation and set up an entitlement program to provide 50 cents per student for nutrition education courses in our primary and secondary schools. Is there no money available for nutrition education at institutions of higher learning?

Dr. METCOFF. There are some funds available but they are extremely limited. For example, the health manpower program very recently had, as one of its priorities, the support of nutrition education in professional schools, particularly colleges of medicine and dentistry and nursing. These funds, it turned out, were extremely limited. They were sufficient to support about six programs country-wide and support them in ridiculously small amounts. So, a program which might have benefited from development, which might have been introduced in multiple schools was confined to only a few, was limited to inadequate funding and constrained to a 1-year program.

The course of professional education takes more than 1 year and the exposure must be graduated.

The other agencies which have supported nutrition research or have supported nutrition intervention programs have not supported programs dealing with nutrition education at the professional level.

Hopefully, we'll train a population of children to have better understanding of nutrition. I hope we will have some professionals who can guide them when it comes to health.

Senator BELLMON. Where are we going to get these professionals if the institutions of higher education aren't training them? Where will the teachers come from?

Dr. METCOFF. I think there will have to be a stimulus provided by funding mechanisms which will make it possible to develop programs for nutrition education.

Senator BELLMON. Do you feel funding is a Federal responsibility or will it be met by States or how is it going to—where will the money come from?

Dr. METCOFF. My feeling is, like so many of our programs, the prime impetus will have to come from the Federal Government. And, hopefully, this will create a pattern which then should become the responsibility of the State.

Senator BELLMON. If we were to expand our present nutrition education legislation and make it include institutions of higher education is there any guidance as to how much money would be needed? How would we decide how much money to devote to that purpose?

For instance, at Oklahoma University what would be a reasonable budget for nutrition education?

Dr. METCOFF. Well, at the medical center, which is the only thing I could speak to, a reasonable budget would be in the neighborhood

of \$200,000 a year for a period of 4 years. This would be adequate for one generation of students. By that time we could evaluate the effectiveness of the program.

So, it would seem to me that an investment in education of health professionals with an evaluation at the termination of that educational period, in order to modify future programs, should be initiated.

If Oklahoma's program is typical, then, one would have to multiply that budget by the number of schools which would be interested and able to carry out such a program.

Senator BELLMON. It works out that Oklahoma has a little over 1 percent of the population of the country. We would need, to use Oklahoma as an example, about \$10 million nationwide which doesn't seem to be an exorbitant sum.

The other point you mentioned was fad diets.

Dick Woods picked up these newspapers at the grocery store checkout counters in Washington. It's interesting that all three of them have headlines about diets. This is the Star and it's April 18, 1978, very recent. The headline reads "Foods To Help You Live Longer." I suppose that's a fad diet. I haven't read it. It's got a pretty girl's picture on the front page. There must be a connection between the girl and the diet.

And, this one is the Midnight Globe, April 11, 1978, and it's a "Thirty-day Miracle Diet."

And, this one is the National Enquirer and it's April 11, 1978, and the headline is "Number One Diet."\*

So, I assume this is the nutrition education that an awful lot of people are getting. Have you read this sort of thing?

Dr. METCOFF. I certainly have and we will present some of these there to our students, in fact, I think just as a curiosity, your observation that the live-longer diet always has a picture of a pretty girl, usually about 20, on the cover, it would be interesting if sometimes they used somebody about my age, for example.

Senator BELLMON. Well, as a general thing—and I'm not commenting specifically about these stories which I'm sure you haven't had a chance to read—is this information that people get from this kind of publication sound nutritional guidance?

Dr. METCOFF. I would guess that most of this information is misinformation, which always has an element of truth presented, usually out of context, and using some isolated statement to support a position. Because of the fact that it will have a specific valid statement out of context, it's easy to mislead people who say, well, there's a scientific basis after all. In the article you refer to they are quoting a professor from the University of Vermont who has described a special diet to counter heart disease. And, that statement will be extrapolated into a diet which bears no relation to that which was offered by the professor from the University of Vermont, nor does it even have the same orientation. It may be used to live longer.

A classical, recent problem has been, as I mentioned, the liquid protein diets which have been designed to appeal to that one-third of our adult population which has serious problems of obesity. That diet is based upon careful research carried out at the Massachusetts

\*See pp. 148-150 for the above-referred to articles.

Institute of Technology by qualified investigators who caution that the diet must only be used under very specific conditions, as part of a total program for weight reduction, and that it required intense supervision, et cetera. Otherwise it was dangerous.

Immediately, this was latched onto by some faddists who prepared cans of liquid protein which anyone could buy from the shelves of the supermarket. As anticipated, these do-it-yourself diets led to death in some of these people because of the metabolic derangement that such diets can produce.

The objective of these people was to improve their health but the misinformation led to the worst possible outcome, they died.

Senator BELLMON. Well, the fact that these types of newspapers, which enjoy huge circulations, seem to feature nutrition information or misinformation, perhaps, would seem to indicate there must be a hunger on the part of people to learn more and know more. Perhaps we are failing in our jobs to get correct information that they can depend on.

Pat, I have no further comments.

Senator LEAHY. Just a followup on the question of education of people in the whole area of nutrition.

I personally feel that they should start at the grade schools and I believe you used the term progressive form of education. I feel it should be through the grades, throughout high school, through any work beyond that. In our medical schools, themselves, about a year or so ago, in talking with the people in one of the major medical schools in the East, there was actually more time spent on discussions of malpractice suits and how to avoid them—I assume how to avoid them or how not to get into them—than there was on actual nutrition courses. And, while we can do some Federal funding on such programs, I think there is also responsibility on the people who are administering the colleges and universities.

Certainly they are not going to come to us and ask for funding on courses on malpractice.

Schools should be looking at their responsibility more than they do.

The high schools and grade schools are probably some of the worst examples because of the junk food that gets spread about.

The kind of education that the public gets in these news articles, I think, is terribly, terribly dangerous, whether it's the kind a man or woman going to the grocery store picks up or the kind that kids get hit with in the enormous millions of dollars spent on advertised cereals with 40, 50, 60 percent sugar.

So, I share in this concern of lack of nutrition education and I think that, as a people, we are going to pay a very high price for that life, far more than the cost would have been to have adequate education the first time.

Let me ask you just one quick question.

Have you noticed any significant difference in nutrition levels of children since the WIC program went into effect?

Dr. METCOFF. I can't answer that factually. I can only make a guess because the assessment of those children has not been continuing enough to establish a change with respect to a prior base line.

There should be continuing surveillance as the HANES program, for example, initiated. It seems to me that this is of great importance.

I would like to make one more point with respect to malnutrition in our society. I mentioned that severe malnutrition is not a common problem. It's not a common problem among the ambulatory population. Incredibly, it is a very common problem among hospitalized patients. Nearly 40 percent of patients in our major hospitals have been found to have severe malnutrition of the category that might be expected in a less-developed country.

Senator LEAHY. Forty percent?

Dr. METCOFF. Forty percent.

Senator LEAHY. That's shocking.

Dr. METCOFF. The figures that I cite were derived from two Boston hospitals.

We did a survey among children in our children's hospital here over a 2-week period, infants under the age of 2 who were hospitalized, and found that 42 percent of those infants suffered severe malnutrition.

Now, the underlying reason was disease. The problem was that the health professionals did not recognize the malnutrition, they recognized the disease.

Senator LEAHY. That again goes back to this lack of education.

Senator BELLMON. Thank you very much, Doctor.

I want to raise one additional point.

If there is no objection, we will include these stories out of these newspapers in the record and also some advertisements having to do with weight loss type diets.\*

One other quick question. At the present time, as you know, work is being done in preparation for the launching of nutrition education courses when the fall school term begins. Have you been involved in these in Oklahoma? I wonder who's planning those courses, how well planned they are going to be, whether or not they'll really be effective?

We'll have some other witnesses here later, but I'm curious to know if you are aware of anyone at the Health Science Center who's been involved with the education.

Dr. METCOFF. I'm not aware of this.

Senator BELLMON. Thank you very much. You have helped us out.

Our next witness this morning will be Helen McGee, nutritionist, school lunch program, State of Oklahoma.

Before we start, we have a Subcommittee on Nutrition of the Agriculture Committee which will hold hearings on the subject of nutrition education in medical schools, probably in June.

Helen, welcome.

Ms. MCGEE. Thank you, Senator Bellmon, Senator Leahy.

Senator BELLMON. Let me caution you to be as brief as you can. We have a good many witnesses that we hope to hear before the day's over. So, say what you need to say but be concise as possible.

\*See pp. 148-159.

STATEMENT OF HELEN MCGEE, NUTRITION COORDINATOR,  
OKLAHOMA STATE DEPARTMENT OF EDUCATION

Ms. MCGEE. Thank you. But, let me take time to say this if I may. We are aware of your commitment to nutrition education, Senator Bellmon, and your personal interest and longstanding support for child nutrition programs and we are grateful for this.

I will speak about the nutrition education and training authorized by section 19 of the Child Nutrition Act, Public Law 95-166. This is probably the most revolutionary change that has occurred in public and supported food service programs for children since passage of the National School Lunch Act in 1946.

As you know, a nutrition education program of this nature has been recommended for many years by educators, nutrition specialists and food service personnel.

The program authorized is especially broad and comprehensive in scope that it involves teaching the principles and practices of good nutrition to students, school food service personnel and educational personnel.

One of our greatest concerns is the limited time frame for this 2-year entitlement program.

When we were in the sixth month of this first year we received the interim regulations on the first phase of the program. We are concerned because of the 2-year entitlement; because we've already lost 1 year in planning and implementing this important program. It's going to be very difficult, I think, for States to use, perhaps, this first-year entitlement unless the funds can be extended. The program is to be implemented in two phases. And, as I said, we have just received regulations on the first phase. These regulations have to do with the written application to receive advanced funds to hire the nutrition education and training coordinator.

The second phase is to develop a needs assessment, develop a State plan and apply for the assessment and planning grant.

So, it's really a very complex program and does need more time given to it.

The goal of the program is to provide children with better learning opportunities regarding food and nutrition, the relationship of nutrition to health, and experiences to use this knowledge to develop food and nutrition attitudes and practices fundamental to their health and well-being throughout life.

We do need to coordinate this program with all of the other nutrition education and training programs conducted in the State with Federal and State funds.

I think there is also a need to communicate the needs and accomplishments to parents. We can envision being able to involve parents, to assist for example, with the needs assessment. We anticipate that parents might be involved in the nutrition education classes held for teachers. The fact that most teachers have not had nutrition course work as a part of accreditation requirements will influence the goals for the curriculum inservice that we must develop. Basic nutrition principles will be a part of the inservice as opposed to an approach dealing strictly with teaching methods. Details have certainly

not been finalized but we do look toward having, at least, a 2-day session of inservice education for teachers at the county or district level as one means of reaching teachers.

As far as the training of food service personnel, we have done a lot of this over a long period of time. This summer we have over 1,000 managers of school food service programs enrolled in a 1-week management course in food service.

The goals, I think, that we see for the decade ahead would be the school as a community nutrition center with the school food service program serving people of all ages, all day, all year; a school feeding program that becomes as important and as essential as books and athletics and all of the other things in the curriculum; a school feeding program combined with an educational program for all-out attack on chronic disease. And, we would see this as a great contribution to preventive medicine.

Concerning new legislation, we do feel that States and school districts are faced right now with implementing the legislation that was passed last year. We are at a point where we have some very important things to do and there is just so much that you can get done. We have the financial management or cost-based accounting needs to be implemented; this is instruction 796-1. A new meal pattern is to be implemented. The new competitive food regulations, which we are extremely pleased about, may I say, that is to be implemented by all schools; and, of course, our nutrition education grant program; and then another item of importance is that of involving students in the menu planning and other aspects of the program. And, then we also have an audit program to implement. These are just a few of the things that I can think of that we do have ahead of us.

Senator BELLMON. Are you suggesting that we may be going too fast, maybe we should slow down a little bit?

Ms. MCGEE. I think we have excellent legislation thanks to you people. We really don't see a need for much new legislation right now, except, of course, extending the WIC program and child care program. We have been just a little slowed down this year in getting regulations to implement last year's legislation.

Senator LEAHY. You were talking about the training of food service personnel. About 1,000 managers are going for a 1-week course in food service. Would a course like that consist of primarily the mechanics of getting the food out or does it go heavily into nutrition?

Ms. MCGEE. It's more in the area of operation than it is nutrition. There is some nutrition involved, but possibly we haven't done enough teaching of nutrition to our food service personnel. We go into more administrative and operational levels.

Another thing I think about is the great need for a nationwide public information program to create a nutrition awareness. These things that you have here. There is a lot of interest right now in nutrition but there's still not enough information to make people aware of the need for good nutrition.

Senator LEAHY. I couldn't agree with you more on that. I think the most popular Government publication was the Committee on Nutrition's "Dietary Goals." It was printed up and sold out imme-

diately and went back to subsequent printing. I read it rather avidly when I first went on that committee. I know I changed my own habits, found an easy way to lose weight, to follow it and get back to the weight I should have been. I couldn't agree with you more. There's got to be far more public awareness. There is the desire for it but, unfortunately, a lot of the information going out is downright dangerous.

Ms. MCGEE. We need to get it on Saturday morning television programs, too.

Senator LEAHY. Something other than having cereals advertised that are nothing more than feeding a child a sugar cube.

In one study, we saw that some of the most popular advertised cereals have sugar content ranging from 40 to 60 percent. Some of them are equivalent to eating a chocolate bar for breakfast.

Ms. MCGEE. Let me say, as a result of the committee that dietary study or goals we are recommending that schools decrease the sugar content of foods and also the fat level and salt level.

Senator LEAHY. And, are you happy with the competitive food regulations?

Ms. MCGEE. Absolutely. I think it's a real great step forward.

One other thing we need; there is a great scarcity of trained, educationally qualified people to direct food service programs. We get a lot of bad press and some of it deserved. We do have some programs that aren't so good. But, there's no one to administer these programs. They are just not coming out of college at this time.

Senator BELLMON. Well, on that point, you heard Dr. Metcoff say that really no one's been trained in nutrition, at least not human nutrition. We train a lot of people in animal nutrition at OSU. He made the point that here at the Oklahoma Health Sciences Center we need about \$200,000 a year to undertake a nutrition education course for the next 4 years.

You make the point that you are not sure the State can use all the money that we made available for training at the primary and secondary levels. Would you be willing to share some of that money?

Ms. MCGEE. No, sir. I really didn't make the point that we couldn't use it. I just said we are going to be pressed for time. It has to be obligated by September 30th and we had to wait on regulations. So, it's going to be hard to do. We won't share any.

Senator BELLMON. You feel that the level of funding is about right?

Ms. MCGEE. Yes, Senator.

Senator BELLMON. You don't want any more?

Ms. MCGEE. I didn't say that, sir. It's a good start.

Senator BELLMON. So, if we put money into higher education it would have to be new money?

Ms. MCGEE. Yes, sir. Absolutely. But, it's a good start. It's just a drop in the bucket to what we probably could use.

Senator BELLMON. I didn't expect any other answer.

You also made a point that I was impressed about, that is, planning programs to include adults. Can you tell us how you expect this to work? To me, it makes no sense to teach the children how to eat unless the mother knows what to put on the table.

Ms. MCGEE. Yes, sir. We just feel that there has to be parent involvement to bridge the gap between the school and the home; the child can carry information home that perhaps will influence the family. We hope that parents will become interested and maybe attend some of the nutrition education classes. We hope to involve them maybe in helping us to do some assessment of need or, actually participate in the program. And, if we are involving students in the program, in the areas of menu planning, decorating the cafeteria and this sort of thing, I think this will involve the parents also.

Senator BELLMON. Now, again, Dr. Metcoff pointed out that very few college students receive training in nutrition and yet now suddenly we have a huge program to train students at primary and secondary levels. Where are you going to get your teachers?

Ms. MCGEE. This is a good question. In this beginning program we are employing a nutritional education coordinator, of course. We are going to have to be looking to the universities to do some nutrition education summer courses, short courses, night courses—this sort of thing. It's the only way we can get the job done. We hope all of the universities in the State will become actively interested—because, we have lots of teachers. We also have lots of teachers without any kind of nutrition background. They are not required to take any nutrition courses to receive their teaching certificates. It's about like the medical school.

Senator BELLMON. We may face a situation where, let's use Billings as an example, the school is suddenly required to start a nutrition education course and it may be turned over to the coach or history teacher or someone like this?

Ms. MCGEE. We hope to do enough inservice training with the regular classroom teachers, Senator Bellmon, provide the materials, the curriculum so that they can integrate the teaching of nutrition into math, social studies, English, science, P.E. I think this is the way we are going to have to go. We are not going out and teaching a nutrition course per se.

Senator BELLMON. And, you will prepare information, or instructional materials that would make it possible for someone, who may not have a degree in nutrition, to carry on a satisfactory course of instruction?

Ms. MCGEE. We hope to be able to do this, to provide the curriculum, to provide the materials, to try to motivate them to want to do this type of thing.

Senator BELLMON. Are you getting any assistance from the national level, from the USDA or HEW, in planning these nutritional materials?

Ms. MCGEE. We haven't to this point.

Senator BELLMON. You have not?

Ms. MCGEE. No.

Senator BELLMON. Would you like some?

Ms. MCGEE. Yes, sir. I think we need to have some standards, some curriculum developed. It would be a big help because we are working in such a short time frame.

Senator BELLMON. Are you using the nutrition authorities that we have at the universities?

Ms. MCGEE. We plan to, very definitely.

Senator BELLMON. I liked the thought that you expressed about making the schools a community nutrition center. I would think that would be an enormous benefit to our total population.

One other question. Do you see any interest on the part of public television in nutrition? Do you ever see a program here in Oklahoma on the public television stations dealing with that?

Ms. MCGEE. Very few.

Senator BELLMON. What about our commercial stations?

Ms. MCGEE. Very few.

Senator BELLMON. How about newspapers?

Ms. MCGEE. Most of the stories we get, unfortunately, are the stories of what's wrong with the program rather than the good things about it. The recent Redbook magazine has several pages devoted to the school lunch program.

Senator BELLMON. Critical?

Ms. MCGEE. Very critical. Of course, 60 Minutes, McNeil-Lehrer Report all pick up the bad points.

Senator BELLMON. You have their attention here now for the next 2 minutes, if you would like to use this time to get something on the air.

Thank you very much, Helen. We would appreciate it if you would keep us advised as to how this program progresses and let us know of changes that you may find you need to make. And if you find you have too much money you can always give it back.

Senator LEAHY. Send it to Vermont. We can use it.

Ms. MCGEE. Let me say again, how much we appreciate your input into getting this legislation passed. I know that you had a lot to do with it.

Senator BELLMON. Thank you very much. Pat also.

Ms. MCGEE. Thank you.

Senator BELLMON. Our next witness is Dr. Esther Winterfeldt, who is the head of the Food, Nutrition, and Institution Administration Department at Oklahoma State University.

And, if my information is correct, Esther will probably be the next president of the American Dietetics Association. Congratulations.

Dr. WINTERFELDT. No, not yet. You have good sources of information, Senator Bellmon.

Senator BELLMON. We have the CIA that helps us with these things.

Senator LEAHY. They have a fantastic nutrition program.

**STATEMENT OF DR. ESTHER WINTERFELDT, HEAD, FOOD & NUTRITION, AND INSTITUTION ADMINISTRATION DEPARTMENT, OKLAHOMA STATE UNIVERSITY**

Dr. WINTERFELDT. Senator Bellmon, Senator Leahy, I'm extremely pleased to have the opportunity to discuss with you what I see as priority areas of need in nutrition research. You've heard several areas relating to clinical nutrition that have been discussed earlier by Dr. Metcoff. And, the remarks that I plan to make will reinforce the ones that he has made. We will concentrate primarily on nutri-

tional aspects of human needs and human behavior under so-called healthy or normal conditions. However we might define that. So, my intent is to cover with you quickly three major areas of need as follows:

The first one is to deal with human nutrient requirements. The second area is in regard to foods and the nature of the food supply. And, the third area, the consumer and nutrition education. And, perhaps I can add to some of the comments that we already have discussed in that regard.

I would like to start by saying that there have been a number of reports issued within the last 2 to 3 years with which I know you are already familiar. They have been prepared by various governmental agencies in regard to the present status of nutrition research funded and administered through Federal agencies.

In 1976 the Congressional Research Service issued a report indicating that the responsibility for nutritional research is scattered among several agencies without much coordination. In particular, the total amount being spent may be inadequate in light of the increasing challenges that we continue to hear referred to.

In 1974 about 2.6 percent of the total USDA Agriculture Research budget or \$10 million was spent on human nutrition research.

If, however, we looked at Federal and State funding for animal versus human nutrition research and compared these, about \$54 million was allocated for animal nutrition, \$18 million for humans. We regard this as a sizable gap.

In September 1977, the Office of Science and Technology presented a report showing that some \$112 million would be spent on nutrition research in 1977. This is an increase. Most of this research is conducted by the National Institutes of Health, \$80 million; the Agriculture Research Service, some \$14 million; and the Food and Drug Administration, some \$4 million. However, there is little formal coordination of the research planning or joint coordinating of the nutrition research by these particular agencies—and, it is said that some substantial gaps, therefore, exist in what is being funded.

In March 1978, Dick Woods did kindly send the latest report from the General Accounting Office which incorporated an earlier 1977 report from GAO but adding considerably more data to it. The estimates now show that each year between \$73 and \$171 million is spent federally on human nutrition research. This represents about 3 percent of the \$3 billion spent annually on all research in agriculture and health.

We are encouraged by the USDA competitive grants that become available through CSRS or the new area SEA. The competitive grants do allocate \$5 million to human nutrition research. Those are truly competitive grants, countrywide, and they will be available to the people in all areas and in all kinds of research settings.

So, these figures, I think, give some indication as to the present Federal efforts that are being taken in regard to funding and administration and I think it's imperative that the real priority areas of need be recognized and put at the top of the list for emphasis. To again reinforce what Dr. Metcalf mentioned earlier, nutrition today we know to be complex and to be multidisciplinary. We know that

nutrition plays an extremely vital role in health throughout life. In fact, the lifespan itself, the human intellect, the quality of life for all, is central to this concept of good nutrition. And, while we have essentially conquered all outright nutritional deficiency diseases in this country in that we see very little of scurvy and beriberi for instance, we die now from other kinds of degenerative diseases that are believed to be related in much more subtle ways to nutrition and food intake as well as other factors. Probably too much food and the wrong kind of food are the greater problems now that we face, not deficiencies.

In regard, then, to this first big area of nutritional needs, the bible of nutrient needs for Americans are the "Recommended Dietary Allowances." We have referred to them earlier. They are revised and updated every 5 years and we expect to have another revision this year. Each time a revision is issued new nutrients are usually added and the amounts of some of the others have been changed; clearly indicating that we are far from having the final answers on actual human nutrient requirements. The fact that the RDA's are really based on the best available evidence from present research and they represent literally value judgments of people who have been selected as being the experts, indicates a need for continuing research.

Further, too, the "Recommended Dietary Allowances" identify nutrient needs in health. They say nothing to us about needs during chronic or acute kinds of illness, and under other conditions. They say nothing about interrelationships between nutrients, drugs, other lifestyle factors such as exercise, stress and so on. None of this is included. The actual nutrient needs of the persons at various stages of life are treated only in part in the "Recommended Dietary Allowances."

We actually do not have enough basic research to be able to completely say what the needs are at each of these critical stages.

We need, further, to know considerably more about the bio-availability of nutrients from food sources and particularly in relation to the body's inner metabolism. And, this is where we overlap with the biochemists and the others who deal with intermediary metabolism and the medical-related aspects of foods and nutrients.

The fact that there are critical age periods of life in which nutrition becomes of special importance means that we need to know considerably more about what it is that causes it to be critical.

Early childhood, adolescence, old age, pregnancy and lactation; and the woman during the childbearing years of life is much more susceptible to anemia due to iron deficiency. During the fast-growing periods of life we are well aware there is the need for more of some nutrients, particularly protein and calories. Some of the vitamins and minerals are greatly accelerated. The effect of deprivation of any or all of these nutrients at these periods; and the motivational factors to assure intake are all areas of research need. We do not know how best to influence people to eat what they ought to eat.

Further, differences among racial groups in regard to nutritional needs is becoming increasingly recognized. But, we need to know much more about it.

Dr. Donna Bose and coworkers at OSU are discovering that some 75 to 80 percent of native Oklahoman Indians have some degree of clinically identifiable lactase deficiency with some degree of intolerance of milk, and therefore at risk because of calcium deficiency.

In another master's degree study conducted with Dr. Kelly West at the Medical Center, deficient intakes of nutrients were identified along with the presence of more obesity, diabetes, elevated blood lipids among southwestern Indians in Oklahoma.

Another recent study from OSU, just to give you one further quick illustration, assessed the intake of drugs, medically ordered drugs, and medicines among nursing home residents in five Oklahoma nursing homes and it was discovered up to 20 separate drugs and medicines were being given with most or almost no monitoring of these either on nutrition status or on interactions among the drugs. We do know interactions exist in a sizable number of these and yet we don't know much about the overall effect.

The human requirement for trace minerals, and I mention zinc, chromium, and selenium as probably three of the outstanding examples, are only beginning to be known as to the human requirements. We do know that all of these are essential in human nutrition. The thing that we do not know is what the role is, how much we need of it and how to get them best in foods. So, we need considerably more research.

In Oklahoma, further, we know very little about the actual nutritional status of the population and we feel that research in nutritional assessment would help give us a basis for programs that would be of direct applicability to the citizens in this State. The HANES survey data, the health and nutrition examination survey done some 4 to 5 years ago, has been generally unavailable to us and so we need more of our own information.

The second area has to do with foods and the nature of the food supply.

Factors that do influence the food supply and the nutritional value of foods are known to be diverse. The many foods that are now on the market which are "made products"—made of one thing to resemble another—or that are highly processed, make many of our food value reference tables obsolete and leave questions about the actual nutritional value of these food products.

We do know that over half of the food that Americans eat now is processed in some way in that something is done to it. We are told that of the approximate \$110 billion spent on food in this country some \$30 billion last year was spent in food service establishments outside the home. And, so, there are questions about that. What's the nature of that food? How is it handled in regard to cleanliness and safety? How much salt and fat and sugar has been added to it? We don't know those things. How long is it held between purchase, cooking and serving? All crucial questions in our estimation. We need to know more about the effects of using whey, collagen, mechanically deboned meats, soybeans, sugar substitutes. Lots of questions remain about the use of all these and yet they are being used.

The effects of other additives for fortification and enrichment of foods or for a host of other purposes needs to be constantly assessed.

Standards for human requirements in order to have practical application does mean that we need more current knowledge in the nutrient composition of foods as they are consumed and the extent that these nutrients are biologically available for absorption and body use.

Research is needed now to update and to expand our food composition data and to develop improved methods for determining food composition and the bioavailability of foods.

The U.S. Department of Agriculture publishes the "Handbook No. 8" which is the standard reference for food composition in this country. It is in the process of being revised but it takes many years to do this and sometimes questions remain in regard to actual food composition.

My last area has to do with the consumer and nutrition education. Nutrition education seems to be our theme running through and so I will have a comment about this also.

We do know, of course, that people select foods for many reasons; many of them unrelated to the nutritional content in any way.

As food becomes more complex and varied these choices are going to become more critical and this in turn will lead to the need for the very best possible food nutrition information that we can provide.

The identification, therefore, of cultural, social, demographic, institutional and economic factors, all influences on food choices, constitute a very high priority area. You will be hearing shortly about the WIC program in Oklahoma which deals with several of these factors.

It has become obvious that different eating patterns do exist within the State as an outcome of the WIC program. For instance, anemia is found among 90 to 97 percent of the children in WIC in certain areas of the State and only 70 percent or less in other areas. Miss Hensler will be telling you more about this. These are reasonable questions, it seems to us. Why does the incidence of anemia vary anywhere between 40 to 93 percent among pregnant women in the program? Does this relate to food habits? And, what causes the difference? We are not sure that it is entirely economic. We think it must be a combination of other factors that relate to economic factors also.

We, of course, share the concern of the school food service people regarding the best ways to use the school food service programs to promote nutrition education. We need to know considerably more about the best approaches to do this; the best materials; who should do it and so on.

At present, nutrition labeling information is being provided on infant and special dietary foods and on some other foods through voluntary industry programs at higher cost. Ingredient labeling by order of predominance or by amount of those ingredients is mandated only in part. We need to literally sort out what consumers would really like to know about what's on the food labels; what they need to know to make use of that information; and how then do we best give it to them? We need to know much more about consumer

motivation, how it is that we get people to apply principles of good nutrition when it comes to buying and preparing and eating food. When persons get to the grocery store what happens from that point on? How do we promote good nutrition in the face of highly advertised, well financed, colorfully presented foods of little or no nutritional value which are misleading or promoted for economic gain.

In the whole area of nutrition misinformation and outright food faddism, I can definitely reinforce what already has been said. It is an area of tremendous concern to us. It is an area of high frustration to the nutrition and scientific community because we seem so helpless to deal with it very effectively. We really would like to see research which would provide ammunition against the fad promoters and their products and some approaches toward positive reinforcement of behavior for good nutrition habits, rather than the glamorizing of dangerous or noneffective diets.

The advertisements in newspapers and magazines and the disproportionate emphasis on gadgets and supplements, the instilling of distrust in the scientific community add to the problem.

I would like to point out that nutrition education is taking place at Oklahoma State University for people—for animals too—but also for people. We are graduating some 25 to 30 seniors this Saturday in the area of foods and nutrition and once they have further completed experience requirements they will be eligible to become members of the American Dietetic Association and practice in the field of dietetics. But even if they do not they are available to be nutrition consultants. They will be available to help in nutrition education types of programs around the State or wherever else they may go. Not all students choose to stay in the State because husbands move other places and they decide to see the country. All kinds of reasons.

We are also training nutritionists at the master's degree level and we graduate some 10 to 12 of these persons per year. We have no financial assistance to do that in particular. Since this was mentioned earlier I would add my comment that it would be a very excellent thing, as we would see it, were there some other of these types of sources.

At the Federal level, again, there has been some money for advanced training in nutrition for people to go into nutrition positions related to dietetics as well as other nutrition positions in public health departments. A lot of that money has come through allied health in various ways. And, some of it has been on a competitive basis such as training in coordinated undergraduate programs in dietetics. Not so much in relation to the land-grant colleges and universities.

My fairly large list of nutrition research needs I would summarize very briefly for you as: The ones needed the most are information on human nutrient needs and needs under normal conditions; nutrient needs during the critical periods of the life cycle; nutritional assessment of the population; the nature of the food supply; its nutrient content and its availability and bioavailability; the effects of processing on foods; factors that affect consumer be-

havior relating to food and nutrition; and the optimal means of nutrition education.

Thank you.

Senator BELLMON. Thank you.

Dr. Winterfeldt, let me ask you only a couple of questions. You mentioned motivational factors and I'm sure you've heard a great deal about the criticism of our school lunch program because of so much of what's called "plate waste"; so much of it winds up being discarded.

Do you have any suggestions on how that problem can be dealt with?

Dr. WINTERFELDT. The plate waste?

Senator BELLMON. Yes. Motivating the children to eat their spinach rather than the potato chips.

Dr. WINTERFELDT. Well, that's a hard question. But, I think you see that that incorporates what we talk about as the positive approach. And, also what's available. If the other kinds of foods are there, available instead, and the children have easy access to them then I think that these other influences take over and they will choose the other things first.

Senator BELLMON. So, you think it was right for the USDA to mandate that these convenience foods not be available in schools?

Dr. WINTERFELDT. Yes, I definitely agree with Helen McGee on that. I think that was an excellent move.

Senator BELLMON. Why is it that that kind of a decision has to be made by the Federal Government? Why couldn't the local school superintendent do that?

Dr. WINTERFELDT. I understand that it's tied in with finances, sometimes, in that some of the other foods are moneymaking foods. They are vended through vending machines and, they help support the band and the trip out of town and the football team and other activities like this. And if children choose them then sometimes the theory is, we give them what they want. Motivational.

Senator BELLMON. To me that's a sad commentary, but it may be true.

You've given us two figures that really kind of shock me. One is that 75—I hope I got it. I'm not sure if I got it right. Let me read it again. Seventy-five to 80 percent of Oklahoma Indians are lactose deficient?

Dr. WINTERFELDT. Lactose deficient.

Senator BELLMON. And, this is due to the lack of milk and such?

Dr. WINTERFELDT. No, it's a genetic or an acquired enzyme deficiency that is due to, we do not know what. We know that there is a very high incidence of it among Indian groups, generally, among the blacks and among some other countries in the world. Much less among white Americans and the rest of the people. It's not understood as to why it's developed among these groups of people. There are some theories that maybe people over a period of years of time have, by not drinking milk, lost the capacity to handle milk, by loss of the capacity of that particular enzyme to handle it.

Senator BELLMON. So, it really isn't a nutritionally based problem; it comes from another source.

Dr. WINTERFELDT. No, I think it's more than just a nutritional problem; it is not actually a nutritional deficiency.

Senator BELLMON. Also, again, I'm not sure I understood you properly. Anemia was found to be prevalent among 90 percent of the children in certain groups?

Dr. WINTERFELDT. In some areas of the State in which the WIC program exists the incidence of anemia, some degree of anemia is found to be that high among the children on that program.

Senator BELLMON. Amazing. And this is nutritionally related?

Dr. WINTERFELDT. Definitely.

Senator BELLMON. Is there some explanation for that?

Dr. WINTERFELDT. Miss Hensler, I'm quite certain, is going to give you some further facts and figures on that. I expect there is a good explanation.

Senator BELLMON. You—I don't want to embarrass you, but you seemingly are quite proud of the fact that you are graduating 25 nutritionists or 35 upcoming graduate students. How many total graduates are receiving their degrees?

Dr. WINTERFELDT. You mean in the entire university?

Senator BELLMON. Yes. Probably more than 3,000?

Dr. WINTERFELDT. I suppose so. Our dean is back here and that's who I'm looking at now.

Senator BELLMON. So, only 35 out of 3,000. That doesn't seem to be a great deal of emphasis on nutrition.

Dr. WINTERFELDT. True.

Senator BELLMON. So maybe you should recruit a little more.

Dr. WINTERFELDT. I'll be glad to do that, Senator Bellmon.

Senator BELLMON. The other point. Do you feel there's any wisdom in trying to establish a sort of a research coordinating council for nutrition activities that go on in the Federal Government so that we can sort of bring it all together on a national level? I don't know what's done now. Someone mentioned that research efforts were spread among eight different departments. Do we need a kind of nutrition czar in Government?

Dr. WINTERFELDT. I'm not so sure that that's the term I'd like to see applied to that. Maybe not a czar but I think some mechanism for some coordination among the research efforts that already exist would be a good move. I would say that's an excellent move. I think the need is there.

Senator BELLMON. Where would you like to see the coordination responsibility lodged?

Dr. WINTERFELDT. Somewhere in between the agencies that already exist.

Senator BELLMON. There's not an obvious lead agency to take this responsibility? Health, Education, Welfare, Agriculture, NIH?

Dr. WINTERFELDT. Well, you are asking me the hard questions, Senator Bellmon.

Senator LEAHY. If it's a consolation, he does the same thing in Washington.

Dr. WINTERFELDT. Well, I realize that those are the crucial questions.

In the reports that I have seen there is a lead agency in each of these major areas of emphasis. USDA is the lead agency in foods

and food requirements, the factors influencing food choices, the consumer aspects of it, all of this. Also, the human nutrient relationships and human nutrient needs related to food intake.

Health, Education, and Welfare is the lead agency for other kinds of research that have to do with the clinically related nutrition, the studies that have been done about nutritional assessment, the risk factors, and so on.

Food and Drug Administration, of course, is a separate agency from those. They are important insofar as their monitoring of food supply.

Senator BELLMON. Maybe a policing agency?

Dr. WINTERFELDT. Yes.

Senator BELLMON. So, we'll have to create a new agency for this. We'll see if we can't pick one.

Pat, do you have any questions?

Senator LEAHY. Just more of a comment than a question. We are talking about the competitive foods or the junk foods that are sold in school. Senator Belmon raised the fact that we really did not need a Federal mandate on that if the States wanted to get rid of them themselves. And, you mentioned the fact that many school districts throughout the country, and it's not just Oklahoma, have probably encouraged it because they are moneymaking. My comment is simply that on one hand we hear continuously in Washington, "Get the Federal Government off our back, stop having the Federal Government intrude, stop having the Federal Government get into decisionmaking." And, yet in an extremely positive area where the States could have handled it themselves, they didn't. Of all 50 States very little effort has been made. Even the financial argument falls flat to this extent. Do away with all the junk food dispensers. Put something in there that sells real food; fruits, and fruit juices and things with some kind of nutritional background. If that's the only thing available I readily suspect that the same percentage of students who would have been buying food before would still be buying food except that they would be buying real food.

Dr. WINTERFELDT. Food that's available.

Senator LEAHY. An example that I used on one of these other hearings is with our own three children. When we took all the, in effect, sugar water drinks out of the refrigerators, put in apple juice, milk, and so on, and that's all that was available, the kids still came in when they had been out playing or something like that, still consumed as much, probably in quantity, as they had before, but now they were at least consuming something of a proven nutritional value.

And, in this whole area of nutrition I certainly see the role of the Federal Government, in trying to do studies that are well based and available to everybody. I would hope that the States throughout the country would make it more of an effort on their part and not put the whole thing on the Federal Government, having to direct what they do.

Dr. WINTERFELDT. Well, I think that's a valid comment and I think that States would probably like to do that and I think that your efforts at the national level have reinforced and given some real ammunition to be able to do that.

Senator LEAHY. Well, your association has helped a lot, too. That's all I have.

Senator BELLMON. We look forward to hearing from you in your new position. Don't hesitate to take the initiative to call on the committee any time you can. I think that at least Pat and I would agree that the proper place to lodge this coordinating activity is under the jurisdiction of the Agriculture Committee in the Senate.

Dr. WINTERFELDT. All right.

Senator BELLMON. We seem to be the only ones that are concerned.

Dr. WINTERFELDT. We appreciate your interest.

Senator BELLMON. Our next witnesses will consist of a panel made up of four persons. We'd like for two of you to be at each end of the table. I have to warn you that this table is the most rickety I've ever seen. So, don't lean on it too much.

First of all, Mr. Fred Jones, who is the director of the school lunch program in the State of Oklahoma; Miss Irma Manning, the State leader of special programs, Oklahoma State University; Miss Elizabeth Hensler, director of the nutrition division of the State department of health; and Miss Carmelita Osborne, Tulsa Indian health program.

You may choose up sides here. Whichever one appeals to you.

We still have a large number of witnesses so be as concise as you can. If you aren't concise, I may have to blow the whistle on you.

Mr. Jones, you are first on our list so, if you care, you may lead off.

#### STATEMENT OF FRED JONES, DIRECTOR, SCHOOL LUNCH PROGRAM, STATE OF OKLAHOMA

Mr. JONES. I'm Fred Jones and, Senator Bellmon and Senator Leahy, I appreciate the opportunity to express some views and some opinions concerning the programs that we have.

First of all, I might say this, that we are most happy with the legislation that we have. We think that the steps that you took in passing section 19 of Public Law 95-166 was certainly a step in the right direction. However, we feel like that it is probably only going to scratch the surface of the problems that we face in nutrition. And so, we are pleased with that. And, I might pass on this information to you that we are pleased with the legislation that we have in relation to the nutrition programs with respect that we have performance funding, we have the escalation clause, not only in the rates of reimbursement but in the commodity programs. And, certainly this is good legislation and it allows us to, with good management, the programs are not in financial trouble but they are able to keep up with inflation with the escalator clause in the legislation that we have now.

I want to bring this point out to point out the feeling, in effect, across the Nation. We had a legislative conference in Washington in early March. We had a State directors meeting at this conference and 45 of the State directors across the Nation attended this meeting. And, it was a unanimous opinion that we had adequate legisla-

tion at this time; that we did not need a major legislative bill at this time; that we felt like we needed about 3 years to implement the things that we already have to do.

Helen McGee alluded to the fact that of all of the areas that we are responsible to implement we still have to do a lot of work in this area.

Now, just to define what I'm going to say next, in the past few years, the last 3 or 4 years we've only been able to concentrate in the training of management for the food service people; simply because it is a matter of implementing new ideas, new programs, new management approaches as 95-166 has created tremendous loads in the area of management responsibility along with other problems that we have had. We've had to neglect training our people in the food service business, in quality food production now for years.

We held as many as 66 1-week training programs in the area of food production such as baking of breads, the main dish items, the salads and vegetables and we trained up to as many as 1,300 people in these training programs.

I think we get a lot of bombardment from the public in our programs today and in the last 3 or 4 years. As you have noticed, we have had a lot of bad publicity. We feel like a lot of it is because we have had to neglect the training of our people to produce quality foods. If you don't have quality foods they are not going to eat it. Consequently, you are going to have plate waste. So, we feel like that the training of people in this area is an ongoing thing, that we cannot train them one time and say we've completed our job simply because, in the area of food service people in the public schools, it's a low-paying job and we have a lot of turnover. So, consequently, it's a constant, ongoing thing and we need to get back to that to a great degree.

I think that I'd like to state that we in Oklahoma and in the field across the Nation are opposed to a mandating of a breakfast program. I think this—there has been a lot of talk about mandating of a breakfast program. I certainly would want to point out very clearly that we are very, very strongly in favor of breakfast programs because they are good. But, we have never mandated a school lunch program. We've never needed to, apparently. The people have responded in that area and despite why I say this, in 1975 across the Nation we had 14,200 breakfast programs. Two years later, half-life, 1977, we have 22,300 breakfast programs. This was a 50-percent increase in 2 years in addition to the breakfast program. But, we say to you that we are responding to the breakfast needs of our youngsters without a mandate. We feel like that, as the schools are able to have the breakfast program, the facilities, changing of bus schedules, and all of that, we think we are going to reach the point to where we will have basically all of the programs on the breakfast program especially in the areas that there is a great need for them.

So, I think if you give us some time to do it we will do it and I think when people do it on that basis they are going to be very happy about it.

So, we feel like the programs are progressing. We have made great strides.

I've been in this program, not as a director of the program, but I've been in the food service program for almost 7 years and I have seen a tremendous change, tremendous increase in the value of the program to students and communities and I agree with the idea that Helen McGee alluded to a while ago that we ought to make the school a nutrition basis for the communities. Where else could you have it; where logically? You have the equipment, you have the expertise, you have the people that can do it. So, I appreciate the opportunity. I realize that time is short but—

Senator BELLMON. Thank you, Mr. Jones. We'll come back after the others have made their statements. I want to raise some questions and I'm sure Pat does also.

Our next person on our list is Irma Manning, the State director of special programs for Oklahoma State University.

**STATEMENT OF IRMA MANNING, STATE LEADER, SPECIAL PROGRAMS EXTENSION SERVICE, OKLAHOMA STATE UNIVERSITY**

Miss MANNING. Thank you, Senator Bellmon.

I want to talk about the expanded foods nutrition education program or EFNEP, as we call it.

This is a family-centered program as are all cooperative extension programs and they are community-based programs for the people in the community. This is funded through USDA funds for the purpose of improving the nutritional level of our low-income families. And, we do give this program to very low-income families in our State.

The average income of those we are working with at the present is below \$5,000. And, this is for families averaging four and one-half members per family.

The main target audience is the mother and especially the mothers of young children are the ones we are trying to get because we believe there's a possibility of changing the eating habits while the child is still young. And, we do know that the woman in the house is usually responsible for the food that the family eats.

Since the program has been funded in the last 4 years it has been operating at the same level as far as funding is concerned. So, we have had to reduce our program each year to keep going. At present we are working in 13 counties. In the past we have been in 12 additional counties.

The method that we use in the program is that of the paraprofessional or EFNEP aides, as we call them. These aides work within the existing cooperative extensions' delivery system. That is, the aides are hired and trained and supervised by the local county home economist and they teach one-to-one in the home and try to get the homemakers into groups as possible. They teach in depth over a period of 1 to 2 years going into the home twice monthly and try to get actual behavioral changes among the homemakers.

We base the progress of the program on the improvement of the diet of the homemakers. And, we have been able to show that in

the beginning only 6 percent of the homemakers will have a minimum adequate diet. This is a minimum adequate diet. And this increase or improvement in the diet is a very slow thing. At the end of 2 years about 30 percent will have an adequate diet but about 80 percent or more will have a much improved diet over when the aide started working with the homemaker.

The assumption is that if the homemaker's diet improves then the diets of the other family members will also. And, we believe this is true.

As the aide teaches she also identifies needed behavioral changes in the homemaker's ability to plan for the family's food needs. We find so many times that they absolutely don't know how to feed their infants and children.

Of course, the money for buying food is very important. So, there is a great deal of teaching in how to buy wisely using the food stamps to the best advantage. We also work real hard to get her, if it is at all possible, to produce and preserve her own food. And, we have really made some strides in getting some of our low-income families to raising a garden and preserving their food.

One of the other things we do through the paraprofessional is to teach groups of youth in the neighborhoods. We try to especially get the children of the families where we are working with the mother because we feel there is a double impact with the mother and the child.

These families, as I said, are low income and we do keep records on these families. We find that they are spending 33 percent, this is as of March 31, this year, 33 percent of their income goes for food. These families, as I said, are larger than the average family; about half of the families we're working with are minority races.

In one county we recently surveyed, 35 percent of the enrolled families were headed by females. So, this is one of the reasons for the low income. Also the educational level is quite low—30 percent of the homemakers had less than an eighth grade education. So, it's a slow education process.

The advantage, we feel in working this way, is that our paraprofessionals are trained and supervised quite closely by the well-trained professionals at the county level and most of these, by the way, come from Oklahoma State University.

The information that is taught is based on sound research findings and we modify it to teach one single concept at a time. The evaluation is built in to assure that the program meets the needs of the client.

And, we do have coordination. One of the things we hope will be an outcome will be to get more of these low-income families coming into the county extension centers for other kinds of information. So, we have the coordination with the other staff in the county.

We also involve the recipients of the program in lay advisory groups to keep us informed of the needs, as they see it, of the low-income people.

Since we are only able to operate this program in 13 counties there is certainly a great need in the other areas of the State. We need to enlarge the program in the counties where we are function-

ing. We had to cut back the program in Oklahoma County and Tulsa County, particularly, and there is a great need in those counties.

So, we do believe that this program, along with others, is doing a great deal to decrease the malnutrition among our very poor in our State.

Thank you.

Senator BELLMON. Thank you very much, Miss Manning.

Next we'll call on Elizabeth Hensler.

**STATEMENT OF ELIZABETH HENSLER, DIRECTOR, NUTRITION DIVISION, WIC PROGRAM, STATE OF OKLAHOMA**

Miss HENSLER. I'm Elizabeth Hensler, registered dietician and director of the WIC program in Oklahoma.

Senator Bellmon, Senator Leahy, first I'd like to thank you for the opportunity to express our thoughts regarding WIC in Oklahoma.

The benefit of WIC has been clearly demonstrated in the areas of Oklahoma participating in WIC. Mrs. Ewing, a public health nurse, will discuss this from the ground level.

We now have approved funding for approximately 10,500 patients and anticipate reaching this caseload in June.

Because of coming into the program late, limitation of FTE's, lack of starting-up funds, and lack of certainty, we've had to build our caseload slowly.

I would like to speak in answer to Senator Leahy's question to Dr. Metcoff. Oklahoma County does not have a WIC program other than the Mary Mahoney area which has about 600 patients, and both a participant and nutritionist are here.

Oklahoma County alone has a need for funds for 24,000 patients under 195 percent of poverty. Based on income fact alone, under poverty level, there are approximately 44,000 pregnant women, infants, and children 1 to 5, eligible for WIC services in Oklahoma. And, approximately 132,000—

Senator LEAHY. Is that the whole State?

Miss HENSLER. That's the whole State.

And, approximately 132,000 eligible under 195 percent of poverty.

Based on our experience we hope to sometime, somehow reach at least 28 percent of the goal which would be 38,000 patients.

Now, this would take a lot of money. But, I would like to call to your attention, the food for a pregnant woman until delivery and 6 months thereafter could not pay for 1 day in an intensive care unit for the newborn infant.

We do have some concerns for our ability to give adequate nutrition education with administrative costs allowable. And, this nutrition education is for the whole family.

I'd like to call your attention to the requirement for fiscal accountability effective in July 1978. It is anticipated the data processing will take 15 to 20 percent of our allowable cost. On the basis of food costs of approximately \$22 per month per patient, our allowable cost for administrative services and materials and accountability is \$5.50 per month. Our estimated and present costs are as

follows: Data processing, estimated 88 cents per patient, per month; indirect cost charged by State health department, 44 cents per patient, per month; nutritional assessment, primarily by nurses, average of 88 cents per month based on 19 minutes per patient, each 6 months; clerical work in clinics and nonprofessional helpers, for receptionists and voucher issue, assistant professionals, records, reports, approximately \$2 per patient, per month, 25 minutes per patient, per month. For central office salaries, including the WIC administrator who is also a nutritionist, one nutrition education nutritionist, one accountant, clerical help, travel, supplies, printing, nutritional education, processing records and necessary equipment, we have \$1.15 per patient per month. Nutrition education, which is done mostly by nurses, costs 66 cents per patient, per month, based on 15 minutes per 6 months, per patient.

This is a total of \$6.01 per patient or 51 cents per patient more than our allotment. We have survived because our data processing costs have not been as high as they will be because requirements for accountability did not take effect until July, and because five area nutritionists funded by other programs have assisted us.

We request that allowance for services and administration be increased to 24 percent of the total grant which would allow us approximately \$6.61 per patient. This would allow coverage of present cost and increased employee cost which are going up 17 percent this year. This includes salary increases, worker compensation and retirement increases. It would also allow us additional nutritionists so that we can have a full-time nutritionist to cover four to six counties; each nutritionist will be funded one-half time by family planning and other maternal and child health programs.

WIC would consume one-half their time and that would be integrated with maternal and child health.

Oklahoma, as all small States, has an additional burden of small case loads in scattered areas. We also are faced with the fact that the counties which have the greatest need, also have the lowest taxable income to support county health clinics. They cannot afford extra outlay for WIC.

One of the greatest attributes of the WIC program is the number of individuals entered in the health care system. These include increased immunization, finding of VD in pregnant women, orthopedic problems, family planning services, and developmental problems. All these must be covered by local funds. It's imperative that WIC carry its own weight.

Nutrition education must be an integral part of the program. However, we sincerely hope that methods of nutritional education, whether by group or individual teaching educational techniques, be left to each area and not be dictated by the Federal Government. We believe that nutrition and risk criteria should remain the criteria for WIC and that WIC be known as a nutrition and health program and not as a welfare program.

We believe in accountability for money but please, no additional requirements on accountability that absorb more of our money than our nutrition education.

We believe in evaluation but please, let us evaluate the program change and nutritional and health status of the patients and not how many times and how many individuals went to class.

As one of our health education advocates said, "Let us evaluate if the bird flew, not how many times he flapped his wings."

Shortly, our recommendation for WIC legislation areas are as follows: nutritional assessment of every individual wishing to participate in WIC's services be retained. Two, nutrition at risk be the criteria to let individuals participate in WIC. And, low income should not be sufficient criteria. Three, nutrition education and counseling should remain an integral part of the WIC program. Four, WIC should be incorporated as a total health care service and the nutritionists serve as a part of the health care team and serve as consultants to other members of the team as well as give direct services. It really concerns me when we set up a WIC budget with only nutritionists. Five, supplemental food should be provided within the maximum allowance to meet individual patient needs. Six, there shall be ongoing and periodic evaluation on change of health status of patients. This should be the means of evaluating the WIC program. Seven, administrative funding for administrative assessment and nutrition education be increased to 24 percent of the total funding. That each State be allowed to initiate their nutrition education plan in accordance with their resources to meet the needs of all clientele within their jurisdiction. Nine, I think is very important. That funding be made long enough in advance to allow for constructive long-term planning. This has been one of the major problems in WIC to date. If we knew the approximate funding 2 or 3 years in advance we could plan for more efficient use of funds to receive maximum benefits. And 10, that WIC continue—and, thank you, Senator Bellmon, for what I read in the paper, what you said about the children 3 to 5, that WIC continue to cover children who are nutritionally at risk until age 5.

We advocate the continuation of the WIC program under the auspices of the USDA who has given us such excellent support and direction and whatever funds we get we can assure you, the administration of the WIC program, we'll do the best we can with what we have in our State.

Thank you.

Senator BELLMON. Thank you, Miss Hensler.

We will hear from Pamela Iron who is representing Carmelita Osborne.

#### STATEMENT OF PAMELA IRON, DIRECTOR, INDIAN HEALTH RESEARCH CENTER, TULSA, OKLA.

Miss IRON. Senator Bellmon, Senator Leahy, I'm Pamela Iron, director of the Indian Health Research Center for Tulsa which is an urban health delivery system. I have resided in Tulsa areas as a tribal member living in an urban setting for the past 8 years. My previous and present job has been working with Indian families in the area of living needs and health care. The Indians of Oklahoma, Oklahoma City and Tulsa, have been addressing these legis-

lative issues of WIC for approximately 2 years. Both urban Indian health care programs have submitted proposals to become State agencies, but were denied because of the Federal recognition by the Department of Interior, the clause that was previously in the Federal regulations of the WIC title. The proposed bill the USDA states in 11-K:

A group recognized by the Department of Interior, a group which is an authorized representative of Indian tribes or groups recognized by the Department of Interior or the Indian Health Services shall be stated as a State agency.

The issue which I would like to address is how do we become authorized? What constitutes recognition? Does entering into a contract with the Indian Health Service constitute recognition?

The second issue I will address is the special nutrition educational needs of the Indian families.

Traditionally their diets consisted of one main source of protein and vitamins. With the onset of civilization the diet of the native American has changed to more carbohydrates and fat substance which is now thought of as Indian food. The nutrition education must play a vital role in reintroducing and reeducating the Indian parent and child to utilize the supplemental foods that affect growth and development and still retain the culinary art and cultural values linked with native food.

There are now five Indian State agencies in Oklahoma with one subcontract functioning as a local agency, which is my program. These five tribal groups have made a very measurable impact on nutrition and health status in a very short period of time. As an example of this is the Cherokee Tribal Health Department has approximately 1,500 participants with a startup date being in December of 1977. The Indian Health Resource Center began services March 6, 1978, and in 2 months have enrolled 265 participants. The benefits multiply. As Miss Hensler, I want to say that I express the same feelings that she did. They multiply as the participants not only receive supplemental nutrition and nutrition education but it works as a catalyst for receiving other health services such as immunization, regular physicals, dental care, health education, and other health social services which otherwise would be neglected.

In summarizing, I would like to address four points of the legislation which are vital to the success of WIC.

Local community needs should be assessed and approaches to nutrition education should be planned according to the particular needs of the specific population to be served. There should be additional administrative costs to insure proper and appropriate management with evaluation criteria built in for maximum success and usage of dollars. Appropriations or entitlement should be for a period of time of years to insure proper planning instead of on an annual basis.

The membership of the National Advisory Council on Maternal, Infant and Fetal Nutrition, section 1305-A in the USDA bill should clearly state that an official be from an Indian State agency rather than a State agency serving predominantly Indians.

Thank you.

Senator BELLMON. Thank you, Miss Iron.

Pat, do you have any questions?

Senator LEAHY. No.

Senator BELLMON. I have a couple of questions.

First of all, Mr. Jones, you mentioned your desire in the school lunch program to produce quality foods, which is certainly a desire we all share. In our hearings in Vermont someone raised a point that school lunch workers were not paid the minimum wage and if we would pay a little bit more we would get more qualified people, perhaps who could produce better food.

Mr. JONES. Senator Bellmon, I believe that it has been ruled that Oklahoma State employees and those who are in programs such as schools do not come under the Federal minimum wage law. However, to our knowledge, all of the people that we know are being paid a minimum wage on the Federal wage requirement level.

Now, up to January 1, I'm sure they were. Now, there may be some cases after January 1 when it went to \$2.65, I believe, that there may be some cases that they are not paying. But, basically, they are and have been receiving minimum wage and I cannot speak to that situation as of January 1.

Senator BELLMON. Would you think it desirable for us to mandate the minimum wage for food service workers?

Mr. JONES. I certainly, in my opinion, think it ought to be. I think it's a very important area. What more important area could you deal in than the feeding of youngsters the food that sustains their lives. It's a very important area, I think. I think it's been taken lightly by many people in the past. But, I think we are beginning to realize that it's more and more important. Yes, I think it should be.

Senator BELLMON. By the way, let me say to you and all other witnesses, if you have a statement that you want to bring and highlight, that's fine. We'll have the whole statement put in the record. Pat, you'll have no objection, I'm sure. So, if some of you had to leave out things you want to put in the record, why, simply give our reporter the statement and it will all be in the record.

Miss Manning, you mentioned that EFNEP programs have had to be reduced year by year because we haven't increased the funding to keep up with inflation. You have reduced the program by cutting out, what did you say, 12 counties?

Miss MANNING. Yes, that's over a period since we started in 1969.

Senator BELLMON. And, that you have found that only 6 percent of the homemakers had adequate diets when you started and some 30 percent seemed—

Miss MANNING. After the agent's been able to teach for 2 years we had 30 percent adequacy. We also found about 80 percent who had significant improvement in the diet but not what we would call an adequate diet.

Senator BELLMON. This is the kind of monitoring you would recommend?

Miss HENSLER. I think WIC should be monitored, sir, on the basis of improvement in health status, for example, changing hematocrits which is a measurement for anemia.

I think we should evaluate on the improvement of the failure to thrive. We have all the measurements. We have the hemoglobin, hematocrit, we have the height, the weight, the head circumference.

And, what I'm asking is, when we have the statistics to indicate that the patient has improved, why is it necessary to keep a record that you had so many people in so many classes for so many minutes. I think how you reach the patient to get the results is what counts. Not whether you had classes or whether you had individual counseling. I think this evaluation should be left to each program.

Senator BELLMON. Does the law mandate that you have to keep records of how many attend class?

Miss HENSLER. No, sir. The law doesn't mandate but there are surveys and inspections.

Senator BELLMON. You want these stopped?

Miss HENSLER. No, I don't want those stopped. I want us to be evaluated on the basis of what we did, what was accomplished, not how we reached it. For example, it is foolish for someone to ask, "Why didn't you have classes in a county health department," where you can't get four people in the room. There is no place to have classes in many areas.

I was at a conference one time where I heard a nutritionist say there is no reason for anyone in the country not having classes because everyone can get to the clinic on the subway in 5 minutes. My answer is the subway doesn't run very well in your territory.

Senator LEAHY. I might quickly add, if that person's from the East, they were not from the State of Vermont.

Miss HENSLER. No; they were not.

Senator LEAHY. I live on the end of several miles of dirt road in a town of about 800 people so I don't think we have—

Miss HENSLER. No; it wasn't Vermont. It was a "Big State."

Senator BELLMON. I wanted to ask one other question about WIC and I think I know the answer. One of the women in Vermont who was on the WIC program pointed out that particularly in the months that have 5 weeks she would get enough milk to last 4 weeks and she would be without milk for a lengthy period of time. We've, as you may know, enormous Government-owned stock of dry milk. And, this builds up year after year in warehouses. Would you think there would be any use for dry milk in the WIC program; not taking out fluid milk but as a supplement?

Miss HENSLER. If you would add that for the other week I would like for the Federal Government, sometime, to evaluate how much it costs with a computer to find out that you didn't let that woman get one extra quart of milk on that 13th week. That has to be on the computer, sir, that she does not get milk 13 weeks a quarter. That would be a Federal offense. It costs more for the computer to find out that she does not get milk 13 weeks a quarter than it would be to give her the 13 weeks. Figure it out. This is the kind of thing that I am really—

It's the best program I have ever worked in in all my life but there is some of the regulations we are beginning to get concerned about.

Senator LEAHY. Couldn't agree more.

Miss HENSLER. I'm thinking of the point that we are sweating along on our \$5.50 but when we get 88 cents as we have to in July for computer cost that is the same amount as we are spending for evaluation of the patient and  $1\frac{1}{3}$  times as much as we are spending for nutritional education, just to find out, to put the vouchers together, the first and fourth copy, et cetera. Some of this is really pound foolishness and that was not the original legislation. That's what came out in some of our regulations.

Senator BELLMON. Sometime when you are coming to Washington if you'll let me know we'll get you a meeting with Secretary Foreman.

Miss HENSLER. I'll be glad to. I think we might have a nice session. But, do you not agree, sir?

Senator BELLMON. Yes; I do, certainly.

Miss HENSLER. We are spending more to keep the woman from having milk 13 weeks in a quarter as to get the computer to be sure she doesn't get it. That doesn't make sense. Does it?

Senator BELLMON. Certainly doesn't.

You still don't want dry milk?

Miss HENSLER. Certainly. If you are going to throw that in extra, better than nothing. Do you remember the commodity program? What happened to a lot of the dried milk? We could teach how to use dried milk. Are we still going to have to have it on the computer that she received dried milk the 13th week?

Senator BELLMON. Not as far as I'm concerned.

Senator LEAHY. I think you can say there was bipartisan unanimity on that point.

Miss HENSLER. OK.

Senator BELLMON. Now, one other thing.

Pamela, you raised the point that your group can't get recognized by the Department of Interior because you don't fit the definition of the law. Could you write a definition that would make you eligible or have one of your people? The definition we have is a vastly improved definition of what it used to be. It used to be you had to live on a reservation. Somebody got the idea that all Indians live on reservations. So, that's the only ones we were dealing with. Now, we have federally recognized tribal groups but that leaves you out.

You need to help us get some new words.

Miss IRON. I would be glad to. I think that this statement in the new proposed one says a contract or recognized by Indian Health Services. I have a contract with Indian Health Services.

Senator BELLMON. If you could let Mr. Woods know, we'll be glad to work it out. It isn't hard to get the right words in the law but our problem is sometimes we don't know what those words are.

Miss IRON. I'll be glad to.

Senator BELLMON. That's all I have.

Senator LEAHY. You've covered the things I would.

Senator BELLMON. Thank you. Would the reporter like a break?

The REPORTER. Yes. Thank you.

[Whereupon, the subcommittee recessed for 5 minutes.]

Senator BELLMON. Next is a panel. The first witness will be Woodrow Hogue, supervisor of assistance payments for the Oklahoma De-

partment of Institutions, Social and Rehabilitative Services dealing with the food stamp program. And, then Mr. Roy Keen, supervisor, special unit on aging of the same, dealing with title VII, the elderly feeding program.

Would you gentlemen come to the table?

Is Mr. Hogue in the room? Well, Mr. Keen, you have it all to yourself.

**STATEMENT OF ROY KEEN, SUPERVISOR, SPECIAL UNIT ON AGING,  
DEPARTMENT OF INSTITUTIONS, SOCIAL AND REHABILITATIVE  
SERVICES, STATE OF OKLAHOMA**

Mr. KEEN. Senator Leahy, Senator Bellmon, and members of the committee, my name is Roy Keen and I'm presently supervisor of the special unit on aging of the Department of Institutions, Social and Rehabilitative Services, which is a designated State agency on aging under the Older Americans Act.

During the past several years my staff and I have made several observations regarding the problems of health and nutrition on the elderly population.

As a person ages, chronic disease process increases. This appears to be true especially in persons over 40 years of age.

The United States seems to be moving more and more toward preventative care for the aging population. We feel that maintaining a well balanced, nutritionally sound diet significantly influences a person's ability to stay healthy.

Two ways that the aging process and nutrition interact are: No. 1, many elderly persons become isolated resulting in prolonged periods of loneliness which most often reduces their interest in maintaining good nutrition. Many elderly are limited to small fixed incomes and are forced, oftentimes, to make choices between adequate food and utilities or medical expenses.

Some of the answers to these nutritional problems are programs that have been implemented in Oklahoma such as the title VII, Older Americans Act, nutrition program for the elderly. The programs provide inexpensive nutritionally sound meals for the elderly. The program also seeks to increase the incentive of elderly persons to maintain their social well-being by providing opportunities for social interaction through congregate meal settings at centralized locations.

The title VII program is available to those persons aged 60 and over and their spouses who do not eat adequately because they cannot afford to do so or they lack the skills to select and prepare a nourishing and well-balanced diet or they have limited mobility which may impair their capacity to shop and cook for themselves or they have feelings of rejection and loneliness which obliterate the incentivensness to prepare and eat a meal alone.

Supporting services such as outreach, transportation, information referral, counseling, nutrition education, and recreation are also included as part of the program.

In addition to promoting better health among older persons through improved nutrition, the title VII program helps reduce the

isolation of older persons by offering them an opportunity to participate in community activities and to eat their meals in a friendly atmosphere.

The first meals under this program in Oklahoma were served in October 1973. The program began in 13 counties and is now expanded to 34 counties consisting of 123 meal sites.

From the beginning through fiscal year 1977, 3,663,469 meals were served to Oklahoma's elderly.

Limited title VII resources exclude some counties in Oklahoma being provided the title VII program. However, the Department of Institutions, Social and Rehabilitative Services has provided for additional meals by utilizing title XX, Social Security Act funds to supplement title VII funds. Title XX funds are also available on a contract basis in those counties who do not have a title VII program. However, the matching requirements for title XX funds and eligibility requirements for eligible participants is not as attractive to potential program sponsors as title VII funds.

The title VII program has probably been the most successful program to evolve from the Older Americans Act. The results of the program in Oklahoma has been very positive, not only in the area of a well-balanced meal, aiding nutrition, but the many other services that are available by the program or proper referral to appropriate sources of assistance to older persons.

There is a tremendous need to expand the program in the counties that are presently funded as well as provide a program to many other counties in the State.

In addition, a large number of immobile elderly persons have been identified that need nutrition services. However, limited funds have prevented this service.

There is before the Congress at this time legislation to reauthorize the Older Americans Act. This legislation contains a provision for the establishment of a national mobile meals program for the elderly. I would urge that the Congress support this very needed service.

You are aware that the U.S. Department of Agriculture is providing commodities to the title VII program with the assistance level adjusted to each fiscal year to reflect changes in food cost indicated by the Consumers Price Index. The level of support in fiscal year 1977 was 29¼ cents with this year probably being near 30 cents per meal. This resource has provided high-protein foods, meat and meat alternates. There have been few problems with utilization in Oklahoma as most meals are prepared on site or in project-central kitchens.

The potential proposal to cash out the commodity program by placing the same dollar value in the regular title VII appropriations would decrease the support to Oklahoma for these reasons: No. 1, allocation of commodities is made on the number of meals served in each State. Whereas actual dollars placed in the title VII appropriations would be allocated to the States according to the formula written into the Older Americans Act.

Our projections reveal that if commodities were cashed out Oklahoma would receive dollar value reduction of approximately 32 percent. Plus, the programs could not buy an equal amount of raw

food as the USDA could buy because of their volume purchasing power.

Most of the cash-out dollars would go to 10 States. We cannot support the elimination of the commodity program simply because some States have difficulty. Those States presently have the option of accepting cash in lieu of commodities.

Thank you.

Senator BELLMON. Thank you, Mr. Keen.

Linda Volz is here representing Mr. Hogue. Go ahead, Linda.

**STATEMENT OF LINDA VOLZ, DEPARTMENT OF INSTITUTIONS,  
SOCIAL AND REHABILITATION SERVICES, STATE OF OKLAHOMA**

Miss VOLZ. The food stamp program was implemented in Oklahoma beginning in 1972. By July 1, 1974, all counties had entered the program except for Beaver County who entered October 1, 1974. Since that time participation in the food stamp program grew until April 1975, at which time it peaked out with 72,261 households which contained 187,332 people. These households received a total issuance of \$6,690,126 of which \$3,469,540 was bonus coupons or approximately 52 percent.

Last year the food stamp program served an average of 57,882 low income Oklahoma households. The average persons was 153,275. So, since 1975 participation in the food stamp program has been on the decline. It seems to have stabilized now. During winter months there's an increase of participation and during summer months it decreases. Participation starts increasing around November or December and peaks out again in March or April.

The average monthly issuance of food stamps last year was around \$6 million and out of this 50 percent or \$3 million represented the bonus or free coupons. The average bonus of free coupons per household was \$52. Households with an urgent food need who qualified for food stamps at no cost averaged about 692 families per month. There were other families who received at a zero purchase; however, the figure mentioned represented those who had no food the day they applied and received immediate certification. The average monthly issuance for the total of these households was around \$92,000 a month.

The food stamp program, in its current form, is getting ready to change with the implementation of the Food Stamp Act that was passed in 1977. Implementation is expected to occur by the first of 1979. It's our understanding that the proposed regulations were issued Tuesday and we expect to have a copy on hand either today or tomorrow within the State. We have been able to study the law and look at a working draft of the proposed regulations so we feel like we have some idea of how we are going to be affected. It appears that the law changes eligibility requirements significantly and standardizes deductions except for shelter care and child care. It will base the net food stamp eligibility maximum on OMB, nonfarm poverty income guidelines which will be a reduction as to what the maximum income standards currently are.

For example, assuming full deductions, the maximum income a nonworking family of four could have would be \$623 a month or \$7,473 a year. Whereas, a working household of four could have \$778 a month or \$9,340 a year.

Most significantly the food stamp purchase price will be eliminated which is currently identified by most surveys as being the most often mentioned barrier to participation in the food stamp program. The reason it's seen as a barrier is many times persons simply do not have the cash available to purchase the coupon allotment. This results due to the current definition of income, which counts as income money which not really available, such as vendor payments made by someone else to pay rent, utilities, disability insurance payments made for mortgage payments, car payments, etc. The new food stamp law will eliminate counting those kinds of vendor payments as income.

Another participation barrier that the purchase price has created is many households, particularly elderly households, of one and two persons whose income is mostly from social security, SSI, and State supplemental payment have very low bonus values. In other words, the average household in this category would probably receive only \$14 a month bonus. In other words, they would have to put up \$38 to receive \$52 in food stamps.

Many rural areas in Oklahoma have postal issuance and food stamps are sold only between the hours of 8 a.m. to 3 p.m., 5 days a week. This somewhat limits accessibility to some households as they generally have to pay someone to take them into the issuance office to buy their food stamps. Therefore, by the time they spend their money for transportation and purchase their food stamps the bonus received is reduced and not worth the time and money expended.

We believe that the elimination of the purchase price should make food stamps issuance somewhat easier as we may be able to issue food stamps through the mail to the majority of the households. This would eliminate the problem of transportation to issuance offices.

While we feel there are many positives in eliminating the purchase price of food stamps, we do see a need for nutrition and consumer education for food stamp recipients. Learning how to utilize the bonus coupons as well as budgeting part of their cash for an adequate nutritious diet will be even more important with the new law.

Thank you.

Senator BELLMON. Thank you, Miss Volz. Senator Leahy?

Senator LEAHY. I have just one question and that's on the food stamps only being issued from 8 a.m. to 3 p.m.

Miss VOLZ. 10 a.m. to 3 p.m.

Senator LEAHY. 10 a.m. to 3 p.m., rather. How is that determination made? If you want them and you live any distance from it you are going to have to leave work, assuming you have a job, to get the food stamps. And, it seems to be mitigating totally against what we are trying to tell the food stamp recipients to do, that if they are able to work they should go and work.

Miss VOLZ. I agree with you, Senator Leahy. But, this has been the only contract we have been able to get with the Postal Service.

Senator LEAHY. I think it sounds like it's set up absolutely for the convenience of the Postal Service and it seems like a rather unrealistic situation, it does not seem to take cognizance of the fact that a number of these people who probably are able to have jobs and probably want to have jobs, will be caught in a bind.

Miss VOLZ. That's right.

Senator BELLMON. I wanted to ask Miss Volz, what percentage of the eligible food stamp recipients now receive food stamps? Do you know?

Miss VOLZ. Senator Bellmon, I really don't have a good way to answer that question. What is being applied at the current time and under the current regulations is 125 percent of the poverty line. There are a lot of people who are within 125 percent of the poverty line who would not qualify for food stamps because of eligibility factors other than income.

For example, we know that we've got approximately 20,000 elderly people in nursing homes who receive assistance from us who would be income and resource eligible: however, they would not meet eligibility requirements for food stamps.

So, I really don't have any good way to pinpoint a percentage. We do feel like we have eligible households who are not participating simply because the low bonus they would be eligible to receive simply isn't worth their effort.

Senator BELLMON. You're not expecting, then, a huge increase in the level of participation or the cost as a result of elimination of the purchase requirement?

Miss VOLZ. We expect to lose some of the upper low-income people that we currently have on the program because, as I'm sure you are aware, there is currently no income limit. If your allowable deductions are high enough to get your food stamp income below the maximum standards then you are eligible. We expect to lose some people who currently have higher incomes and high deductions that make them eligible. But, we also expect to gain more than we lose due to an increased participation of lower low-income households who currently aren't participating because they don't feel like it's worth their time.

We believe that if these households could get \$10 worth of coupons through the mail that they would participate. Whereas, when the same household has to expend \$40 to get \$50 food coupons they would not be interested.

So, we do expect an increase. I cannot quote you a figure as to how much we expect.

Senator BELLMON. One other point. You made some mention, as others have, about the need for nutrition education among those who participate in the various feeding programs. What kind of nutrition education materials do you have that you get from the USDA that you can distribute to your recipients? Do you have anything at all?

Miss VOLZ. Yes, Senator Bellmon, we do. My particular job is in the certification section. We do have some people here from the outreach section. May I call for assistance from Miss Henderson to answer that question?

Senator BELLMON. All right. Would you please be sure to state your name for our reporter?

**STATEMENT OF MARILYN HENDERSON, SOCIAL AND REHABILITATIVE SERVICES, STATE OF OKLAHOMA**

Miss HENDERSON. I'm Marilyn Henderson, the assistant coordinator for the outreach program. Yes, sir. We do have material from the USDA in the area of nutrition education.

Senator BELLMON. Could you furnish us, for our files, copies of the materials that you have from the USDA and perhaps some of it that you have prepared on your own?

And, would you make a comment as to the quality of the help you get from the USDA? Is it satisfactory or do they write over people's heads? What about bilingual material?

Miss HENDERSON. We do have some bilingual food stamp material and the quality of the food stamp material is adequate. The problem is we don't have enough. The current program does not provide for nutrition education so for that reason we have to use 100 percent State funding without the 50 percent USDA match for nutrition education.

Senator BELLMON. So you are not going to complain about the USDA's materials at this time?

Miss HENDERSON. No; not now.

Senator BELLMON. Later, perhaps.

I wanted to ask Mr. Keen, since Oklahoma is a rural State and many are living out on the farms, are you able to reach these rural people with your title VII programs?

Mr. KEEN. We are able to reach part of them. As I stated, there were about 43 counties in Oklahoma we have not been able to put any title VII funds in. Most of those are rural counties. We are having a problem in reaching them.

Senator BELLMON. Probably due to the lack of funding?

Mr. KEEN. Well, within the regulations in regard to title VII, we are required to program essentially by density of population. Most of the money goes to more populated counties. Therefore, we run out of money before we get into the more rural counties. We are able to reach rural areas of more populated counties.

Senator BELLMON. You couldn't suggest any changes in title VII to make it possible?

Mr. KEEN. The only changes would be in regard to the regulation, not what's in the act itself. But, in the regulation requiring factors to be considered which would be this density of population factor. If some easing could be made this State would have more latitude in funding.

Senator BELLMON. Would it be possible to look over the regulation and let us know what changes?

Mr. KEEN. Yes.

Senator BELLMON. Our next panel is a panel representing recipients: Ms. Jimmie Ewing, registered nurse from the Jackson County Health Department; Joyce Combs; Carlotta Smith; and Mollye Irwins. Would you all come to the front, please?

**STATEMENT OF CARLOTTA SMITH, SPENCER, OKLA.**

Ms. SMITH. Yes. I'm Carlotta Smith. I've been with the WIC program since August of 1976. I have two children who are on the program.

I would just like to tell what this program has done for me, me and the community.

It's made a tremendous change in the diet in my home because I have been paying—well, when I first got on the program, and I know it would be different now, my milk bill was like \$40 or \$50 a month. We get eggs, cereal, milk and juice. And, it's really helped the community and a lot of our friends. Really and truly, you know, with the low income—I am the low income and I'm a student and I'm working and it's really hard on me and some of the people that I know that are on welfare. And the WIC program has helped them when it comes to diet. Now they are providing better diets for the children. In fact, half the children didn't have milk, juice, eggs. They didn't know what this was—the proper diet. And with the program that we have now, the diets are more balanced. And the immunization that the WIC program provides for the children, they get shots.

We have to be recertified every 6 months.

They get their blood tests to tell if they are anemic or not.

And it's just really good for the community and it's really helped us as far as low-income families are concerned. And, I'd just like to say thank you. That's all I can say because it's really been tremendous for our community.

And, I'm from the Mary Mahoney Center.

Senator BELLMON. Do you live here in Oklahoma City?

Ms. SMITH. In Spencer. East of the city. Suburbs. Yes; and it's fantastic. And thank you again.

Senator LEAHY. Thank you.

Senator BELLMON. We may want a question or two here. Ms. Ewing.

**STATEMENT OF JIMMIE EWING, R.N., DISTRICT SUPERVISING NURSE, JACKSON COUNTY HEALTH DEPARTMENT**

Ms. EWING. Senator Bellmon and Senator Leahy, I don't know that there's much to be said about WIC following Miss Hensler. But, I would like to say a few brief statements.

I do want to thank you on behalf of the public health nurses in rural southwest Oklahoma for giving us the opportunity to express our views about the WIC program as it relates to nutrition and health problems and how it does benefit our population.

I am Jimmie Ewing and I have been a public health nurse in southwest Oklahoma for 20 years and am presently district supervising nurse for nine county health departments.

Eight of these nine counties now have WIC, having been implemented at various times since October of 1976. Two of the largest counties, that's Comanche and Jackson, have just been implemented in the past several days.

As you know, we are constantly promoting high level wellness as it relates to lifestyle. And, the supplemental food program, by its very nature, beginning with conception, is a giant step toward healthier people due to the impact of proper nutritional lifestyles.

There's a great need in southwest Oklahoma for resources such as WIC. For example, in Kiowa County data reflects that of the children examined in child health clinics 96.8 percent was found to be anemic. Also, in Jackson County a small day care center has 13 children enrolled. Now, of these 13 children, 10 are classified as migrant or seasonal farmworkers' children. And, all 10, all 100 percent of those children were found to be anemic.

It is important that the WIC program be integrated into existing health care settings that provide individual and family care. WIC, as has been stated numerous times, has brought about increased number of patients in family planning, maternity, child care, and immunization clinics. Now, these have all traditionally been conducted by the County Health Department.

In order for WIC to serve the needs and purposes intended, it is important that the program be in a controlled situation whereby base line nutritional and physical needs may be assessed and re-evaluated with direct one-to-one nutrition education. This education must be continually reinforced and implemented into the various cultural backgrounds and eating habits of the various ethnic groups for whom we provide services. Otherwise, it would be a waste of our professional time and taxpayer's money.

Senator BELLMON. Could I ask the same question that I've asked before? Would you make use of dry milk if it was available?

Ms. SMITH. I most certainly would.

Senator BELLMON. You think it's usable?

Ms. SMITH. Yes; it is.

Senator BELLMON. What do you think, Ms. Ewing?

Ms. EWING. I think that we would have to talk with them and educate them on how to use it, how to mix it. This kind of thing. I don't think we could push it at them without education.

Senator BELLMON. If it was made optional, they could take it if they wanted to?

Ms. EWING. That's right. We certainly tailor it all to that individual's needs, anyway.

Senator BELLMON. Sometime I'd like to come to Jackson County and see your program.

Ms. EWING. I wish you would, sir. And, you are certainly invited.

Senator BELLMON. We'll do that. Thank you, both.

Senator LEAHY. Thank you very much.

Senator BELLMON. Our next panel will be four witnesses: Earnest Wickware from the title VII program; Judith Landes from food stamps; Miss Betty Herman from the EFNEP program; and Robert Alexander from the school lunch program.

Would you all come to the front, please?

Mr. Wickware, you are first on our list so if you will lead off.

## STATEMENT OF EARNEST WICKWARE, SHAWNEE, OKLA.

Mr. WICKWARE. I want to make it clear to you gentlemen that it's a real pleasure to come here to meet with you at this time.

Speaking for the senior citizens program of title VII, I haven't been in it very long, just since last fall. I started going out for lunch, eating with the senior citizens, and I have enjoyed it immensely and the fellowship of the folk I meet with has been a real pleasure. And, we have efficient people, in fact, who are responsible for serving and for the program itself inasmuch as overseeing it and supervision of it.

I have been real enthused about the program throughout the experience I have had meeting with them.

We have activities there of entertainment at different times. We have one fellow who comes and plays the guitar and sings a variety of songs, sacred songs as well as hillbilly songs and some others.

Then, they have some other games, dominoes and a few other games which are inspirational for a lot of people.

We have folk who have been confined to their homes and I have experienced this and I was real pleased to help some with them.

We have a good many volunteers and some of them work there as if they were on the payroll, staying with it that close. Some of them, I believe, devote about all of their time to the program serving as volunteers. But, I did experience some in helping deliver lunch to some of those folks who were shut-in, old folks as well as handicapped through the bad winter weather. And, there's any amount of them, I'm sure, that wouldn't have had a service that would equal that in any way if we hadn't been able to help them some.

I hadn't been interested in the program and didn't know anything at all about it. And, some passer-by, my neighbor and everyone would be going up to eat and they encouraged me to participate. So, that's how I got into it to start with. And, when I did go up there they would prefer having us on as regulars where we wouldn't just appear periodically. And, too, if we weren't able to appear they would prefer having us call and make it known to give them ample time to try to make some other contacts that they might have sufficient numbers there for lunch. I think they have been feeding about 140 participants at this time.

They moved from some grade schools, where catering service was being furnished and, now they have another sponsor and we're meeting in a church located near my home. On the south side of Shawnee we are meeting at Lincoln Center where there are a good many people participating also.

We have real good supervision. I want to put a lot of emphasis on that because they have been real efficient in serving. We have a Mrs. Kerby with us today who I came up here with and I just think she's one of the finest people that I ever became acquainted with inasmuch as serving as administratrix for our food program.

Thank you so much.

Senator BELLMON. Thank you, Mr. Wickware.

Next on our list is Judith Landes.

**STATEMENT OF JUDITH LANDES, EDMOND, OKLA.**

Ms. LANDES. Yes.

First of all, I'd like to say I'm very honored to be here today.

I am a divorcee, raising three children. I have chosen to go to college at Central State University so as to further my education to provide for my family.

Two programs are assisting me in this goal and they are the B.E.O.G. and the food stamp program. If the food stamps were not available to my family my college education would be impossible and my family would be in a less satisfactory condition. The food stamp program is vital to us. Having an amount automatically allotted for food relieves a portion of my budget for other areas I could not afford if I did not have the food stamps.

I have noticed several other benefits from receiving the food stamps. I can maintain a high quality standard in the food that I feed my family. Having a specific amount allotted I shop more wisely for the best values so as not to be wasteful and I still provide well-balanced and nutritious meals for my family consistently.

I know that good nutrition, as has been stated here many times, is necessary for good mental and good physical health. I honestly feel that the food stamp program is a very positive benefit for me.

Thank you.

Senator BELLMON. Thank you, Ms. Landes.

Our next witness will be Ms. Betty Herman.

**STATEMENT OF BETTY HERMAN, SOPER, OKLA.**

Ms. HERMAN. As a recipient of EFNEP, the extension home program from OSU, it has really benefited my family in so many ways it's hard to begin.

It has taught me good basic nutrition and how to prepare nutritional meals for my family and made my family, the children, which I have four, well aware of the nutrition also.

They have taught me how to become a better shopper, not only nutrition-wise but to help save money for our family which we can use in other ways.

They have taught different meal planning, like breads for instance, which I was always afraid to make. I always thought it took a certain talent and it was hard. But, through the extension aide coming to the home and really getting me involved in it and showing me how to do it I have learned quite a bit.

On food preservation, again, I was afraid to do this because I always heard the pressure cooker was going to blow up and through the extension aide coming to the home, again, not only do I prepare the foods for the freezer and canning but I have won many awards in our county for food preservation.

The availability of the extension aide is tremendous because whenever she is not coming to my home any more she is available on the telephone at any time. And, for instance, if I ever had—for instance, we had a milk cow and I wanted to learn how to make butter—just pick up the telephone and if she didn't know anything that I needed

help on she'd call the home economist and she would get help from her.

The family, itself, has benefited so muchly. The children, even the 4-year-old, for instance—to me, it's amazing that a 4-year-old child can sit down at a table and say, "Mother, what do we have for vitamin C today". This is after weeks after the aide has come. So, to be aware, this to me is important. I have another child, that through the nutritional program and 4-H has won honors, not only in our home town but for the county. And, this is through nutritional interest.

I am now employed in the school lunch program in another county which to me, again, has come through the extension help.

My aide has made me aware of a lot of the programs that I didn't know about. For instance, the health department, FHA programs, and the food stamp programs.

I have been, and my family has benefited a lot.

Thank you.

Senator BELLMON. Thank you, Ms. Herman.

Mr. Alexander.

#### STATEMENT OF ROBERT ALEXANDER, OKLAHOMA CITY, OKLA.

Mr. ALEXANDER. It's a pleasure to be here this morning. I'm a junior at John Marshall High School and I think that everything that has been talked about this morning plays a good role in nutrition and health.

But, I believe the main source is getting more youth involved in this type of activity, not only out of the community but in Oklahoma City and other school systems.

You know, sometimes, growing up, being a youngster, my Mother says beets are good for you to eat. The only thing that Mother has told us that beets are good but if we knew more about nutrition, we would learn that beets are good for the body and how it helps our body function more in certain areas. But, if you learn more about vegetables, but you will eat more because you know what it does for your body.

John Marshall High School has taken a step in nutrition, not only as learning but in planning of the menus of the cafeteria at John Marshall High School. We have gotten together, along with about 12 other students and cafeteria supervisors in getting together an advisory committee which meets every 2 weeks before school in planning certain meals for the cafeteria.

We were wondering why McDonald's and Dairy Queen and certain other food service industries were getting more business than the cafeteria. And we decided certain meals that youngsters like is junk food because that's mostly what youngsters like. I speak truthfully about this because I like it myself. It's junk food. But, I think if we establish this type of service in the school it will work out. You'll get more out of it.

We have done this this year and we have done very well on it. But I think if we have teachers and certain classes on nutrition to teach students the value of food, then, the other types of foods

wouldn't be turned down as much, if we had teachers to teach us what green beans, corn and certain types of meats and what kinds of protein, minerals, vitamins it provides in the food. I think it would help not only the youth, the young adults, and other people in learning the value of certain types of food.

John Marshall High School has—I believe McDonald's and Taco Bell and other types of food service industries are kind of mad at us because our students seem to stay at John Marshall and eat John Marshall's food.

I'll tell you a little bit what was so different between the food service type 1-A which we were serving, the dinner types, as far as mashed potatoes, corn and steak, certain types of meals. We have a different cafeteria now which is something like a McDonald's. It serves hot dogs, hamburgers, and French fries and certain types of food like that which students would go in and probably would walk out with a hot dog, French fries and pop. And they would spend \$1 for all of this. Well, with the type 1-A lunch that we have in the cafeteria where you could get the corn, green beans, the meat for 55 cents, not too many of the youngsters were going for that type of meal. They were going to the Dairy Queen and spending \$1, maybe \$2 on buying this.

So, the advisory committee got together and set up a type of line something like on a type 1-A lunch that would serve hot dogs, French fries, salad and a malt and it would cost 55 cents. All of this would cost 55 cents when we were going to the Dairy Queen and paying probably one dollar, \$1.10 for the same type of food, same taste, same everything. But, we were paying more money for it.

So, it has really helped us as far as John Marshall's concerned.

I think we are the only school in the State of Oklahoma that has this type of food service operation.

Thank you.

Senator BELLMON. Thank you.

I have to move on. I would just like to raise two questions.

The type of program you have has stopped the food plate waste. People don't throw away the malts and the French fries?

Mr. ALEXANDER. No, sir. We eat it like it's going out of style.

Senator BELLMON. But now you may be eating the wrong kinds of stuff.

Mr. ALEXANDER. That's what I'm trying to say. We might be eating the wrong kind of food as far as nutrition is concerned but I think if we have teachers and courses at John Marshall High School that will teach us what green beans, what the other types of food does to our body to help us—

Senator BELLMON. Have you tried to make a milk shake out of spinach?

Mr. ALEXANDER. No, sir.

Senator BELLMON. Maybe you need to weave a little good food in after the folks get into the habit of coming there.

One other thing and I appreciate all the things you have all said. There isn't time to go into everything.

But, I was curious about what's going to happen, Ms. Landes. You are now in school getting an education. You are being helped

by various kinds of Government programs to get through school. Your intention, I take it, when you finish school, is to go ahead and get a job and then be off the programs, is that right?

Ms. LANDES. Definitely.

Senator BELLMON. You don't intend this to be a lifetime—

Ms. LANDES. No, I'd like to start out at about \$30,000 and work up from there.

Senator BELLMON. Well, you know so many times programs are criticized because people say people get on the programs and never get off, stay on them forever.

Ms. LANDES. In my situation, I hesitated a very long time before I did go into the programs because I felt like I wasn't contributing enough in order to take what was available for me. But, now that I'm in the programs I feel they are giving me an opportunity to do something that without them I could not do. I could not work and maintain a household and keep three children and go to college at the same time. It would just be impossible. So, for 4 years I'm going to have to ask for help. But, when my 4 years is up I'm going to start contributing and pay my taxes so that I can contribute to someone else who needs the help. This is my aim.

Senator BELLMON. Thank you very much. We congratulate you.

Ms. LANDES. Thank you.

Senator BELLMON. Our last panel is a group of persons representing private organizations.

First, Gloria Kamphaus from the Dairy Council; and Susan Morris from Weight Watchers; Dr. C. J. Roberts from the Oklahoma Industrial Recreation and Fitness Council; and Neal Towner from Oklahoma Blue Cross-Blue Shield.

Gloria, I know you but I'm not sure I know all the others. We'll start with you.

**STATEMENT OF GLORIA KAMPHAUS, THE DAIRY COUNCIL, INC.,  
OKLAHOMA CITY, OKLA.**

Ms. KAMPHAUS. I represent Dairy Council, Inc., which is a non-profit nutrition education organization originated by the U.S. Department of Agriculture.

Dairy Council is sponsored by funds collected by the dairy industry in the Southwest. We do no paid consumer advertising nor does it promote milk beyond its place in the four group system.

Dairy Council's goal is to help people make wise food choices using the four food group system devised by the USDA. Nutrition programs are presented unconditionally in professions in education, health, science, and mass communications by trained professionals. Practical skills, information, and material provided by these leaders help teach and communicate good eating habits to people of all cultural backgrounds.

Dairy Council programing is based on a model construction and it includes an objective that's stated behaviorally, a form of pre-assessment, instructional activity and an evaluation tool in the form of a test.

Skills that we base our programing on are progressive and that they lead to our overall goals, helping people to make wise food choices.

Dairy Council long ago realized that we cannot effectively and efficiently reach everyone on a one-to-one basis. Consequently, we work with leaders in communities, primarily teachers in our school systems.

Our programs are meant to serve as a core of essential education to build on further. Our programs consider the needs rather than on the subject area. They are learner oriented and we approach nutrition education in the light of three basic modes of learning or survival levels.

Level 1, basic survival, which is essential for 100 percent of all the people. Information is provided to help every person cope with his life and environment.

Level 2 deals with special interests.

Level 3, with career interests.

Nutritional education comes under level 1, learning basic survival. Students learn about nutrition. We approach them at critical times in their lives when they are most likely to change their eating habits. We have a preschool program that's called "little ideas" that essentially helps students to learn to identify food and to group them by classes.

Then we move into the second-grade level where we teach the students to classify the foods in to the four food groups; to look at one meal and tell whether that meal is balanced. Currently, we have reached about 65 percent of all the second-grade students in Oklahoma.

At the intermediate level we have a program that's called "daily food choices." It teaches the students to classify the food into the four food groups, to learn certain sizes and serving numbers and then to analyze their own eating habits. At this point, we have reached approximately 60 percent of the students at the fifth-grade level in Oklahoma.

This has grown from 47 percent of the students in 1975-76 when we initiated the program, to 55 percent in 1976-77. The programs are successful because the students learn, the teachers enjoy using the materials. And, this is supported by the evidence of reorder, since consumable materials are resupplied to the teachers.

The units also include a parent education proponent. Our feedback from teachers and parents lead us to believe that nutrition is discussed in the home as a result of this survival program. We hope to encourage more carryover with parents.

In 1978-79 we'll introduce a teenage unit as a pilot program. It's designed to reach students at grades 9 and 10. This aids the student in not only analyzing his own diet but also helps him to make food selection in and away from home situations since this is ever-increasing. It also helps him to look at weight control plans and diet plans to consider them for their nutritional adequacies since teenagers are very prone to food fadism.

It's obvious that a validated unit that provides students with usable skills is well adapted by educators. Testimony by teachers

and parents indicate that students will change their eating habits if they are given the basic skills with which to do it.

We strongly feel that survival nutrition education is a vital component of education and good health not only for second and fifth graders but for all elementary and secondary students.

Senator BELLMON. Thank you very much.

Susan Morris.

**STATEMENT OF SUSAN MORRIS, WEIGHT WATCHERS OF GREATER OKLAHOMA, INC., OKLAHOMA CITY, OKLA.**

Ms. MORRIS. I am with Weight Watchers, Weight Watchers of Oklahoma, and I would like to say "we are." This is what we are doing. We are teaching nutrition—

Senator BELLMON. Real nutrition or is it fad nutrition?

Ms. MORRIS. Absolutely not. It's basic good nutrition, everyday, straight stuff. Matter of fact, we drank something like 5,250 gallons of milk just last month.

Senator BELLMON. Can you give us some of your literature and information?

Ms. MORRIS. Be glad to send it to you. Shall I send it to your address at—

Senator BELLMON. 125 Russell.

Ms. MORRIS. Be glad to.

We have approximately, in the State of Oklahoma 6,000 members a week. Our average member is about 35 years old and has approximately two children. Most of them were war babies.

So, our approach is to get rid of the old food myths they were raised with, such as "fat babies are healthy babies". Most of them belong to the "Clean Plate Club" which leans even further because there are many of us who have eaten "for the starving children in Europe." I know I saved at least three countries myself.

Senator LEAHY. Your mother must have gotten together with my mother. My mother still pulls that on me when I go home.

Ms. MORRIS. I just hope people are not still doing that.

Also, I think parents, in the way we were brought up, must get rid of thoughts of food as reward and punishment—"finish everything on the plate so you can have dessert." "Be quiet in church and you can have ice cream." And, also belonging to that "Clean Plate Club" I'm not so sure if it hasn't given a good many people that I've run into the real fear of being hungry. And, consequently, when they start a cake they have to see it to the finish. Well, a bag of potato chips to the end.

The reason our members are successful with Weight Watchers is because we are eating good nutritionally balanced meals. We teach them to eat three meals a day plus healthy snacks such as vegetables, fruit and yogurt and milk, et cetera. They don't get hungry because they aren't eating the fast foods and the junk food that we got fat on.

We are also bombarded with outside sources such as TV; you can't be a good mother unless you serve a certain kind of brownie

and pick out the right peanut butter. Few commercials go on and advertise vegetables, and nutritional foods.

At Weight Watchers, we teach the people to change the way they eat now to lose weight, in order to keep it off, too.

We find it hard to eat out because a good many restaurants don't even have broilers.

The good food comes in the back door of the cafeteria and when you find it in the lines, it's already covered with butter and gravy and rich sauces.

I'm glad to hear that there is work being done in changing our school programs and lunches.

If you have been in the hospital lately and they give you a salt diet so you can recuperate you'll find that the entire diet's covered with gravy. And, I don't know how that aids in your digestion in getting well.

Changing your outlook on the part of what you are eating is what we are doing and this past month we went along with the physical fitness month in the State of Oklahoma. We have been very careful not to ask someone who is 50 to 75 pounds overweight to run right away, but we ask them to start out slowly. And, I might add, that during the month of April we collectively lost 31,976 pounds and walked 2,246 miles plus the milk.

Senator LEAHY. I have a routine when I try to lose weight to run 3 miles every day and when I didn't make it one day, to add it on the next day. Right now I'm 4,286 miles behind. But, I also might add, and this isn't in any way to be in competition with Weight Watchers, but when I went on the Nutrition Committee I had been weighing, for most of my adult life, about 225 pounds. I read the dietary goals and followed them rather religiously and now I weigh about 185 pounds which was my high school weight and I find it very easy to maintain that weight.

Ms. MORRIS. I might add that I spent most of my life weighing 200 pounds also and I don't want to weigh what I weighed in high school.

Senator BELLMON. You folks are giving me a guilt complex.

Senator LEAHY. Although, I must admit, having had dinner at Senator Bellmon's house last night and eating the way that I did, I'm probably pushing right back toward that 225.

Senator BELLMON. Our next witness is Dr. Roberts.

#### **STATEMENT OF DR. C. J. ROBERTS, OKLAHOMA INDUSTRIAL RECREATION AND FITNESS COUNCIL, OKLAHOMA STATE UNIVERSITY**

Dr. ROBERTS. Senator, welcome to Oklahoma. And, Senator Bellmon, it's always good to see you and Mr. Woods back here.

The lady from Weight Watchers observed along and on behalf of all the weight watchers that there are certain statistics that are further expounded on this particular document which is a description of the April Fitness Month that she spoke of. The staff has prepared some notes that I think will be helpful to your committee investigation.

You'll be interested to know that of the most frequent activities, as they are ranked here, better than 30 percent of all those that participated did so in terms of studying nutrition, counseling and nutrition concerns. I think it is a noteworthy piece of statistical information you'll want to include.

The council, for the benefit of our visiting Senator, is a non-profit association of alliance of industry, State agencies and higher education in our State that has created for itself a platform, through education, from which to help employers and employees on problems of fitness programs and nutritional concerns.

And, so we've redirected some of our interest and I'll confine myself to some prepared remarks which I'll leave as a manuscript with the committee.

Considering the statistical prediction of more than one heart attack per minute this year and that health care is so costly the Oklahoma Industrial Recreation and Fitness Council has developed a delivery system to address both problems and the health abilities associated with the general problem of sedentary living.

Originally, the council focused on establishing fitness improvement programs with the industrial work force by promoting stress testing and a complementary fitness dietary regime. The demands for these programs in other sectors sparked the council's evolution. Today, as the Oklahoma Fitness Council, designated by the Governor of the State, the feedback generated for the statewide communications network suggested that the council's headquarters is physically too remote—on the campus of OSU—it's not convenient to travel so far for testing and information; facilities are not available locally to effect the physical regime; the State council is not able to respond to each committee's needs, facilities or potential. And, programs should be made available to the underprivileged, the handicapped and elderly as well.

So, for that reason, our present objective is to adapt the council's industrial model to the fitness requirements of a community or metropolitan area by establishing a community fitness center to serve these needs in each of these communities for which we want to set out an experimental design.

Some ancillary goals will improve the total health of Oklahomans, we believe, make use of some underused local facilities such as some rural hospitals and, perhaps, even our schools and community centers to stimulate economic growth within the community by providing jobs and training for youth, handicapped and senior citizens.

The method that we employ will be to organize these local advisory councils somewhat on a model that we have at the State level; recruit and train local coordinators, again, somewhat as we have on the State level; select community facility center locations, in which instances, we insist will be some underused hospitals and, perhaps, community facilities already committed to health care; staff these centers with youth, handicapped, senior citizen volunteers; implement awareness campaigns educating the people to effect the life style factors on health; schedule some fitness testing; organize some activities and monitor exercise and nutritional regime.

And, in so doing, we would employ these procedures: we are going to begin first by expanding, of course, the State headquarters; selecting local communities through conversations with hospital administrators and local business people and administrators of all kinds in these communities; establishing a community curriculum appropriate for these centers; acquiring and operating a fully equipped mobile fitness evaluation laboratory.

The first phase of the council, now in its 14th month of existence, has brought together leaders from education, business, industry and government to discuss and analyze problems associated with accelerating health care costs. The council has laid the preliminary ground work for this proposal by assessing the mounting interest in the local fitness, the center concept. And, we have learned that there exists a need for fitness education and training as you've learned here today.

We are ready to document and submit that as evidence with your information.

But, in general, people are just not willing to leave their own community to fulfill this need. The mobile fitness laboratory, in our opinion, is necessary to achieve the overall objectives of the fitness program. It would offer smaller communities the high quality testing services available, too, that are already available to residents in larger cities and it would do so without the inconvenience of causing rural folks to travel to the cities and, at the same time, it would provide a sharing of the cost of this sophisticated testing equipment and a provision of professional personnel. For instance, the Oklahoma health systems agency, with the aid of Federal tax dollars, has developed a functional plan to improve the health of Oklahoma; recently published. And, this proposal that we are suggesting now for the council is the implementation of that plan and in cooperation with that agency.

So, the Oklahoma Fitness Council will provide computer analysis of practical research reports from the data collected from this statewide network of centers and to be used in continuing training in the local centers in much more, I think, rapid and effective way following discovery of this information and I hope not at a cost similar to some of the computer conversation we had earlier.

Senator LEAHY. I was going to suggest that with the time perhaps—

Dr. ROBERTS. I am through.

Senator LEAHY. No. Perhaps the rest of your statement we can put fully in the record.

Dr. ROBERTS. We have two phases that I referred to and the final is the curriculum for the centers and the mobile fitness laboratory, both of which I have commented on and constitutes the report.

Thank you.

Senator LEAHY. I think we've run into the same problem here that we did in Vermont. There are so many things that we would like to cover and ran out of time. One of the problems in trying to work these out during the time the Senate is in session is that both of us have to be on the floor early tomorrow and back in Washington this evening.

Senator BELLMON. We'll come back to you in just a minute. There's one question I want to raise.

Now, Mr. Towner.

### STATEMENT OF NEAL TOWNER, OKLAHOMA BLUE CROSS-BLUE SHIELD

Mr. TOWNER. The Blue Cross-Blue Shield of Oklahoma—

Senator BELLMON. I can't think of any group that ought to be more interested in good health than yours.

Mr. TOWNER. I appreciate that more than you know. And, we know that in the United States we cover 40 percent of the population and so we were doing several things to control costs and all of a sudden we came up with this idea about "Change Your Mind About Your Body." This program was designed to educate members and the citizens about the poor lifestyle habits that have replaced germs as the big killer andcrippler of our people.

And, we got this from a little folder that came out. It came through Dr. Lester Breslow from the California Health Department. He's the dean of the School of Public Health at the University of California. He made the statement: "The daily habits of people have a great deal more to do with what makes them sick and when they die than do all the influences of medicine." And, so I looked over the seven rules some time ago and I was pretty excited about them and I would like to read these and see how we compare.

Here are seven habits that can add 11 years to your life.

1. Get the right amount of sleep. Eight hours a night for men, 7 hours for women. And, that might be discrimination, Senators. I'm not sure.

2. Eat a good breakfast each day.

3. Eat three meals a day at regular times and avoid snacks.

4. Exercise regularly. Preferably by participating in sports. No diving off of oil rigs—

Senator LEAHY. We ski differently in Vermont.

Mr. TOWNER. For Senator Bellmon—it says here that catfish raising is good. I just threw that in.

5. Control your weight.

6. Drink moderately: one or two drinks a day.

7. Don't smoke cigarettes.

From these seven items we developed quite an elaborate program. And, Senator, your assistant, Linda Sponsler, has these. If you would show them to the people. And, Senator Leahy, here's a complete set for you. And, if you would show these, Linda. This program has been a success. It began January 8, 1978, and more than 48,000 booklets have been distributed to more than 1,100 company officials who have requested the material here in the State of Oklahoma and "Change Your Mind About Your Body" has become more than a slogan; it's becoming a way of life.

And, I've noticed the lack of smoking here today, Senator. And, as an old cigar smoker, he notices that immediately.

Linda, what is the one you are showing now? "Hang Loose." Yes; all of us get a little bit tense. I got a little bit tense because I talked

to the Senator about my catfish farm and I found out my nephews have been putting big bass in there. So, I imagine I'm in trouble there already.

And here is "Drink, Drank, Drunk." The overindulgence in alcohol has been a great destroyer.

Then, "Getting the Exercise." That 3 miles a day, Senator, I'd never make it. But, I can handle about a mile a day.

And our final one was "Step on It." Senator, I would ask you, the way down from 225 pounds, was it a chore?

Senator LEAHY. It was. It took—averaged out about a pound a week—over 40, 45 weeks. But, the nice thing about doing it that way is it's been no real effort in keeping that 185 pounds.

Mr. TOWNER. I came from 225 also. But, I got in a race with the doctor. We had to lose 3 pounds a week or forfeit a dollar and I was just tighter and with less money than he so I beat him and came to 180. So, I know what you've been through.

Senators, thank you.

Senator BELLMON. Thank you, Mr. Towner. I congratulate you on the work that Blue Cross-Blue Shield has done. Are these posters getting wide distribution?

Mr. TOWNER. Right. And, all of the companies—the last statistics, I have 1,100 company officials here in Oklahoma, and 48,000 booklets. And, we are doing this nationwide. The National Blue Cross Association has picked up on this and I was back in Washington and visiting with others and I imagine that almost all the Blue Cross-Blue Shield plans are offering this or similar. And, we do have a collage made of these in one very famous Senator's office. Senator Bellmon, would you like to tell us about it?

Senator LEAHY. I might, on the one on smoking. We instituted a rule against smoking in most parts of our offices in Washington, including our own. I found before that, Henry, that people would come in from either lobbying groups in Washington or Vermont or whatever, and, the meetings would go on interminably. We put in the no smoking rule and after about 10 minutes of that they wanted to get out and smoke. So, it has added benefits.

Senator BELLMON. Well, I'm very pleased to see that there's this much interest in nutrition and good lifestyles in the private sector. Did any of you want any help from the Feds? Nobody? You want us to stay out of your way; is that it?

Mr. TOWNER. We appreciate your interest.

Senator BELLMON. Thank you all for being here. Congratulations for what you are doing.

Senator LEAHY. Thank you.

Senator BELLMON. That, then, will conclude our hearing. We appreciate all of your attendance here today and if any of you have comments you'd like to make, our record will remain open for 10 days. Thank you very much.

[Whereupon, at 1 p.m., the subcommittee adjourned, subject to the call of the Chair.]

## SUBMITTED ARTICLES, LETTERS, AND STATEMENTS

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### STATEMENT OF HON. JAMES M. JEFFORDS, REPRESENTATIVE IN CONGRESS FROM VERMONT

I am very grateful for Senator Leahy's invitation to attend these hearings here in Rutland and I am sorry that previous commitments prevented me from attending in person.

I commend Senator Leahy for holding these hearings in Vermont and I am sure that the people of our state are glad to have an opportunity to participate in the hearings.

Senator Leahy's bill calls for a consolidation of the National School Lunch Act and the Child Nutrition Act and is appropriately entitled, "The National Child Nutrition Act of 1978". In a time of expanding government bureaucracy and increased cost to taxpayers, such an effort to simplify the administration of government programs should be well received. We all know how important nutrition is to the total development of children. Studies have shown a definite relationship between the nutritional content of a child's diet and that child's performance as a student. About 1 out of every 4 people in our nation are nutritionally deprived. If we are going to overcome this deficiency we must have a comprehensive program which will reach as many deprived youngsters as possible. It is my hope that the National Child Nutrition Act of 1978 will provide a more extensive and efficient nutritional aid program for the deprived children in our nation's schools.

Last fall, the National School Lunch and Child Nutrition Amendments of 1977, HR 1139 were reported out of conference in the House. I voted against the conference report because it eliminated the mandatory special milk program. I am pleased to see that Senator Leahy's bill contains a provision for a special milk program to encourage consumption of fluid milk by children in the United States. I hope that this section would reinstate a mandatory special milk program like the one that was eliminated by HR 1139. First of all, such a program would ensure the availability of a nutritious substance: milk. Secondly, a surplus situation currently exist in the dairy market. I would rather see the surplus going to needy children than into a storehouse.

Education is a vital part of any improvement program. If we hope to decrease the level of nutritional deficiency existing in our country we must educate people in the ways of proper nutrition.

The old adage so often used, seems appropriate here, "If you give a man a fish, you feed him for one day, if you teach him to fish, you feed him for a lifetime".

I hope that the National Child Nutrition Act of 1978 will expand the current programs in nutritional education and thus help us on our way toward solving our nutritional problems.

Once again, I am grateful for the opportunity to present my views before this committee. I would like to congratulate Senator Leahy for his important legislative effort in this field.

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### STATEMENT OF BANBA A. FOLEY, R.D., CHIEF, CHILD NUTRITION PROGRAMS, VERMONT DEPARTMENT OF EDUCATION

The Vermont Department of Education strongly supports the position of Senator Leahy regarding the relationship of sound, adequate nutrition to learning ability as expressed in Senate Bill No. 2824. However, we feel we must express our concern regarding some specific areas including; State Administrative Expense Funds, School Breakfast Program, and Food Service Equipment Assistance.

In connection with meeting the nutritional goals of the proposed legislation, it is necessary that sufficient funds be provided to support an adequate monitoring staff at the State Agency level.

At this time, Vermont has a staff of five administrative personnel supported by Federal SAE.

According to the recommendations of the "State Staffing Standard Committee" the States of Vermont and South Carolina should be maintaining a staff of 15 in order to adequately monitor their programs.

While Vermont receives \$76,737.00 in SAE funds, the State of South Carolina is receiving \$415,115.00 to accomplish the same purposes.

These inequities reflect the need for drastic revision of the present method of allocating federal SAE funds.

Public Law 95-166 provides that "no State shall receive less than 1 percent nor more than 1½ percent of program funds".

While the Senator's bill provides for additional funding of SAE, by increasing the maximum funding allowable to 2 percent of program funds, there are small, rural states which cannot maintain an adequate staff in sufficient numbers to properly administer their programs utilizing such methods of allocations. Vermont, therefore, takes the position that either 1) the Secretary be given the discretionary power to reallocate the second 1 percent of unobligated funds to those states whose 2 percent allocation will not provide sufficient funds to enable them to carry forth the provisions of the Act, or 2) that Congress recognize that, regardless of program size, each State must maintain a minimal staff of professional personnel in order to properly administer the programs and should establish, in accordance with the Secretary's "State Staffing Study" recommendations, an appropriate amount of monies to cover such expenditures.

The Department feels that it cannot support a mandated School Breakfast Program due to the fact that local school districts are finding it increasingly difficult to finance existing school programs due to local restraints on school budgets.

Local school administrators have expressed a number of concerns pertaining to sponsoring a Breakfast Program:

1. Officials feel that providing breakfast is not necessarily a function of the school, and are reluctant to relieve the parent of this responsibility.

2. Logistically, offering a breakfast is not feasible for all schools because of: (a) marginal staff and facilities used for the lunch program and (b) interference of complicated bussing schedules.

Because there is such a strong positive relationship between learning and eating an adequate breakfast, the State feels that the breakfast program should definitely be expanded into all schools with the capability of providing a financially and nutritionally sound breakfast program. But this is not feasible in all of Vermont's schools.

With increased funding of SAE and Food Service Equipment Assistance Funds, as addressed in this testimony, further expansion of the School Breakfast Program would become a more realistic goal.

With regard to the distribution of Food Service Equipment Assistance, it is the Department's position that further restrictions on the use of such funds would only hinder allocations to programs needing these monies.

Vermont presently has on file a letter to the United States Department of Agriculture requesting an additional \$63,624.00 in Non-Food Equipment funds which is required to meet the minimum needs of our existing programs. This is in addition to our original appropriation of \$44,561.00 and covers only that portion of the applications on file that are of the greatest need.

Further restriction of the use of these funds would require a significant increase in the funding level of the program in order to insure program stability.

The present system allows the states to apply the funds where they can best be utilized and we, therefore, support retention of the existing allocation system as provided in Public Law 95-166.

Senate Bill No. 2824, Section 11, entitled Special Milk, makes no reference to reimbursement of milk served to eligible children qualifying for free milk. While a minimum reimbursement of 6.25 cents is cited for all milk served, we feel that the cost of free milk should be reimbursed to the extent of dealers price to sponsor, as is currently the policy. We propose that reimbursement to the extent of dealer price to the sponsor be made for free milk served eligible children, and the same be cited in Senate Bill No. 2824, Section 11, entitled Special Milk.

While the Department of Education fully endorses the elimination of the "offered vs. served" provision of Public Law 94-105, which we assume this Bill will accomplish, it is our position that if it were accompanied by a restriction of the sale of competitive foods during the meal service periods, the goals of providing adequate nutrition to our children and a subsequent reduction in plate waste would be imminent, and would further promote consumption of the Type A meals provided through this Act. We also feel that these provisions would provide for continuity relative to the implementation of Nutrition Education as provided in Public Law 95-166.

Our interpretation of Senate Bill No. 2824 establishes that separate State Plans of Operations shall be submitted for each program. The State Agency feels that such requirements are not consistent with Section 28 of the Bill entitled "Reduction of Paperwork". The Department of Education takes the position that a State Plan should be conceived and implemented once every two years and that such plan shall be consistent with what the State Agency will be able to accomplish with funds provided and not what the Secretary feels that the Agency should accomplish. It is our feeling that Child Nutrition Programs is an entity in itself and can best be managed as a unit, not as a conglomerate of many small programs, each attempting to realize the same goals, feeding children.

The Vermont Department of Education, through submission of this testimony, urges the Honorable Senator to expedite the promulgation of regulations as provided under Section 25 of Senate Bill No. 2824 in so much as the United States Department of Agriculture has yet to adopt regulations subsequent to the passage of Public Law 95-166 in November of 1977.

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STATEMENT OF JOYCE K. LIVAK, NUTRITIONIST, UNIVERSITY OF VERMONT

It is with regret that I am unable to be present on April 22 in Rutland. I am very pleased that you are holding these hearings. I am Joyce K. Livak and I am a nutritionist at the University of Vermont. I have been very interested in the development of food education in the elementary grades in Burlington and my students have been allowed to work with children during school in this area of nutrition education.

It has been estimated that up to one fourth of children go to school without eating breakfast. These children may be malnourished and/or hungry. Studies of hunger and school performance are in progress but it is generally accepted that hungry children may be apathetic, have a shorter attention span and seem unable to concentrate. The child may not respond to stimuli and thus be removed from the learning environment. Because the child is hungry, the receptivity to new learning experiences is dulled. Such children may be irritable and display negative behavior which may interfere with interpersonal relationships which are also vital for learning to take place. The disinterested, irritable child becomes even more isolated from his peers, teacher and parents with a lowered sense of self-worth which may then cause learning failures because of social reasons instead of biological.

Children from low-income families may be malnourished with lowered protein, iron and other vital nutrient intake. For example, anemia is associated with a marked decrease in attentiveness, decreased persistence, narrower attention span and poorer scores in verbal tests and intelligence performance tests.

It is now believed that relative proportions of certain amino acids in the diet may have a direct bearing on behavior such as sleeping patterns, food intake and mood through an effect on the formation of a certain neurotransmitter. Children with low protein intake and high carbohydrate diets from highly sweetened junk foods could be affected. Low intake of B-complex vitamins could also have an effect on their morale and moods.

Children who may be getting inadequate amounts or the wrong kind of foods at home may have less resistance to infections and therefore be absent from school and thus again removed from learning experiences. Since schools are primarily interested that children learn, it follows that schools should be interested in fostering those conditions which will be optimum for that learning to take place. Although much of the data has come from subjective reports of hunger and behavior, there is a general indication that feeding programs decrease apathy and sleepiness and may result in better attitude, greater awareness and improved performance.

Because of increased food prices and unemployment, economically deprived children have an even greater need of a school breakfast and a school lunch. Because of the advertising of poor quality food and other reasons for deterioration of food quality, it is imperative to conduct food education in the schools. This can not be done effectively by preaching one thing and doing another nor can it be done by only intellectualizing nutrients. It must involve behavioral changes and needs to be tied in with the feeding programs and active involvement of children, teachers, cooks and parents.

I also feel strongly that a school breakfast and lunch should consist of whole, unprocessed food as much as possible. We can not continue to develop and serve foods which do not contain trace minerals and fiber. Sugar, fat, chemical additives, artificial colors and flavors should be cut out of school feeding programs. Nor should we sanction such foods as the "super doughnut" which cause bad food habits. It would be well to encourage the use of locally grown foods. This would save energy costs and would help our Vermont food producers.

If we care about the health and mental development of our children we must support the school breakfast and lunch.

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O.C.C.S.A., Inc.,  
COMMUNITY ACTION FOR THE NORTHEAST KINGDOM,  
Newport, Vt., April 20, 1978.

Senator PATRICK LEAHY,  
c/o Bread and Law Task Force,  
Montpelier, Vt.

DEAR SENATOR LEAHY: We regret that we will be unable to attend the hearing on the Child Nutrition Bill in Rutland on Saturday April 22.

In our contacts with hundreds of low income families in the Northeast Kingdom we are continually impressed with the important role the school lunch program plays in fulfilling the nutritional needs of low income children.

There is a strong need also for a hot breakfast program in this very rural area. Many youngsters have to leave home and travel an hour or more by school bus before reaching schools. We wholeheartedly endorse your Bill which will mandate school breakfast programs in schools where a fair proportion of the students come from low income families.

Sincerely,

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HARRIET D. LIDDELL,  
Associate Director.

YOUTH SERVICE BUREAU,  
Montpelier Vt., April 18, 1978.

Hon. PATRICK LEAHY,  
U.S. Senator, New Senate Office Building,  
Washington, D.C.

DEAR SENATOR LEAHY: I would like to offer my full support for Senate Bill 2824. I am particularly concerned with that portion of the bill relating to child nutrition and the expansion of school breakfast programs.

In my work as a youth counselor for the Washington County Youth Service Bureau I see the need for this legislation daily. I am assigned by our agency to a vocational program at a local high school. Many of the one hundred and ten students in this program come from working class families. In many cases the school meal is the only complete meal these children eat daily. In a recent classroom discussion twenty students out of a total of twenty-four reported they do not eat breakfast before coming to school. Most of these students reported either family economic status or time restraints (many of our students have long bus rides from their home towns to the vocational center) as preventing them from having breakfast. These same students stated it is very difficult for them to wait until their lunch break to eat. This oftentimes results in problems within the classroom. When your stomach is empty and your mind is on food, it is very difficult to sit in a classroom and pay attention to the instructor. Because of this many of our students who have considerable learning disabilities do not progress as well as I believe they could.

Another factor that concerns me is the quality of meals presently served in schools. In our school students have twenty minutes for lunch. In these twenty-minutes they must get to the cafeteria from their last class (at least three minutes

is spent here), get in line, eat, and return to their next class. Every student I've spoken to feels this is simply not enough time. Furthermore, I feel this is not helpful in developing healthy life patterns for these young people.

Most of my clients also complain about the quality of food that is served to them. Common complaints include such things as sandwiches being served on white bread only, hot meals that are cold by the time they are served, inadequate serving portions, and low quality meat. Many of the students felt schools could serve less processed food as well; real potatoes instead of instant, homemade soup instead of canned, fresh fruit in place of canned and highly sweetened fruit. I feel the complaints and concerns are justified. I am pleased to have this opportunity to share them with you. These young people are consumers and beneficiaries of the federal school lunch program, yet their input is rarely sought.

With the evidence we now have available concerning the correlation between nutrition and the ability to learn, I feel it is extremely important that bills such as S2824 be passed. The goal of public education in the United States has always been to provide all children with an equal opportunity regardless of economic background. I do not believe a poorly nourished child has the same learning opportunity of a well fed child.

I would like to add that almost every teacher, youth counselor, and other professionals who deal with children I have spoken to support an expanded school breakfast program and your efforts to realize this goal.

Respectfully,

DENNIS McBEE.

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WATERBURY ELEMENTARY SCHOOL,  
Waterbury, Vt., April 20, 1978.

HON. PATRICK J. LEAHY,  
U.S. Senate, % Bread and Law Task Force, Montpelier, Vt.

DEAR SENATOR LEAHY: Waterbury Elementary School has had a successful breakfast program since 1968-69. Currently an average of 110 students eat breakfast at school daily.

The Federally supported program is applauded by the community and the school staff because they believe children's diet and health to be significantly related to their ability to learn. In the semi-rural district served by Waterbury Elementary School, many children ride school buses for up to one-half hour before arriving at school, and 33 percent of those enrolled qualify for free or reduced meals. Breakfast at school starts the day better for these children.

The breakfast program at our school makes use of the existing hot lunch facilities. Food for both programs is prepared on the premises. I feel that such resources are essential to a viable program and, therefore, qualify my support of your new bill by urging consideration of the need to assist schools in sound development of nutrition programs rather than using the weight of a Federal mandate for impetus to what might be less than enduring programs.

Although currently operating in the black, our breakfast costs in the past have required local funding. A generous community, convinced of the benefits by the sincere advocacy of the teachers and administration, responded with special help and with acceptance of price increases over the years. There is no doubt that teachers support the program and endeavor to reinforce the learning of good eating habits by coordinating their classroom instruction in this area with the experiences of children who receive juice, hot or cold cereal, milk and toast for breakfast and a balanced, Type A, lunch at their school.

Your proposed legislation will also deal with improving school lunch programs, and attempts to meet genuine concerns of the public about developing healthy food habits and eliminating waste. I believe the direction here should be to capture children's interests by involving them in menu preparation (another way to link classroom and lunchroom) by presenting cultural and natural foods whenever possible, and perhaps by offering some menu choices, especially in the higher grade level schools. The quality of the meals can be improved without excessive cost if there is reform in the area of Government commodities furnished, and by judicious use of local food products.

Sincerely,

WILLIAM C. RIEGEL,  
Principal.

APRIL 22, 1978.

DEAR SENATOR LEAHY: As a taxpayer and mother of 2 boys, I am very concerned about promoting good nutrition in the schools' food programs.

I do not feel that the government should be subsidizing money for chocolate milk in the schools. The added sugar and chocolate (which contains stimulants such as caffeine) has no nutritive value! The schools are setting a poor example by offering this adulterated drink. Many children want the chocolate milk because they feel it's a treat (like candy, ice cream, etc.).

Living in an agricultural state, I would like to see the schools including in their food programs some of the foods that Vermont produces in abundance (i.e. cheese, fresh vegetables, apples). I have never seen fresh apples for dessert in our lunch programs and we live in apple country! Why not include some of these "real" foods instead of artificial puddings, cakes, whipped toppings and jello?

The State of Vermont pays for a dental hygienist to examine our children's teeth once a year and make dental referrals for children who need dental care. In Proctor this year, the hygienist was alarmed at the increased number of dental referrals that were made! We're becoming a society of junk food!

Many schools are including health programs as a part of their curriculum to educate our children to grow into healthy (mentally and physically), well-rounded adults. Thus, the government must upgrade the standards for school food programs so that our schools can set a good example by providing nutritious, well-balanced meals!

Sincerely,

CLAIRE McDONALD.

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HAZEN UNION SCHOOL,  
Hardwick, Vt., April 25, 1978.

Senator PATRICK J. LEAHY,  
P.O. Box 933,  
Montpelier, Vt.

DEAR SENATOR LEAHY: At last evening's meeting, the Hazen Union School Board and its administration discussed your proposal for mandatory breakfast programs in schools which have a high number of students receiving free or reduced price lunches. Since approximately 40% of our students fall in that category, we believe our school no doubt would be required to have a breakfast program if your bill were to become law.

The Board and administration have serious reservations about this legislation and are deeply concerned about its implementation and resulting consequences at Hazen Union.

1. We are troubled about students not arriving at school without an adequate breakfast but we feel a breakfast program would cause other problems which would outweigh the benefits of the breakfast program.

2. Our buses arrive just prior to the beginning of classes at 8:05 A.M. To have a breakfast program would mean that we would have to either have our buses arrive earlier or start school later and consequently end school later. It is impractical to have the buses begin their routes earlier due to poor road conditions in the winter and due to the fact that they begin at 6:30 A.M. already. To extend our school day would cause a significant disrupting of our extra-curricular and athletic programs which benefit very many students. An alternative would be to take time from our educational program for breakfast and this we believe is undesirable.

3. We believe the breakfast program would bring with it additional costs to the school district. Supervision in the cafeteria during breakfast time and extra time for our kitchen staff would cause additional expense to our already tight budget. We find that non-educational costs such as this actually compete with the budget provisions for textbooks, instructional supplies and equipment and other direct educational services to our students with the result that a diminishing portion of our budget is in this latter category.

4. Philosophically, we believe that the public school is unnecessarily taking on more and more functions which used to be family responsibilities. Perhaps a better solution to the breakfast problem would be to develop programs and publicity to encourage the families to accept this breakfast responsibility. We have students whose education suffers because of lack of sleep. Are we to next provide sleeping facilities?

5. Regarding the need for a breakfast program, we question how many students do not eat breakfast because it is not available and how many do not because they choose not to. We believe that a number of our "non-breakfast eaters" do so for the latter reason and, therefore, a breakfast program becomes more of a convenience rather than a necessity and of questionable value.

6. Lastly, we are concerned with the gradual, yet endless, intrusion of the federal government into the daily operation of local schools. It is our understanding that education is a function of state and local governments and not a constitutional obligation of the federal government. If we had local interest in a breakfast program, which we apparently do not, we would have such a program. We resent mandates from Washington which though cloaked in good intentions do not take into account varying local conditions and desires. The breakfast program should perhaps be offered and supported by the federal government but not mandated.

I hope these thoughts are taken under serious advisement and due consideration will be given to the needs of local Vermont School districts. I shall be very happy to discuss these points in greater detail if you wish.

Thank you for the opportunity to respond to your letter of April 6.

Sincerely,

GLENN A. YANKEE,  
*Principal.*

APRIL 21, 1978.

Senator PATRICK LEAHY,  
*Child Nutrition Hearing,*  
*Rutland, Vt.*

DEAR SENATOR LEAHY: This letter is written in support of the school lunch program and an expanded school breakfast program. I am the nutrition program manager at the Vermont Office on Aging, in charge of the elderly feeding program. It is because of the many positive aspects of this feeding program that I write in support of your concern for good nutrition.

My recommendations for the School Lunch Program follow closely the changes I am currently implementing in the elderly feeding program:

1. The quality of USDA commodities must be upgraded to cull out the products that contain unnecessary (and harmful) salt and sugar.

2. Purchasing of Vermont products—in particular from small local growers—should be stressed in order to maximize the use of fresh, unadulterated products and improve the state's agricultural potential.

3. Nutrition education at school should be in harmony with the sound food choices offered in the cafeteria. The Senate's U.S. dietary goals should be used as a guideline for good nutrition.

I feel strongly that an expanded breakfast program would greatly enhance the diet of many Vermont children who, due to income, time, habit, apathy, and family patterns, do not have the benefit of a sound morning meal. I urge your continued support and advocacy.

Sincerely,

KAREN KITZMILLER,  
*Nutrition Program Manager.*

PEDIATRIC ASSOCIATES,  
*South Burlington, Vt., April 24, 1978.*

Re: Program and breakfast in school.

DEAR PAT: Sorry that I could not be at your public hearing in Rutland on April 22nd as I had a previous commitment to talk to some young people in my office on Saturday morning.

As a pediatrician and as a member of the American Academy of Pediatrics School Health Committee I did want to express my feelings about the two programs that you discussed in your public hearing.

Number one, the WIC program in the state of Vermont I feel is a very worthwhile program and it is being administered quite effectively by the State Health Department. When it first started in the State of Vermont this was not the case and there was a lot of difficulty with it. Since Dr. Dunnigan has come on board things have worked very well. One objection we do see to it is that by federal law there are certain tests that have to be obtained, particularly tests for iron deficiency which I feel were meant for big cities and were not meant for the

care here in Vermont. We find that these tests are unnecessary in monitoring many of these people and add to the extra cost of medical care. We feel some revision should be made that a state could appeal these strict regulations and show just cause to why they should have an exemption.

Number two, the question of having a breakfast program available in those schools that already provide a hot lunch program with over a certain percentage of their children getting reduced or free lunches. I don't think that anybody would disagree that people are going to learn better if they start the day with enough calories to fill their day's activities. I think all people would feel that the breakfast meal is probably most important in that we have been fasting a long period of time during the evening and need this fuel then in order to carry on the activities of the day. I am sure that a lot of people would take advantage of a breakfast program if it was available and I would certainly support the concept. I would want to make sure that the breakfast is available to all students regardless of income level however, and I would want to make contingent upon these programs that there would be removal of the soda machines and candy machines that are in the school, and that only nutritional types of snacks would be allowed in the school if these programs were to be instituted. No school should have to take educational dollars to pay for this and not be penalized for not accepting the program. If I can be of any further service to you in regards to these programs or any other medical issue please do not hesitate to contact me at your convenience.

Sincerely,

J. WARD STACKPOLE, M.D.

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THE EXTENSION SERVICE, UNIVERSITY OF VERMONT,  
Rutland, Vt., April 25, 1978.

HON. PATRICK LEAHY,  
Box 933,  
Montpelier, Vt.

DEAR SENATOR LEAHY: Nutrition is certainly a field of science which is gaining increasing popularity. I have received many telephone calls, written requests and office visitors interested in nutrition—how it works for your body and how to plan properly balanced meals. It is clearly evident to me, as a Home Economist and County Extension Agent, that this interest should be addressed by qualified personnel.

The recent passing of the Nutrition Education bill is a step in the right direction. How this is implemented is of primary importance. The Cooperative Extension Service is an established educational institution which is highly regarded. As an outreach arm of the USDA, we have been highly involved in nutrition education.

The Expanded Foods and Nutrition Education Program (EFNEP) was established in 1969. The EFNEP nutrition aides work with low-income families in many facets of nutrition education; namely, nutrition, food preparation, meal planning, food storage, gardening, food preservation, sanitation and other critical needs. Currently the University of Vermont Extension Service has 23 Nutrition Aides with a Full-Time equivalent of 20.5 positions. They each carry an average of 29 families. The following statistics are average monthly figures based on the past year:

- Number of program families, 656.
- Number of non-program families, 138.
- Individual visits to program families, 762.
- Individual visits to non-program families, 60.
- Total number of youth, 276.

The EFNEP Nutrition Aides also conduct group meetings. The number of youth and group meetings increase substantially during the summer months due to gardening and food preservation.

Level federal funding has necessitated the elimination of positions or a decrease in the supplies and mileage budget. This combination ultimately decreases the potential of the EFNEP program. With increased federal funding in this program, additional qualified nutrition aides could be employed to work with low-income families. These people are in desperate need for assistance in budgeting, food buying, planning nutritionally-balanced meals, and prepara-

tion of low-cost meals. For the majority of our EFNEP clientele, this program is the only avenue which provides nutrition information.

Another possibility in distributing funds for Nutrition Education is of course in our schools. I firmly believe qualified nutritionists or home economists with an education background should begin this instruction in preschools or kindergarten. We are fighting on two fronts—the lack of nutrition information and misinformation.

In Vermont, many of our schools are small, particularly elementary schools. In these instances, a nutrition educator might be hired to serve an entire school district (i.e. spend a day or two per week in each school). Adequate budgeting must be allowed for supplies and travel. Supplies must include reference books, audio-visual aids, reading materials, teaching kits and perhaps more importantly—training for the entire teaching staff, including principal and hot lunch program cooks.

An immediate activity in relation to nutrition education would be strong and verbal support of vending machines for fruit juices, fresh fruits and vegetables, raisins, nuts, and dairy products (milks, yogurt and ice cream). If we are indeed "hooked" on vending machines, it is possible and practical to sell nutritional products.

The March, 1978 issue of "Consumer Report" magazine has its feature article on Sugar and contains excellent facts and figures.

I hope my ideas can be useful to you and Senator Bellmon in the Senate Agriculture and Nutrition Committee. If I can answer any further questions, please don't hesitate to contact me.

Sincerely,

BRIDGET A. HOWRIGAN,  
*County Extension Agent.*

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SUPPLEMENTAL FOOD PROGRAM,  
*Barre, Vt.*

DEAR SENATOR LEAHY: These are the forms that you requested at the Rutland hearing. They include a representative sample of the forms that we would use for a child, age 1-5 on the WIC Program. For woman and infants, some of the forms would be changed slightly. If you would like further explanations of how the forms are used or if I can be of any other help, I would be pleased to answer your questions.

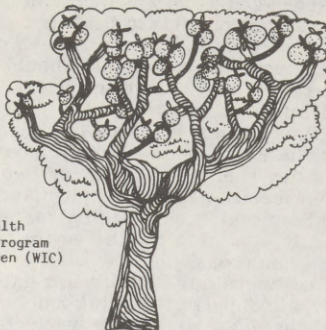
Sincerely,

TOM WITWICKI,  
*WIC Representative.*

Attachments.



Vermont Department of Health  
Special Supplemental Food Program  
For Women, Infants and Children (WIC)



APPLICATION

This form asks only for that information we need to decide whether or not you are eligible for the Program. This information will be held confidential. You will have to re-apply for the Program every six months.

Parent, Guardian or Adult Applicant:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Phone # \_\_\_\_\_  
(or other place where message can be left)

Directions to House:

Town of Residence: \_\_\_\_\_

Please list the names of everyone in your household applying for the Program. (Pregnant women, new mothers and children under the age of five years.)

Last Name	First Name	Date of Birth
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Have you or anyone in your household ever been on the WIC Program in Vermont before?  
 Yes  No If yes, which office served you? \_\_\_\_\_

Your financial eligibility for the WIC Program will be determined on the basis of the total income of your household during the current calendar year. In other words, we need to know what your actual income has been from January 1 to the present. We will project your income at its current level for the rest of the year in order to get a yearly amount.

In WIC, we need to know the total cash income of your household (a household is a group of people related OR unrelated who live together and share income and expenses).

What is your total household income BEFORE deductions (do not count food stamps, DO count wages, tips, welfare grants, unemployment, disability benefits, support payments). \_\_\_\_\_ week/month/year.

Number of people under 18 living in the household \_\_\_\_\_

Periodically, you will be asked to bring in "proof" of your income such as paycheck stubs, tax forms, etc. You will be sent a special notice when this is needed telling you what to do. You should always feel free to bring in "proof" of income anytime you wish.

This certification form is being made in connection with the receipt of Federal funds. Program officials may verify information on this form. Deliberate misrepresentation may subject you to prosecution under applicable State and Federal statutes. It is your responsibility to report to the Program any change in your income or address.

The standards for participation in the WIC Program are the same for everyone regardless of race, color, creed, national origin, political beliefs, or sex.

You have the opportunity to appeal any decisions made by the local agency regarding your eligibility for the Program.

Health Services are available through the Public Health Nursing Office to all people who participate in the Program. You are encouraged to participate in these health services.

I have been advised of my rights and obligations under the Program. I certify that the information I have provided for this eligibility determination is correct to the best of my knowledge.

Signed \_\_\_\_\_ Date   /  /    
(Applicant, Parent, or Legal Guardian)

Income Work Sheet

To be filled out only by WIC worker

Income - January 1 to date \_\_\_\_\_

Current Income \_\_\_\_\_

Projected Income, now til January 1 \_\_\_\_\_

Total for year \_\_\_\_\_

Deduction (if applicable) \_\_\_\_\_

Number of dependents under 18 \_\_\_\_\_

Income Eligible a) by yearly income \_\_\_\_\_

b) by change in income \_\_\_\_\_

(If b is checked, note:

beginning date   /  /  

ending date   /  /  )

Where did you first hear about the WIC Program? \_\_\_\_\_

WIC FLOW SHEET - INFANTS AND CHILDREN

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 SOURCE OF PRIMARY HEALTH CARE: \_\_\_\_\_ METHOD OF FEEDING: \_\_\_\_\_  
 BIRTH LENGTH (cm): \_\_\_\_\_ BIRTH WEIGHT (kg): \_\_\_\_\_

DATE: Visit / Measurement					
Age (years and months)					
Height (cm)					
Weight (kg)					
Weight for Height (Percentile)					
Head Circumference (Infants Only)					
Diet Score					

ELIGIBILITY CRITERIA

01 Milk					
02 Meat					
03 Fruit/Vegetable					
04 Grain					
05 Hct 31-34					
06 Anemia Hct $\leq$ 30					
07 Pre-term					
08 Low Birth Weight					
09 Mother Recipient					
10 Underweight					
11 Overweight					
12 Weight For Age					
13 Height For Age					
14 Regression					
90 No Longer At Risk					
Food Package					
Recall: 3 or 6 Months					
PHN/Nutritionist					
Signature and Title					

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	SEX	DOB	DATE ADMITTED
SURNAME			
TOWN AND ADDRESS		4.	
1.		5.	
2.		6.	
3.		7.	
FATHER'S NAME		MOTHER'S MAIDEN NAME	
FINDINGS OF MEDICAL EXAMINATIONS			
INDICATE X FOR SIGNIFICANT FINDINGS—DESCRIBE OR RECOMMEND IN NOTES			
DATE			IMMUNIZATION RECORD
DR.'S INITIALS			TYPE      INITIAL    SERIES—DATE—BOOSTERS
GENERAL CONDITION			POLIO
SKIN			POLIO
SKELETAL AND EXTREMITIES			BABIN
HEAD AND NECK			DTP
CARDIOVASCULAR			DT
LUNGS			SP
ABDOMEN			OTHER
HERNIA AND GENITALIA			DATE
OTHER FINDINGS			OPERATIONS—OTHER    SPECIFICS—TESTS
BEHAVIOR			
VISION — SPEECH HEARING			
HEIGHT			
WEIGHT			
DATE — SIGNATURE	NOTES AND RECOMMENDATIONS		

SOM-4-75

DIET SCREENING FORM  
Women, Children 1-5

Date \_\_\_\_\_

Name \_\_\_\_\_

Status: P PP L C

Age, if child \_\_\_\_\_

Please circle most appropriate number.

How many times PER DAY do you (or your child) eat or drink the following foods?

		For Staff Use
Milk, cheese or yogurt	0 1 2 3 4 5 more	Ia
Meat, fish, poultry	0 1 2 3 4 5 more	IIa
Orange or grapefruit (juice or fruit)	0 1 2 3 4 5 more	IIIa
Other fruits	0 1 2 3 4 5 more	
Vegetables (including potatoes and salads)	0 1 2 3 4 5 more	
Bread, toast, muffins	0 1 2 3 4 5 more	IVa
Cereal	0 1 2 3 4 5 more	
Are breads and/or cereals whole grain?	Yes No	
Sugar, jam, jelly, honey, syrup	0 1 2 3 4 5 more	Va
Koolaide, soda	0 1 2 3 4 5 more	
Butter, margarine, mayonnaise, salad dressing, cooking oil, gravy	0 1 2 3 4 5 more	
Alcoholic beverages	0 1 2 3 4 5 more	
How many times <u>PER WEEK</u> do you (or your child) eat the following:		
Cream soup, milk puddings, custard, ice cream	0 1 2 3 4 5 6 7 8 more	Ib
Dried beans, split peas, lentils	0 1 2 3 4 5 6 7 8 more	IIb
Eggs	0 1 2 3 4 5 6 7 8 more	
Spinach, broccoli, sweet potato, carrots, winter squash, other dark green leafy veg.	0 1 2 3 4 5 6 7 8 more	IIIb

		For Staff Use
Rice, noodles, macaroni, etc.	0 1 2 3 4 5 6 7 8 more	IVb
Pie, cake, cookies, sweet rolls, doughnuts	0 1 2 3 4 5 6 7 8 more	Vb
Candy	0 1 2 3 4 5 6 7 8 more	
Koolaide, soda	0 1 2 3 4 5 6 7 8 more	
Potato chips, corn chips, pretzels	0 1 2 3 4 5 6 7 8 more	
Please describe your (child's) appetite: _____ _____ _____		Totals - in daily equivalents (circle if below standard)
Please tell us about any concerns you have about your child's eating habits. _____ _____ _____		I _____
		II _____
		III _____
		IV _____
Do you (or child) take vitamins and/or mineral supplements? Yes No If Yes, describe: _____		
		Interviewer _____

NUTRITION EDUCATION - CHILDREN

Name \_\_\_\_\_

Module	Content	Date					
III - Basic Nutrition	a. nutrient definition						
	b. nutrient(s) discussed						
	c. function						
	d. food sources						
	e. 4 food groups in relation to nutrients						
	f. serving sizes/number						
	g. establishing good eating habits						
IV - Preventing Obesity	a. problem of overweight						
	b. correlation: child/adult obesity						
	c. prevention vs treatment						
	d. see f. and g. Module III						
	e. snacks - see Module V						
	f. activity						
V - Snacks	a. importance						
	b. from 4 food groups						
	c. costs						
	d. part of daily meal plan						
VI - Anemia	a. function of iron						
	b. need for dietary iron						
	c. food sources						
	d. WIC foods - emphasis on cereal						
IX - Treating Obesity	a. steady & gradual weight loss						
	b. see e., f., & g. Module III						
	c. snacks						
	d. calories						
	e. psychologic factors						
	f. activity						
Other Education	dental health						
	exercise						
	Additional Info on Progress Notes						
	Initials of Counselor						
Nutritionist Only	Level of Care/Discharge						

Coding: I - Initiated, understanding incomplete or unknown; C - Understanding complete;  
 F - Discuss at later visit; All other items, leave blank.

4/78-EBT

Name \_\_\_\_\_

Module	Content	Date				
II - WIC Foods	Dairy Products: nutritive value					
	storage & preparation					
	servicing suggestions					
	Eggs: nutritive value					
	storage & preparation					
	servicing suggestions					
	Juice: nutritive value					
	storage & preparation					
	servicing suggestions					
	Cereal: nutritive value					
storage & preparation						
servicing suggestions						
VIII - Consumer Ed	Food Shopping					
	a. budget					
	b. unit pricing					
	c. nutrition labels					
	d. shopping lists					
	e. gardening					
	f. co-ops					
	g. seasonal foods					
	Menu Planning					
	a. 4 food groups					
	b. low cost protein					
	c. color, texture, flavor, shape					
	d. estimating amounts					
	Food Preparation Techniques					
	a. storage methods					
b. preserving nutritive value						
c. food preservation						
X - Community Resources						
	Additional Information on Progress Notes					
	Initials of Counselor					
Nutritionists Only	Level of Care/Discharge					

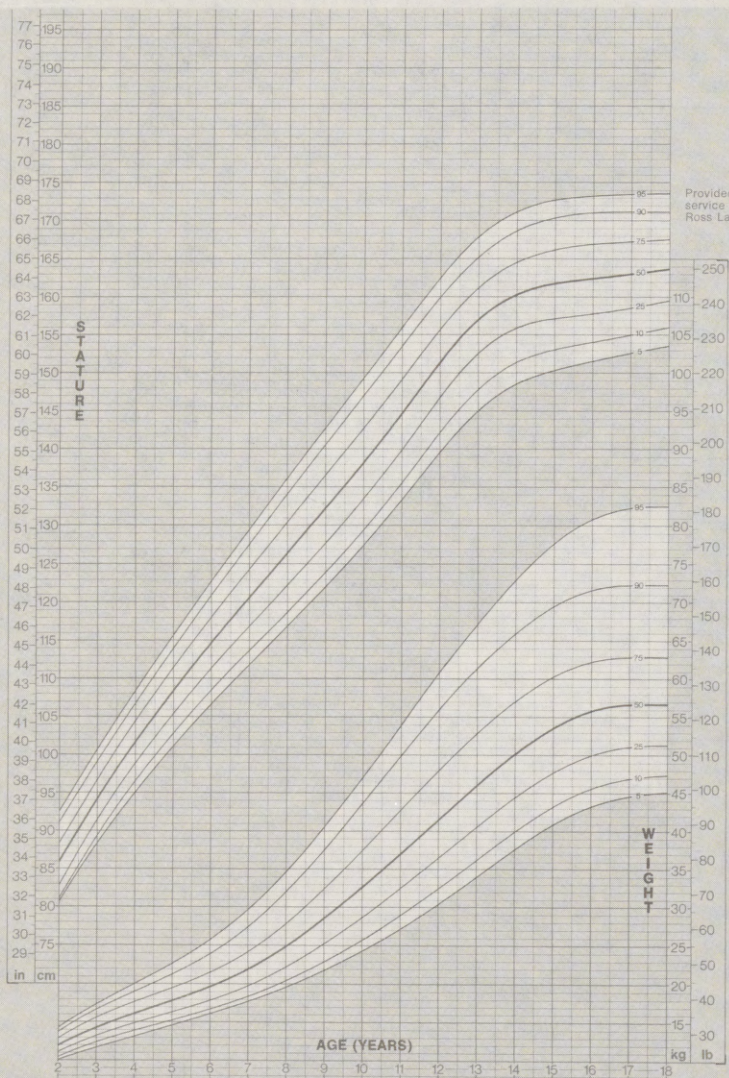
Coding: I - Initiated, understanding incomplete or unknown; C - Understanding complete;  
P - Discuss at later visit; All other items, leave blank.

4/78-EBT

**GIRLS: 2 TO 18 YEARS  
PHYSICAL GROWTH  
NCHS PERCENTILES\***

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_


 Provided as a  
service of  
Ross Laboratories

 \*Adapted from: National Center for Health Statistics: NCHS Growth Charts  
1976, Monthly Vital Statistics Report, Vol. 25, No. 3, Supp. (HRA) 176-120.  
Health Resources Administration, Rockville, Maryland, June, 1976.  
Data from the National Center for Health Statistics.

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## STATEMENT OF JEANNE REED SWAHN, PITTSFORD, VT.

Good morning, Senator Bellmon, Ladies and Gentlemen.

My name is Jeanne Reed Swahn, I live in Pittsford, Vermont.

I support the "Nutrition Bill" for children.

I have spoken with quite a large amount of parents and some senior citizens and have found only one person who says, "No", to the bill. Reason—"I'll take care of my own kids."

In my opinion, I believe that the majority of Vermont children do not have a proper balanced diet.

From my own experience, I can honestly say, "I see it in my own household."

I have a 15 year old son who does eat breakfast and a 17 year old daughter who does not.

My son's scholastic marks and his general attitude are much better. Neither does he eat quick sugary pick-ups or in-between-meals, like his sister does.

My daughter also has a weight gain problem, where my son does not.

I believe, that the breakfast program in the schools would also teach the children, while they are young and in their forming years, the "habit" of proper nutrition and what a well balanced diet does for their overall general health, including their aging years. Therefore, I'm sure there would be much better health in general in the nation. Thus, maybe it would help keep medicaid cost down.

I understand that some Vermont children do not have breakfast or hot lunch because their parents cannot afford it. The Hot Lunch Program for some, is the only meal they have a day.

I'm sure this "Nutrition Bill", would benefit this country as a whole.

[The following articles were submitted by Senator Bellmon:]

[Reprinted from the Midnight Globe, April 11, 1978]

## LOSE UP TO 10 POUNDS FAST THE DIET WORKSHOP WAY

## 30-DAY MIRACLE DIET

A new one-month "miracle" diet takes off up to 10 pounds immediately and lays the groundwork for even more dramatic weight drops in the succeeding months.

The diet's been designed by Lois L. Lindauer, international director of the Diet Workshop.

What makes it a miracle? "Any healthy person can use it to take off weight, firm up and start a new way of eating without pills, potions or pummeling," she told GLOBE.

"How's that for a miracle?"

The month-long program is divided into four equal parts. Parts one and two are blitz weeks. "You eat meals with the lowest possible calories—but enough to maintain your good health," Miss Lindauer said.

"It's lightning-quick in promoting weight loss."

Miss Lindauer, whose Diet Workshop has been devising slenderizing programs for 12 years, has prepared special menus for these first two weeks.

"Read them carefully before going out to shop," she advises. "And put a food scale and a measuring cup at the head of your shopping list."

## Day by Day

For the second two weeks, she's come up with a more moderate eating plan.

In addition, she suggests day-by-day methods of changing a person's eating behavior during the third week. "At the end of that week," she quipped, "you'll qualify for an E.E. degree.

"That's an Educated Eater."

The final week of the miracle month spotlights physical activity. She proposes different exercises for each day.

"They're all fun activities," said Miss Lindauer. "And they'll make you solid in no time."

Got a month for a miracle? Here's the Diet Workshop diet:

Week one is Blitz Week, with different menus for each day. Repeat it the following week for a superswift start. Weeks three and four are less austere.



# Diet Workshop Special!

## 1. & 2. BLITZ WEEKS

SUN	<b>BREAKFAST</b> 1/2 cup grapefruit juice 1 soft boiled egg 1 slice dry rye toast Coffee, tea, Sanka	<b>LUNCH</b> 3 oz. tuna Tossed greens with 1 tbs. diet dressing 1 slice whole wheat bread 1/4 honeydew melon Beverage	<b>DINNER</b> 6 oz. turkey breast 1/2 cup spinach 1/2 cup carrots 1/2 cup juice-packed pineapple Beverage
	<b>BREAKFAST</b> 1/2 cup berries over 2 oz. cottage cheese 1 slice whole wheat toast Beverage	<b>LUNCH</b> 3 oz. turkey breast Tossed greens with 1 tbs. diet dressing 1 slice rye bread Beverage	<b>DINNER</b> 6 oz. scallops, broiled 1/2 cup mushrooms, broiled 1 small tomato, broiled 1/4 honeydew melon Beverage
MON	<b>BREAKFAST</b> 1/2 cup orange juice 2 oz. cottage cheese broiled with dash nutmeg on 1 slice pumpernickel Beverage	<b>LUNCH</b> 3 oz. broiled haddock Tossed greens with 1 tbs. diet dressing 1 slice whole wheat bread Beverage	<b>DINNER</b> 6 oz. poached cod 1/2 cup zucchini 1/2 cup beets 1/4 fresh pineapple Beverage
	<b>BREAKFAST</b> 1/2 cup grapefruit juice 1 poached egg on 1 slice dry rye toast Beverage	<b>LUNCH</b> 3 oz. clams (on 1/2 shell or canned) Tossed greens with diet dressing 1 slice pumpernickel Beverage	<b>DINNER</b> 6 oz. shrimp, broiled 1/2 cup cabbage 1/2 cup acorn squash 1/4 honeydew melon Beverage
TUES	<b>BREAKFAST</b> 1/2 cup berries over 2 oz. cottage cheese 1 slice whole wheat toast Beverage	<b>LUNCH</b> 3 oz. broiled flounder Tossed greens with diet dressing 1 slice rye bread Beverage	<b>DINNER</b> 6 oz. white meat chicken 1/2 cup lettuce 1/2 cup cooked onions 1/4 fresh pineapple Beverage
	<b>BREAKFAST</b> 1/2 cup orange juice 1 egg "fried" in teflon skillet 1 slice pumpernickel Beverage	<b>LUNCH</b> 3 oz. chicken Tossed greens with diet dressing 1 slice whole wheat toast Beverage	<b>DINNER</b> 6 oz. broiled sole 1/2 cup spinach 1/2 cup tomato 1/2 cup berries Beverage
WED	<b>BREAKFAST</b> 1/2 cup berries 2 oz. cottage cheese sprinkled with celery salt 1 slice whole wheat toast Beverage	<b>LUNCH</b> 3 oz. tuna Tossed greens with diet dressing 1 slice pumpernickel Beverage	<b>DINNER</b> 6 oz. haddock, broiled 1/2 cup zucchini 1/2 cup beets 1/2 cup juice-packed pineapple Beverage
	<b>BREAKFAST</b> 1/2 cup orange juice 1 egg "fried" in teflon skillet 1 slice pumpernickel Beverage	<b>LUNCH</b> 3 oz. chicken Tossed greens with diet dressing 1 slice whole wheat toast Beverage	<b>DINNER</b> 6 oz. broiled sole 1/2 cup spinach 1/2 cup tomato 1/2 cup berries Beverage
THUR	<b>BREAKFAST</b> 1/2 cup berries 2 oz. cottage cheese sprinkled with celery salt 1 slice whole wheat toast Beverage	<b>LUNCH</b> 3 oz. tuna Tossed greens with diet dressing 1 slice pumpernickel Beverage	<b>DINNER</b> 6 oz. haddock, broiled 1/2 cup zucchini 1/2 cup beets 1/2 cup juice-packed pineapple Beverage
	<b>BREAKFAST</b> 1/2 cup orange juice 1 egg "fried" in teflon skillet 1 slice pumpernickel Beverage	<b>LUNCH</b> 3 oz. chicken Tossed greens with diet dressing 1 slice whole wheat toast Beverage	<b>DINNER</b> 6 oz. broiled sole 1/2 cup spinach 1/2 cup tomato 1/2 cup berries Beverage
FRI	<b>BREAKFAST</b> 1/2 cup berries 2 oz. cottage cheese sprinkled with celery salt 1 slice whole wheat toast Beverage	<b>LUNCH</b> 3 oz. tuna Tossed greens with diet dressing 1 slice pumpernickel Beverage	<b>DINNER</b> 6 oz. haddock, broiled 1/2 cup zucchini 1/2 cup beets 1/2 cup juice-packed pineapple Beverage
	<b>BREAKFAST</b> 1/2 cup orange juice 1 egg "fried" in teflon skillet 1 slice pumpernickel Beverage	<b>LUNCH</b> 3 oz. chicken Tossed greens with diet dressing 1 slice whole wheat toast Beverage	<b>DINNER</b> 6 oz. broiled sole 1/2 cup spinach 1/2 cup tomato 1/2 cup berries Beverage
SAT	<b>BREAKFAST</b> 1/2 cup berries 2 oz. cottage cheese sprinkled with celery salt 1 slice whole wheat toast Beverage	<b>LUNCH</b> 3 oz. tuna Tossed greens with diet dressing 1 slice pumpernickel Beverage	<b>DINNER</b> 6 oz. haddock, broiled 1/2 cup zucchini 1/2 cup beets 1/2 cup juice-packed pineapple Beverage
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### STAY IN SHAPE WITH GLOBE

## 3. EDUCATED

This week is devoted to changing your eating behavior.

### SUNDAY

#### Plan-Ahead Day

1. Write down everything you will eat tomorrow.
2. List every item.
3. Check cupboards to see if you have what you need.
4. Make shopping list if necessary.

### MONDAY

#### Check-List Day

Before you eat:

1. Mentally check what you are about to eat against your written plan.
2. Take away any intruder foods.
3. Give yourself permission to eat the rest.

### TUESDAY

#### Slow-Down Day

1. At each meal set a timer for 20 min.

2. Put fork down between bites.
3. Swallow each mouthful before taking another.
4. Stretch the food so it lasts the 20 minutes.

### WEDNESDAY

#### Proper Eating Day

1. Eat only in a room where eating should take place — kitchen or dining room.
2. Eat only seated at a table.
3. Eat only with proper utensils — no fingers.
4. Eat only at meal times.

### THURSDAY

#### Eating Awareness Day

1. When you eat, only eat.
2. Turn off TV.
3. Shut off radio.

## 4.

## ACTIVITY



In week four, Activity Week, get moving! A different physical activity every day will keep you interested — and firm up the new you.

### SUNDAY

Walk briskly for 15 minutes. You may take 3 five-minute tours of your house if the weather is bad.

### MONDAY

Jump rope for 5 minutes.  
Run in place for 5 minutes.  
Walk for 5 minutes.

# EATING WEEK

Do the following:

4. Banish books, magazines, papers.
5. Think about the food. How it tastes, feels, its temperature.

## FRIDAY

### Control Day

1. Eat only 3 meals.
2. Schedule meals 15 minutes later than usual.
3. Leave a little behind on the plate.

## SATURDAY

### Reward Day

1. Think about yourself.
2. What do you want to do today?
3. Is there something you want to buy?
4. Plan how you can do or buy what you desire.
5. DO IT! A fitting end to the week.



# WEEK—GET MOVING!

## TUESDAY

Take 3 five-minute stair climbing breaks. Go up 1 step at a time. Then go up skipping every other step. Don't forget to come down!

## WEDNESDAY

Play records or the radio. Dance to the music. Choreograph as you go, swing your arms, stretch, raise your legs. Imagine you are a ballet dancer.

## THURSDAY

A 15-minute walk.  
1st 5 minutes: walk and breathe deeply.  
2nd 5 minutes: walk and make arm circles.  
3rd 5 minutes: walk and make wing thrusts with arms.

## FRIDAY

Give yourself an active night out.  
Possibilities:  
Swimming

Bowling  
Tennis  
Dancing  
Racquet Ball  
Driving Range

## SATURDAY

Clean house. Attack with vigor:

1. Sweep—exaggerated side-to-side movements for the waist.

2. Pick up—squat frequently.

3. Do the windows—stretch up and circle the arms.

# Plan Your Own Meals For The Third And Fourth Weeks

## BREAKFAST

4 ounces Orange  
Or Grapefruit juice  
Or any Fruit (optional)  
And 1 egg  
Or 2 ounces Cottage Cheese  
(scale weight)  
Or 2 ounces Fish  
Or 1 ounce hard Cheese  
And 1 ounce Bread  
Or 2/3 ounce cold,  
non-sugared Cereal  
Or 1/2 cup hot Cereal  
And Beverage

## LUNCH

3 ounces from First  
Or Second Choice Meats,  
Fish, etc.  
Or 2 Eggs  
Or 6 ounces Cottage Cheese  
(scale weight)  
Or 2 ounces hard Cheese  
Or 3 ounces any Third Choice  
once a week  
And 1 ounce any kind of Bread  
And all you want of the  
Unlimited Vegetables  
And Beverage  
And Fruit

## DINNER

6 ounces cooked Meat,  
Fish or Poultry  
And 1/2 cup of the Limited  
Vegetables  
And all you want of the  
Unlimited Vegetables  
And Beverage  
And Fruit

## IN BETWEEN

Be sure to include 2 cups Skim Milk  
either as a beverage or in between  
meals.

Select the foods for each meal from the following groups:

UNLIMITED VEGETABLES	LIMITED VEGETABLES	FIRST CHOICE MEATS, FISH, POULTRY	SECOND CHOICE	FRUIT	FREE FOODS
(Do have for lunch and dinner — any other times are up to you.) Asparagus Bamboo Shoots Bean Sprouts Broccoli Cabbage Cauliflower Celery Chard Chicory Chinese Cabbage Collard Greens Cucumber Endive Escarole Kale Lettuce Mushrooms Onions, Raw Parsley Peppers Pickles, Dill Pimientos Radishes Rhubarb Romaine Lettuce Sauerkraut Scallions Spinach Summer Squash String Beans (All Kinds) Turnips Turnip Greens Watercress Zucchini	(1/2 Cup) Artichokes Beets Brussel Sprouts Carrots Eggplant Kohlrabi Leeks Okra Onions, cooked Parsnips Peas Pumpkin Rutabagas Squash, Winter Acorn, Butternut, Hubbard Tomatoes Tomato Sauce — 2 oz. Water Chestnuts	(Lowest in Calories) Bass Brains Carp Chicken, Broilers and Fryers Clams Cod Cornish Hens Crab Crayfish Finnan Haddie Flounder Frogs Legs Haddock Halibut Heart (Chicken or Beef) Lobster Mussels Oysters Perch Pike Red Snapper Scallops Scrod Shad Roe Shrimp Sole Squid Sweetbreads Trout, Brook Tuna, water packed Venison	Bluefish Bonito Butterfish Chicken roasting, capon Kidney Liver Mackerel Pheasant Salmon, canned and fresh Sardines in Mustard Sauce Shad Swordfish Trout, Lake Tuna, oil packed, drained Turbot Turkey, white and dark Veal White fish  <b>THIRD CHOICE</b>  (Dinner, three times a week. Lunch once a week ONLY as per directions.) Beef Frankfurters, All Beef Ham Lamb Pork Squab Tongue	Our definition of one fruit would be any medium-sized apple, pear, orange, nectarine, plum, etc. or any of the following: 1/2 Banana 1/2 Cup Berries Any Kind 1/2 Cantaloupe 1 Cup Cranberries 1/2 Cup Water- Packed Fruit 1/2 Grapefruit 4 Ounces Unsweetened Juice 2" Wedge Honeydew Melon 1/4 of a Pineapple 1/2 Cup Pumpkin Cooked 1 Medium Tomato 1/2 Cup Squash Cooked	Low Calorie Carbonated Beverage Bouillon Coffee 1 Tablespoon Diet Dressing (once a day) Extracts (1 tsp. a day) Gelatine Herbs Horseradish 1 Teaspoon Dietetic Jelly Lemon Lime Mustard Paprika Pepper Salt Clear Soup Soy Sauce Spices Tea 2 Thin Slices Tomato (for lunch) Tomato Juice (limited to 12 oz. a day) Vinegar Water Worcestershire Sauce



[Reprinted from the Star—The American Women's Weekly, April 18, 1978]

## FOODS TO HELP YOU LIVE LONGER AND FEEL YOUNGER

(By Dr. Marsh Morrison, Chiropractor and Health Writer)

The foods you eat can keep your body functioning at its best for many decades, says Dr. Marsh Morrison, a 75-year-old chiropractor and health writer.

Each organ of the body can be maintained in peak condition by eating the appropriate "longevity food," Morrison says in his forthcoming book, *Little Things That Build Big Ailments*.

Here are the specific foods Morrison recommends for common ailments that generally come with aging:

### THE HEART

The best food for the heart is wheat germ.

I refer to fresh wheat germ. When you open the container, smell it. If rancid you will notice it at once.

If rancid, wheat germ can do great harm, even to inducing stomach cancer. If fresh, it can supply enormous benefits to the heart victim.

I am personally against dairy products for cardiac cases (because I believe the calcium potentially dangerous for these patients), so I recommend eating the wheat germ as a non-milk cereal.

It can be poured into a bowl and made palatable with heated water, also some added fruit. Or it can be sprinkled liberally over other dishes. If available, add lecithin flakes to the wheat germ for further benefits.

Besides wheat germ here are some secondary heart foods: Rice water (the water in which rice was boiled), blackstrap molasses, raw garlic, lecithin (from soybeans), brown rice, sunflower seeds, brewers yeast, pecans, watermelon, vitamin E supplements (or wheat germ oil).

### THE SKIN

Doctors suspect that the cause of many skin problems actually is digestive trouble. And certain foods can help skin conditions.

The human body has four main avenues of elimination. The way that poisonous and unwanted accumulations leave the system from the bowels and kidneys is well known.

Another outlet for metabolic wastes and toxic debris is the exhaling mechanism—with every breath we breathe out carbon dioxide. And as a last safety vent we have the skin. Through the skin we eliminate sweat and also carbon dioxide.

But if our principal stomach-intestines digestive apparatus falters, the self-preservation mechanism of the body enlists the skin to take up the job.

I have found that nearly all skin lesions respond to some degree to feeding to improve digestive capabilities—without troubling about treating the skin at all.

Chief among longevity foods for the skin and hair—and please note that the hair is an extension of one's skin, as are the fingernails—is wheat germ oil.

Lacking the oil, raw wheat germ as a daily cereal is strongly advised. Rashes and scalding burns, in fact, respond better to an application of wheat germ oil than to anything else I know.

The other assisting longevity foods for the skin and hair are:

Lecithin granules (added to wheat germ cereal), brewers yeast, brown rice, pecans, yogurt, raw apples (without skins), raw pineapple (very ripe), papaya (slightly unripe).

And (externally applied) raw egg and lemon on the hair, raw garlic rubbed onto the skin lesion, fresh lemon peel rubbed into the skin, castor oil applied to scaly skin, fresh-cut raw cucumber slices rubbed on fingernails, and rice water or barley water rinses for the hair.

### THE JOINTS

It is estimated that from 12 million to 20 million adult Americans have arthritic and related troubles, many just labeled rheumatism. There are numerous food that can help their condition.

While some of these ills are readily traceable to muscles, most are conditions of the joints.

This is largely because we live in an up-and-down position with all the masses of body weight resting upon each other, balanced for dear life on our two tiny feet. Thus the joints take a daily pounding and suffer all our lives.

Whether your complaint be rheumatoid arthritis, atrophic or hypertrophic arthritis, gouty or proliferating (deformans) arthritis or whatever, these foods can help:

Strawberries (contain organic salicylates that work like aspirin, Anacin, etc.), bone meal (supply utilizable calcium), vitamin C (from rose hips or acerola berries for the collagen to "glue" the ligaments and cartilages of joints), cherries (fresh only, eaten in half-pound portions as a complete meal, especially in gout), alfalfa (eat as alfalfa sprouts or drink as tea), bioflavonoids (lemon peel and pulp of the fruit), pecans, blackstrap molasses, asparagus, yogurt or sour milk or clabber, whole barley (and drink barley water), brown rice.

#### THE STOMACH

Most people at one time or another suffer digestive ills traceable to the stomach and intestines. The best foods to avoid these problems are yogurt or sour milk.

I refer to plain yogurt that has not been fancied-up with jams or fruit flavors. In many cases sour milk is even better and safer—for at least it has not been tampered with by unknown factory hands.

An easy way to make it is to pour one ounce or so of ordinary sour cream into a quart bottle and let the bottle sit in the sun or near the warm pilot light on the range for about 24 hours.

There are a host of other assisting longevity foods for the stomach and intestines. In the fruit line, nothing exceeds papaya in value.

Next to papaya I have found either apple cider vinegar or tablets of plain dilute hydrochloric acid most valuable because many, if not most, people suffer forever with poor hydrochloric acid production in their stomach.

Here are other longevity foods for the stomach and intestines:

Papaya, apple cider vinegar or hydrochloric acid tablets, cabbage juice (about two ounces daily as a morning drink), figs, persimmons, blackstrap molasses, wheat germ, pecans, almonds, sunflower seeds, apples (half a raw apple at bedtime for its pectin content), and raw tomatoes.

#### EYES AND SINUSES

There are certain longevity foods that help both the eyes and the sinuses at the same time.

The foods rich in natural vitamin A are, of course, well known for helping sight. Sunflower seeds head the list there, with carrots not far behind because of their carotene content.

This exists richly in other yellow vegetables also, notably corn and squash. Carotene has the property of being stored in the liver where it is converted into vitamin A and is a longevity food for human eyes.

If you enter a movie house and cannot spot a vacant seat for a long time, it can mean that your adjustment time or "visual purple" needs a boost. Carotene can supply this.

For congested sinuses the chief mucus solvents are citrus fruits—all of them. They are rich in vitamin C and these same C-foods are useful aids for the eyes.

Thus lemons, sour oranges, grapefruits and tomatoes are beneficial for both unplugging sinuses and eyes that are congested, irritated, feel scratchy or itchy or burning.

Along with those mentioned above, fresh pineapple and all the fresh berries help dissolve the hardened mucus in the sinuses.

In sum, here are the useful longevity foods for the eyes and sinuses:

Sunflower seeds (raw, unheated, hulled), carrots (raw principally, also useful steamed lightly), citrus fruits (all except on the sweet side), all fresh berries (strawberries, raspberries, blueberries, etc.), fresh pineapple.

And apricots, cabbage juice, raw garlic (or the fumes from garlic), cherries, lemon peel, sweet potato, collards, water cress, mustard greens, turnip tops, dandelion greens.

[Reprinted from the National Enquirer, April 11, 1978]

**5 Top Nutritionists Tell How to Lose Weight on...**

# **THE #1 DIET**

## FIVE TOP NUTRITIONISTS TELL HOW TO LOSE WEIGHT ON THE NUMBER ONE DIET

(By Harold Lewis and Bob Temmey)

America's number one diet—the safest and most effective way to lose weight—is an easy 1,200-calorie plan using everyday foods.

When all the fads have been tried, when all the dizzying array of food plans have been discarded, one diet stands out above the others, say five nutrition experts from the U.S. government, the American Medical Assn. and several top universities.

This number one diet is designed to help you maintain your health as well as allow you to eat many of your favorite foods—and still lose up to three pounds every week. Not only that but it will make you feel more full of life.

And it's all so simple to follow.

The plan calls for a balanced 1,200-calorie-a-day diet consisting of four basic food groups—breads and cereals; dairy products; meat, fish and poultry; and fruits and vegetables.

"It's the safest and best weight loss diet that exists today," declared H. Louise Dillon, a nutritionist for the American Medical Assn.

"On this diet, average overweight people will lose weight and maintain their health."

Calling it "the best all around diet available," Glen Shue, a chemist and nutritionist for the Food and Drug Administration, told *The ENQUIRER*: "You'll feel healthier and bouncier—more full of life.

"The average person can lose up to three pounds a week by following this diet—and you can do it all without exercising.

"You can stop dieting when you reach your desired weight."

The 1,200-calorie-a-day diet has stood the test of time. It has been used successfully throughout the last 20 years, said Dr. Doris Calloway, professor of nutrition at the University of California at Berkeley.

"This diet imposes no special conditions or restrictions other than that portions have to be limited in some way," said Dr. Calloway. And the dieter must pick from all four food groups.

"The diet can be varied to suit various tastes and budgets. The majority of people who stick to the diet will enjoy a gradual weight loss."

The diet is far from boring because it allows you to eat most of the kinds of food you consume now, said Dr. Roslyn Alfin-Slater, head of the division of environmental and nutritional sciences at UCLA.

"The diet is composed of foods which are ordinarily eaten," she said. "You don't have to make modifications and changeovers to unfamiliar diets.

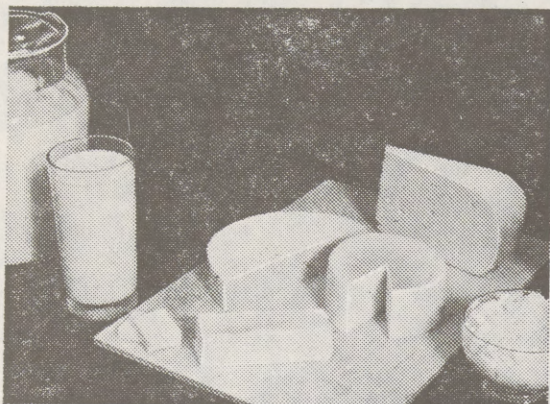
"It doesn't require formulas or omitting certain groups of foods.

"It's safe because it's been used for many years and has all the nutrients recommended by the Food and Nutrition Board of the National Research Council."

Even though the diet has been around for many years, "nothing better has come up for losing weight and keeping you healthy," said Dr. Judith Brown, who is the acting director of public health nutrition at the school of public health, University of Minnesota.

To make this diet work for you, simply build all your meals around the four basic food groups depicted in the photos shown at right. Use a calorie counter booklet (available in most drug stores and supermarkets) so you can make sure you consume around 1,200 calories a day.

## A GUIDE TO GOOD EATING

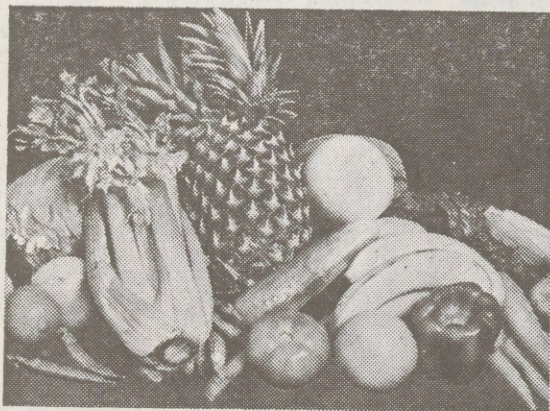
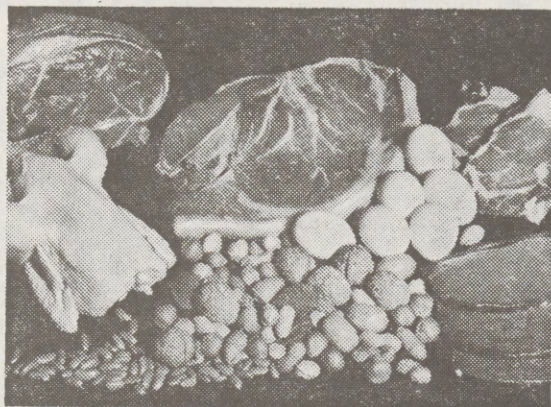


### Milk Group

Use daily: two or more eight ounce glasses of milk (skim milk or buttermilk is preferred for fewer calories). Cheese, ice cream and other milk products can be used as substitutes.

### Meat Group

Use daily: two or more servings of meats, fish, poultry, eggs or cheese. Good practices to follow: eat at least three to five eggs a week; eat liver, heart, kidney or sweetbread about once a week; use dried beans, peas, nuts or peanut butter as substitutes.

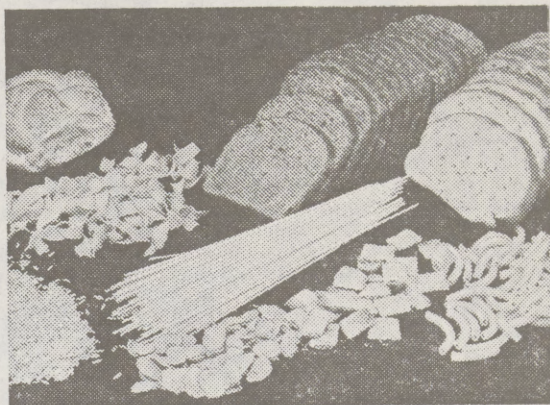


### Vegetables And Fruits

Use daily: four or more servings. Include a dark green leafy or deep yellow vegetable or yellow fruit at least three or four times a week. Eat citrus fruit or tomatoes or other sources of vitamin C every day.

## Breads And Cereals

Use daily: four or more servings. Eat enriched or whole grain products. Choose from breads, cooked and ready-to-eat cereals, corn meal, crackers, grits, spaghetti, macaroni, noodles, rice, quick breads and other baked goods if made with whole grain or enriched flour.



### -2 TYPICAL MENUS USING NUMBER ONE DIET-

**Breakfast:** cantaloupe, one quarter (55); scrambled egg (80); whole wheat toast, one slice (65); butter, one pat (36); skimmed milk, one cup (86); coffee or tea, no calories.

**Lunch:** vegetable beef soup, one-half cup (40); chicken salad, three heaped tablespoons (185); two lettuce leaves, no calories; rye bread, two slices (120);

**Breakfast:** orange juice, one-half cup (55); oatmeal, one-half cup (65); whole milk, one-half cup (75); coffee or tea, no calories.

**Lunch:** one slice of ham (65); American cheese, one slice (115); bread, whole wheat, two slices (130); butter, one pat (36); two carrots and celery sticks (40); peach (55); whole milk, 3.5 percent fat, one cup (150).

one-half carrot (10); one-half celery, no calories; one radish, no calories; Cheddar cheese, one ounce (115).

**Dinner:** sliced prime tenderloin of beef, four ounces (197); peas, one-half cup (57); macaroni, one-half cup (96); combination lettuce salad, one-half cup (12); lemon juice dressing, no calories.

Total calories: 1,154

**Dinner:** broiled beef patty, four ounces (185); butter, one pat (36); cooked asparagus, four spears (10); tossed green salad, vinegar dressing, no calories; white bread, one slice (65); whole milk, 3.5 percent fat, one-half cup (75); cherries, unsweetened, one-half cup (55); coffee or tea, no calories.

Total calories: 1,212

STATEMENT OF IRMA MANNING, STATE LEADER, SPECIAL PROGRAMS, OKLAHOMA  
STATE UNIVERSITY

The Expanded Food and Nutrition Education program is a family centered program. Its purpose is to help low income family members to improve their diets.

Food and Nutrition is one phase of the home economics programs conducted in each county in Oklahoma.

The EFNEP is an expansion of the Food and Nutrition programs. At present, we are conducting this program in 13 counties. In the past we have worked in 12 additional counties.

Paraprofessionals (EFNEP Aides), teach homemakers in the home on an average of twice monthly, over a period of one to two years, depending on the nutritional level of the homemaker as she enters the program, and the rate of change in her diet and food behavior practices during the teaching period.

The program functions within the existing cooperative Extension's educational delivery system:

EFNEP Aides are hired and taught by county home economists to teach low income homemakers in their own neighborhood.

The home economists in turn are part of the Land-Grant University system and have the support of the Food and Nutrition Specialists and program leaders who are part of the Faculty at Oklahoma State University.

The program method for EFNEP, using the paraprofessional to teach one-to-one and in small groups, is based on research and pilot studies conducted by personnel within the Science and Education Administration—Extension, in the Department of Agriculture, working in conjunction with the states.

Program evaluation is conducted by the EFNEP aide. She regularly evaluates progress of the homemaker by asking the homemaker to recall what she has eaten in a 24-hour period.

The aide records her diet before she teaches her and at 6 month intervals during the period the homemaker is in the program.

She also identifies behavioral changes in the homemaker's ability to plan for the family's food needs, to purchase foods wisely, and, when possible, to produce and preserve her own food.

Results of the program as shown by improvement in the homemakers diets:

Six percent of families have an adequate diet when they enter the program. After one year, the percent doubles to 12 percent—after two years, it has increased to nearly 30 percent.

Other results include increased ability to buy, prepare and serve nutritional meals.

Improved practices in food production, storage, safety and sanitation.

Increased ability to manage resources that relate to food including food stamps.

To reinforce the learning of the homemakers, the aides also teach nutrition to children and youth in small neighborhood groups. The purpose of this teaching is to increase the knowledge of children regarding the importance of good eating habits. We are often able to reach parents in need of information by first involving the youth.

CHARACTERISTICS OF FAMILIES IN EFNEP

The average annual income of families enrolled in EFNEP was \$4,767, as of March 31, 1978. This average is less than \$5,850, the earnings set by the Government Services Administration as poverty level for a family of four.

EFNEP families spend a large percent of their income for food—33 percent during the period from October 1, 1977 through March 31, 1978. This is compared to 16.4 percent (June 1977—Dept. of Commerce) for all families in the U.S.

EFNEP families are larger than families in general (4.5 persons per household). About half of the families are of minority races.

In one county surveyed recently, 35 percent of the enrolled families were headed by females.

These families also have a lower educational level than the total population—30 percent of the homemakers have less than 8th grade education.

## FACTORS THAT HAVE CONTRIBUTED TO THE SUCCESS OF EFNEP

- (1) Well trained professional home economists who teach and supervise the work of the paraprofessional backed by extension specialists and program leaders at the Land-Grant University.
- (2) Paraprofessionals who are secure in their knowledge of basic nutrition and who are close to professional resources.
- (3) Information taught the paraprofessional and that she teaches the homemaker are developed from research findings and are modified.
- (4) Evaluation to assure that the program meets the needs of the clientele.
- (5) A system of continuous in-service training is provided for state and county professionals as well paraprofessionals.
- (6) Supervision at all levels is provided to insure that the program conforms to guidelines, policies and objectives.
- (7) Coordination with other county Extension professionals to encourage continued involvement of family members in learning experiences.
- (8) Cooperation and coordination of efforts with other agencies to avoid program duplication and to make best use of the competencies of each.
- (9) Involvement of recipients of the program in lay advisory groups to keep extension professionals aware of the needs of low income families.

## NEEDS: OF THE PROGRAM ARE FOR INCREASED FUNDING

Approximately 23 percent of the potentially eligible program participants in Oklahoma have been reached with information.

There is need to expand the program to serve more low income persons in presently served areas, and to establish programs in new areas.

There is need to broaden the scope of the program so that paraprofessionals can serve as a liaison between the Food and nutrition and other program offerings.

By educating family members to the need for better nutrition, we can help to decrease the malnutrition existing among the poor of our State.

## SUPPLEMENTAL INFORMATION ON THE EXPANDED FOOD AND NUTRITION EDUCATION PROGRAM—SUBMITTED BY IRMA MANNING

## CHARACTERISTICS OF EXPANDED FOOD AND NUTRITION EDUCATION FAMILIES

*EFNEP families are young:*

Twenty-nine percent of the homemakers enrolled March 30, 1978, were under 24 years.

*EFNEP families are large:*

Enrolled EFNEP families average 4.5 persons per household, versus 3.3 persons for the total population.

*EFNEP families have low income:*

The average EFNEP family income as of March 31, 1978, was \$4,767.

*EFNEP families spend a large portion of their income for food:*

The average EFNEP family spent 32 percent of the family income for food in a 6-month period from October 1, 1977 through March 31, 1978.

*EFNEP families are often receiving government assistance:*

57 percent of EFNEP families participate in the food stamp program, and 32 percent receive money assistance.

*A high percent of EFNEP families are of a minority race:*

Approximately one-half of EFNEP families are of a minority race, minorities comprise about eleven percent of Oklahoma population.

*EFNEP homemakers have a low educational level:*

Thirty percent of the EFNEP homemakers have less than 8th grade education.

*EFNEP homemakers are more likely to be female heads of household:*

Thirty-five percent of enrolled EFNEP homemakers were heads of households (one county survey).

## DATA REGARDING THE EFNEP PROGRAM IN OKLAHOMA—MARCH 31, 1978

In Oklahoma, 102 aides are working with approximately 2,500 homemakers each month, in 13 counties.

During the past year, the aides reached about 10,000 homemakers in in-depth teaching.

Since the inception of the program, 24,000 homemakers have been enrolled, and an additional 35,000 have had some nutrition information provided by Extension Aides.

Over 14,000 youth have enrolled each year in nutrition education activities, such as small group nutrition clubs, day camps and workshops.

## PROGRESSION OF EXPANDED FOOD AND NUTRITION CLIENTELE

An important aspect of the Expanded Food and Nutrition Education program is the built-in evaluation system which guides the EFNEP Aide in progressing the homemaker through the program by:

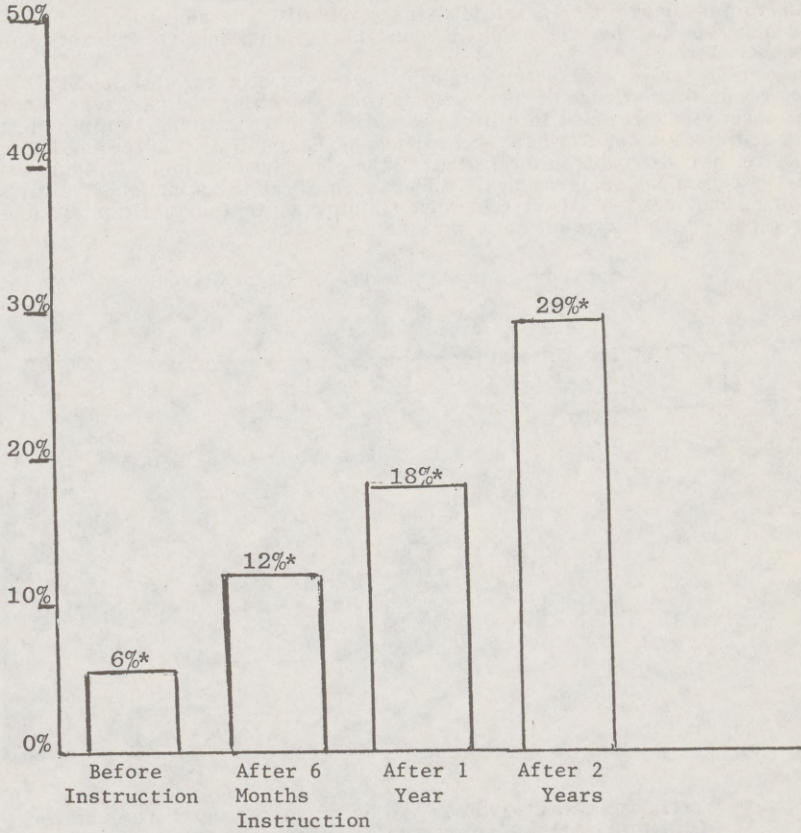
1. Establishing the nutrition situation of the homemaker as she enters the program.
2. Determining, with use of records of the homemaker's diet and observations of her food behavior, knowledge and skills the homemaker needs to acquire to achieve an adequate diet.
3. Using appropriate methods to teach information to the homemaker, individually and in groups.
4. Checking her situation at 6 month intervals and recording progress.
5. Re-structuring teaching in areas where progress is not made.
6. Encouraging the homemaker to join with neighbors in group meetings.
7. Graduating homemakers as soon as they achieve the established goals.

This process permits the aide to plan her teaching according to the individual needs and to allow the homemaker to see her own achievements when she has reached her nutrition goals. She is then encouraged to become involved in other learning opportunities. The aide is then free to assist new homemakers.

In the youth phase of the Expanded Food and Nutrition Education program, the aim is to first, involve youth from low income homes in group nutrition learning activities, then to progress them through a series of nutrition studies designed to increase their knowledge of their nutrition needs.

With assistance from volunteers, and through group experiences, they become exposed to other opportunities available in 4-H clubs and other youth groups.

IMPROVEMENT IN DIETS OF EFNEP HOMEMAKERS  
BY LENGTH OF TIME IN PROGRAM



\* Percent of homemakers obtaining a nutritionally adequate diet.  
(2 servings each of meat and milk, 4 servings each of bread -  
cereals and fruits - vegetables.)

## SIDE EFFECTS OF THE EXPANDED FOOD AND NUTRITION EDUCATION PROGRAM

As the aide teaches the homemaker, she encourages her to get together with her neighbors to learn by sharing ideas.

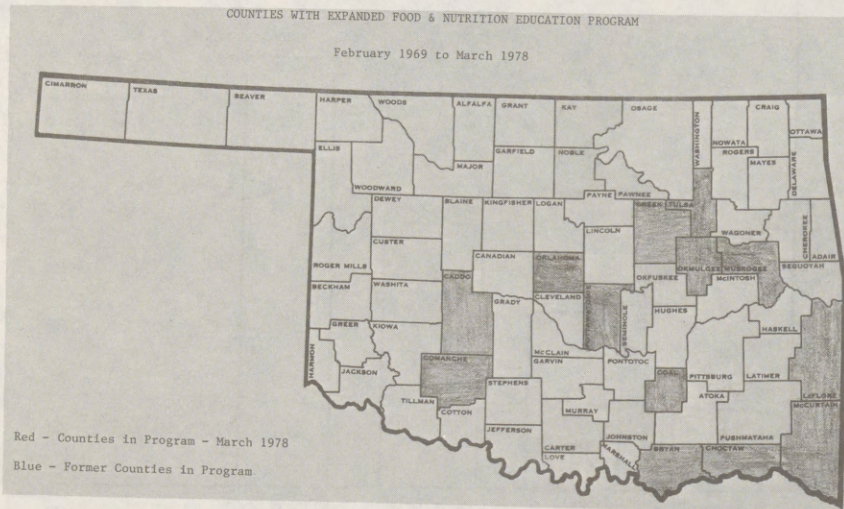
She also suggests the homemaker make use of facilities and programs available to her, such as assistance offered by the health and welfare departments.

Through the aide's encouragement, homemakers increase confidence in their own abilities, often find a ripple effect of increased initiative among family members and along with it, raised living standards. The aide encourages the homemaker to improve her skills through G.E.D. programs, vocational-technical school offerings, etc.

In a 1977 survey of homemakers who were formerly enrolled in EFNEP, Aides reported knowledge of these accomplishments within the past year: Four homemakers were enrolled in college; seven have taken training as a practical nurse or nurse's aide; five have secured jobs at Senior Nutrition feeding sites; five have received man power training; three received training through the CETA program including medical technician, medical transcriptionist, nurse's training; one received BIA receptionist training at an Indian Hospital; and one received on-the-job training at a local factory.

COUNTIES WITH EXPANDED FOOD &amp; NUTRITION EDUCATION PROGRAM

February 1969 to March 1978



## STORIES WRITTEN BY EXPANDED FOOD AND NUTRITION PROGRAM AIDES WITH OKLAHOMA STATE UNIVERSITY COOPERATIVE EXTENSION

*An aide reports her feelings and experiences as an EFNEP paraprofessional*

I have worked for Extension for 2 years. During training I met people from the college and made many new friends. I have also become acquainted with material available through the Extension office.

I did not realize there were people living so close to me that had so many problems just feeding and clothing their families.

My husband had just been laid off from a job with 13 years seniority. We had never been without work before. I was hired as an aide. During training I was surprised to learn that I had indeed been doing some things right. I had but one year in high school Home Economics, so had almost no nutritional knowledge—I did plan my menus and make grocery lists and I worked around the basic 4. I did not know why or even what a nutrient was. I still am very excited about all the things I have learned.

Now I am out working in the field. Some of my families do not have even a high school course in Home Economics to fall back on. They do not have cars or any hope of ever having enough money for their own homes. Most of the houses are in need of repair. I have been able to refer these people to other

communities resources . . . I am trying to emphasize the need for planning ahead so they will not run out of money and how to manage their food stamps. I work only in the area of food and nutrition, but I have gotten two homemakers to go back to school and obtain the G.E.D.

I have encouraged them to plant a garden and presented canning slides and demonstrations. I stress the need for making grocery lists and shopping at least as often as possible to lower food bill and not to buy on impulse, but to be flexible and take advantage of sales and specials. I have shown them the need for eating foods to obtain the nutrients they need to be healthy and feel better about themselves, and to clean up their homes and their kids. I can see some improvements as I work with families. The kids look forward to my coming; they know I care and want a better life for them too.

I have a family that has moved to New York, and she said the first thing she is going to do is look for an Extension Center, so she will know what foods are available and how to cook them.

*EFNEP aide's report of a family's progress*

I have worked three years in Foods and Nutrition Program. During this time I have become more aware of good nutrition and how it affects the way we feel and act. I have come to realize how little I really knew in Home Economics area.

I try to teach my homemakers the importance of good nutrition, meal planning, shopping and food safety. After we get to know our homemakers on an individual basis, they learn the importance of learning the right way. Some will say, "I just didn't know!" or "I am so glad you showed me how!"

I am proud of Leondra, a homemaker with just a 7th grade education. When I enrolled her, her husband had been on strike for over 4 months. With 3 children, things were getting very rough. We started with individual meetings and prepared Master Mix, pudding mix and most of the recipes we have for mixes. She became enthusiastic about how good they were and how much they saved in time and money. She started having neighbors and friends over and having small group meetings.

During this time she had a tubal operation through the Health Department, after 2 miscarriages. This was a big decision because her church and husband were against it. She comes from a family of 10 children and said she wants more for her children than she had and just can't feed, clothe, and educate any more.

Through planning and saving money they have had improvements in their housing condition by doing all the work themselves. She is a real good worker. Her kitchen is very modern, fixed with a lot of work and very little money.

She attended the canning slide course this year and said she was learning what she was doing wrong. She canned over 200 quarts of vegetables this year, so this was a big saving since the food was given to her by relatives and neighbors.

Leondra says what has helped her most is the Freezing Combination Dish Meals. The one, Beans and Sausage, has helped and saved the most. They always butcher their own meat and she always gave away the sausage. We prepared the Beans and Sausage recipe in a group meeting. They liked it so much that she made all the sausage into this recipe. By freezing it in meal portions she always has something on hand to feed her family without spending a lot of money running to the grocery store when she is in a hurry or when unexpected company comes in.

She served as a volunteer for a group of 7 children this past summer. She held and taught the entire meeting. I just furnished the information on nutrition.

Leondra is attending night school to get her G.E.D. now and I think she will complete this, so I hope I have helped in a small way for her to become the person she is today. She is serving as home-room mother for her daughter this year. After her 4 year old daughter is in school, she plans to go to work.

*EFNEP aide's account of progress of one homemaker*

When we try to evaluate our efforts to teach people about good nutrition, we not only see that their knowledge of nutrition is raised, but many times we see a change for the better in the personal life of the individual which will be of lasting benefit to that individual and society.

I'm thinking in particular of one Indian homemaker who is very young, not married and has two little boys, ages five and six now.

When I started working with this girl she was so shy and self conscious she could hardly talk. She did tell she didn't know how to cook many things because her mother died before she was old enough to learn food preparation.

Her need to learn to cook caused her to accept me. We worked regularly on food preparation. While the food cooked we would study about nutrition and talk about her other needs. After a while I talked her into going to adult education classes to try for her G.E.D. Going to these classes helped her overcome some of her shyness around people. I also took her to some group meetings and to our Advisory Meetings we have for our homemakers from time to time.

I was very proud of her interest when she made menus and ask if I'd check to see if they were having balanced meals, but most of all I'm pleased that she has pulled out of her shell and is doing things on her own. This summer she took a class that will help her toward getting a job, and even though I'm not working with her now, she calls me once in a while for information.

She takes more pride in how she and the children look now. She is trying to get her birth certificate and is interested in many things.

I'm very hopeful that she will go to work and get off welfare.

All this change has come about because someone from the Expanded Food and Nutrition Education Program contacted her and showed her that someone still cared for her and her children.

*An EFNEP aide reports how she helped a homemaker save on food expenses*

When I first approached this homemaker, my purpose was to sell her on the Expanded Foods and Nutrition Program. She thought it was a wonderful program. She was on welfare and explained to me that her food stamps just did not provide enough food to feed her four children for the month.

Since the food budget seemed to be her immediate need, I decided to tackle that subject first. My first thought was to take her on a comparison shopping trip. This was during the summer months so fresh produce were at their peak. We compared the cost of frozen and canned forms. We also visited a fruit stand to compare prices. She was surprised to see the variation in price.

During the summer she brought some produce in bulk. With the aid of OSU publications I showed her how to freeze. She froze okra, squash, greens, string beans and peaches. She also made some plum jelly and peach preserves.

I also gave her a lesson on less expensive cuts of meat and showed her she didn't have to buy the best. By buying cheaper cuts and using tenderizer and seasoning, and proper cooking methods she was able to bring out flavor and tenderness.

This homemaker was spending money on food after her food stamps were gone. A lot of this was going for junk food. In fact we added it up and on one of her visits to the store she had spent almost \$15.00 on snack type foods. This seemed to make her aware of some of her buying practices. With a desire to cut food costs and serve her family nutritious meals, she is now able to save about \$25.00 per month on her food bill.

I have also been able to involve the teenage daughter in our lessons on meal planning and food preparation.

This family feels they have profited from the Expanded Foods and Nutrition Program.

STATEMENT OF ELIZABETH B. HENSLER, R.D., DIRECTOR, NUTRITION DIVISION/  
WIC PROGRAM, OKLAHOMA STATE DEPARTMENT OF HEALTH

Senator Bellmon, Senator Leahy, first I would like to thank you for this opportunity to express our thoughts regarding WIC needs in Oklahoma. As Mrs. Ewing has stated, the benefits of WIC have been clearly demonstrated in the areas of Oklahoma participating in WIC. We now have approved funds for approximately 10,500 patients and anticipate reaching this caseload in June.

Because of limitation of FTE's (full time equivalent employees) as restricted by State Government, lack of start-up funds and lack of certainty of Federal funding, it has been necessary for us to build our caseload and expand slowly, using existing employees in local clinics.

Based on income factor alone, under poverty level, there are approximately 44,000 pregnant women, infants, and children 1 to 5 eligible for WIC services and approximately 132,000 individuals eligible under 195 percent of poverty in Oklahoma.

Based on experience from the first clinics entering the program, we have estimated that if funds permitted we could serve and would need funds for approximately 38,000 patients by October, 1979. This means we would be serving approximately 28 percent of those individuals under 195 percent poverty. On the basis of gradual growth, approximately nine million dollars per year would be needed to meet this need.

We do have some concerns with our ability to give adequate nutrition education with administrative cost as allowable. With the requirement for fiscal accountability, effective in July 1978, it is anticipated data processing will take about 15 to 20 percent of our allowable costs.

On the basis of food cost of approximately \$22 per month per patient, our allowable cost for administration services and materials and accountability is approximately \$5.50 per month. Our estimated and present costs are as follows:

Data Processing (estimated to fulfill accountability requirements effective in July)—88 cents per patient per month.

Indirect cost charged by health department—44 cents per patient per month.

Nutritional Assessment (primarily by nurses)—average of 88 cents per month, based on 19 minutes per patient each 6 months.

Clerical work in clinics for reception, voucher issuance, assistance to professionals, records and reports—approximately \$2 per patient per month—25 minutes per patient per month.

Central office salaries—including WIC Administrator who is also a nutritionist, one nutrition education nutritionist, accountant, clerical help, travel, supplies, printing, nutrition education materials, processing records, and necessary equipment—\$1.15 per patient per month.

Nutrition education by nurses—66 cents per patient per month based on 15 minutes per 6 months per patient.

This is a total of \$6.01 per patient, or 51 cents per patient more than our allotment. We have survived because our data processing costs have not been this high because requirements for accountability do not take effect until July and because five area nutritionists from other programs have assisted when possible.

We cannot continue to use nutritionists funded by other Federal programs indefinitely.

We request that allowance for services and administration be increased to 24 percent of the total grant which would allow us approximately \$6.61 per patient. This would allow coverage of present costs and increased employee costs, including salary increases, worker compensation, and retirement increases.

It would also allow us to hire additional nutritionists so we could have a full time nutritionist in four to six county areas, with one-half their costs being paid by Family Planning and other Maternal and Child Health programs. WIC would consume one-half or more of their time and be integrated into Maternal and Child Health Services.

Oklahoma, as all small states, has the additional burden of small caseloads in scattered areas. We are also faced with the fact that the counties who have the greatest need, also have the lowest tax millage income to support county health clinics, so they cannot afford extra outlay for WIC. One of the greatest attributes of WIC is the number of individuals entered into health care systems. These include increased immunizations, finding of VD in pregnant women, orthopedic problems, family planning services, and developmental problems. All these must be covered by local funds so it is imperative WIC carry its own weight.

Nutrition education must be an integral part of the program; however, we sincerely hope that methods of nutrition education—whether by group or individual teaching educational techniques—be left to each area and not be dictated by the Federal Government.

We believe that nutrition at-risk criteria should remain the criteria for WIC and that WIC be known as a nutrition and health program, not a Welfare program.

We believe in accountability for the monies, but please, no additional requirements for accountability that absorb so much of our money.

We believe in program evaluation, but please let us evaluate the program on change in nutritional and health status of the patient, and not on how many times how many individuals were in classes.

As one of our health education advocates has said—let's evaluate if the bird flew, not how many times he flapped his wings.

## RECOMMENDATIONS FOR WIC LEGISLATION

(1) Requirement for nutritional assessment of every individual wishing to participate in WIC services be retained.

(2) Nutrition at-risk be the criteria by which individual participates in WIC— income alone should not be sufficient criteria.

(3) Nutrition education counseling be an integral part of the WIC Program.

(4) WIC should be incorporated into the total health service and the nutritionist serve as a part of the health care team and serve as consultant to other members of the team, as well as give direct service.

(5) Supplemental foods should be prescribed within maximum allowance to meet individual patient needs.

(6) There should be ongoing and periodic evaluation of change in health status of patient. This should be the means of evaluating the WIC Program.

(7) Administrative funding for administrative assessment and nutrition education be increased to 24 percent of the total grant.

(8) That each state be allowed to initiate their nutrition education plan in accordance with their resources to meet needs of all clientele within their jurisdiction.

(9) That funding be made long enough in advance to allow for constructive long-term planning. This has been one of the major problems in WIC to date. If we knew approximate funding two or three years in advance, we could plan for more efficient use of funds to receive maximum benefits.

(10) That WIC continue to cover children who are nutritionally at risk until age 5.

We advocate the continuation of the WIC Program under the auspices of USDA, who has given us support and direction. We can assure you those administering the WIC Program will continue to give the best services possible with whatever funds are available and allowed.

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SUPPLEMENTAL INFORMATION SUBMITTED BY C. J. ROBERTS, ED. D., EXECUTIVE VICE PRESIDENT, OKLAHOMA FITNESS COUNCIL

## CONCEPT PAPER

*Introduction*

Considering the statistical prediction of more than one heart attack per minute this year, and that health care is so costly, the Oklahoma Industrial Recreation and Fitness Council developed a delivery system to address both problems and the health debilities associated with the general problem of sedentary living.

Originally, the Council focused on establishing fitness improvement programs for the industrial work force by promoting stress testing and a complementary fitness/dietary regimen. The demand for these programs in other sectors sparked the Council's evolution.

Today, as the Oklahoma Fitness Council, the feedback generated from the statewide communications network suggests that Council headquarters is physically too remote—it's not convenient to travel so far for testing and information; facilities are not available locally to effect the fitness regimens; the state Council is not able to respond to each community's needs, facilities, or potential; and programs should be made available to the underprivileged, handicapped, and the elderly.

*Objective*

To adapt the Council's industrial model to the fitness requirements of a community or metropolitan area by establishing a Community Fitness Center (hereafter referred to as CFC) to serve these needs.

*Ancillary goals*

1. Improve the total health of Oklahomans.
2. Make use of underused local facilities such as hospitals, schools, and community centers.
3. Stimulate economic growth within the community by providing jobs and training for youth, handicapped, and senior citizens.

*Method*

1. Organize local advisory council.
2. Recruit and train local coordinator.
3. Select CFC location. (In many instances this might be a local, partially used hospital and/or other community facility committed to health care.)
4. Staff CFC with youth, handicapped, senior citizens, volunteers.
5. Implement awareness campaign, educating people to the effects of lifestyle factors on health.
6. Schedule fitness testing.
7. Organize activities.
8. Monitor exercise and nutrition regimens.

*Procedure (3 phases)*

1. Expand Council Headquarters.
2. Establish CFC's with curriculum.
3. Acquire and operate a fully-equipped mobile fitness evaluation laboratory.

*Phase 1.*—The Oklahoma Fitness Council, now in its fourteenth month of existence, has brought together leaders from education, business, industry, government and civic organizations to discuss and analyze problems associated with accelerating health care costs. The Council has laid the preliminary ground work for this proposal by assessing the mounting interest in the local fitness center concept, and has learned that:

1. There exists a need for witness education and training, but in general, people are not willing to leave their own community to fulfill that need;

2. The Mobile Fitness Laboratory is necessary to achieve the overall objectives of the fitness program. It would offer smaller communities the high quality testing services available to residents of large cities such as Tulsa or Oklahoma City without the inconvenience of travel or the capital investment required for sophisticated testing equipment and professional personnel;

3. The Oklahoma Health Systems Agency, with the aid of federal tax dollars, has developed a functional plan to improve the health of Oklahomans. This proposal is the implementation of that plan.

4. The OFC will provide computer analysis of practical research reports from the data collected from this statewide network of CFC's to be used in the continuing training in the local centers.

(Further detail is provided in Appendix A.)

*Phase 2.*—(A) Establish CFC's, and (B) provide curriculum for Center staff.

A. The staff of the Oklahoma Fitness Council will interview such citizens as local business leaders, hospital administrators, school officials, and representatives of city government in approximately 40 counties. These same people will form the nucleus for the local fitness center advisory council. The interviews will reveal the needs of the community and suggest the location of the center.

Twenty cities will be selected to participate in the program. Local fitness center coordinators will be chosen and trained by the Oklahoma Fitness Council staff in cooperation with the local advisory council. A community Fitness Center will be formed with the assistance of the local advisory council and volunteers from the community. The coordinator will assist the group in developing an interface with the Council's Mobile Fitness Evaluation Laboratory, conducting educational programs, setting up exercise teams and providing health/nutritional information clinics.

As the local fitness council expands, teams of young people and senior citizens will be recruited on a part-time basis to work with the community organizations to further promote the goals of the Community Fitness Center.

B. The curriculum of the Community Fitness Centers will concentrate on four major areas: nutrition (diet and weight control); physical fitness (prescribed exercise); smoking/alcohol abuse, and stress. The basic concept is to involve individuals in their own programs of education, assessment, prescription, evaluation and desired behavioral change with the help and guidance of a local professional fitness coordinator and staff. (See Appendix B.)

*Phase 3.*—The Mobile Fitness Evaluation Laboratory is a semi-truck trailer pulled by a diesel tractor. The Lab will be equipped with two complete stress testing units, including treadmills, EKG units, and a physiograph. The mobile lab program will be staffed by a cardiologist, physiologist, nutritionist and behavioral psychologist to provide the consultation needed to support the Community Fitness Center. (See Appendix C.)

## APPENDIX A—EXPANSION OF OKLAHOMA FITNESS COUNCIL HEADQUARTERS

The Oklahoma Fitness Council, in operation since February, 1977, was chartered as a statewide program. Through its various activities, the Council has learned much about the health needs of Oklahomans and how to work cooperatively with other groups interested in the same goals. These discoveries, namely the need for better health, education and promotion, are in agreement with those stated by the Oklahoma Health Systems Agency in its report of November, 1977. In order to assist in the implementation of OSHA's plan to promote "optimum health through active motivation of the individual," the Oklahoma Fitness Council should be expanded.

The primary need is that of educating Oklahomans in how to stay well. This intrinsically involves proper nutrition and exercise. The best method of providing for this need is by establishing local fitness centers in various communities throughout the state to promote such programs. These fitness centers could be located in partially used public facilities such as hospitals, schools, etc. From an economic standpoint, this type of program is not feasible without some form of cost sharing system to train professionals for each community, to disseminate educational materials, and to provide expertise in the areas of nutrition, behavior modification, and exercise physiology. Such a cost sharing system will also enable small communities to make use of sophisticated fitness evaluation equipment in the form of a mobile fitness laboratory.

Expansion of the OFC will provide a unit through which a cost sharing program can be administered. The Council's staff of professionals, with its reputation and past performance, would be able to assemble the necessary components for successful local programs: organization and promotion; program development; staff training; evaluation; and analysis of data collected by the statewide network of local fitness centers.

## APPENDIX B

## I. Establishment of community fitness centers:

The staff of the Oklahoma Fitness Council will interview hospital administrators, school officials, and representatives of municipal governments in approximately 40 counties. These people will form the nuclei for local fitness center advisory councils. The interviews will reveal the needs of the community and the available local facilities. Twenty cities will be chosen in which to organize local fitness centers.

The Oklahoma Fitness Council staff will work with each citizen's advisory group to select a local professional fitness coordinator who is capable of assessing and concentrating the various community interests in order to organize effective fitness programs. Logically, the coordinator should be situated in the local city/county hospitals or other public service agency where a deep interest in such a program exists.

The first job of the physical fitness coordinator will be to organize the Community Fitness Center composed of citizens interested in fitness. He/she will assist the group in developing an interface with the state council's Mobile Fitness Laboratory, conducting educational programs, setting up exercise teams, and providing nutritional information clinics.

In addition, the coordinator will encourage the local council to take an interest in promoting recreation/fitness/nutrition programs among employee groups, the poor, the handicapped, the elderly, and youth.

Once the local fitness center becomes a functioning organization, this group, through the auspices of its coordinator, could promote recreation/fitness/nutrition among the disadvantaged of the community by using teams of youth and senior citizens to implement programs.

Counselors for youth and senior citizen services will be recruited from the community and employed on a part-time basis. Working under the direct supervision of the fitness coordinator and with the support of the Oklahoma Fitness Council, these counselors will recruit youth and senior citizen teams to fill pre-funded summer positions. Hopefully, these positions eventually will be available year-round. These "youth/senior citizen teams" will work with city recreation programs, day care centers, hospitals, senior citizen centers, YMCA's and YWCA's, handicapped, employee groups, churches and schools to promote proper habits of diet and exercise. This could have a profound impact on all involved.

II. The curriculum of the Community Fitness Center will concentrate on four major areas: physical fitness (prescribed exercise); nutrition (diet and weight control); clinical workshops on smoking and alcohol abuse; and stress.

The basic concept is to involve participants in a program of education, assessment, prescription, evaluation and behavioral change, with the help and guidance of a local professional fitness coordinator.

The Oklahoma Fitness Council will furnish local centers with relevant educational materials and appropriate instruments for assessing individual attitudes and recording pertinent data for computer analysis. The Council will solicit expertise and consultant services from Oklahoma higher education institutions, government agencies, business, industry, civic groups, and public service organizations. The Council will train each of the local CFC coordinators and assist in the training of volunteers and part-time staff.

Local facilities will be used to house these fitness programs. These facilities should accommodate the coordinators office, a reception room, an exercise room, a counseling office and a group session room.

#### *A. Physical Fitness*

Clients may determine their fitness levels by submitting to a stress test or fitness evaluation. These tests will be performed by the Mobile Fitness Laboratory which will visit each community periodically. The establishment of the Mobile Fitness Laboratory will eliminate the need for each center to purchase the expensive equipment required to perform these tests. After the results of the evaluations are received, clients will complete their own fitness prescriptions, again with the aid of a professional counselor. Regular visits to the Community Fitness Center will keep participants motivated and aid the Center staff in monitoring programs. Specific prescriptions will include exercises for muscle strength, body tone, flexibility and cardiovascular endurance.

#### *B. Nutrition*

Information will be provided to clients so that they may learn more about their own eating habits. Each participant will keep a diary to increase awareness of eating patterns and attitudes. After assessing their own dietary habits, clients will initiate changes with the help of the professional counselor. Additionally, group activities will be organized to promote commitment. When participants outline their own programs, they are more likely to carry them out. For diet and weight control to be successful, a thorough understanding of caloric input versus caloric output is essential. Consequently, nutrition counseling should be coupled with exercise prescription and group reinforcement.

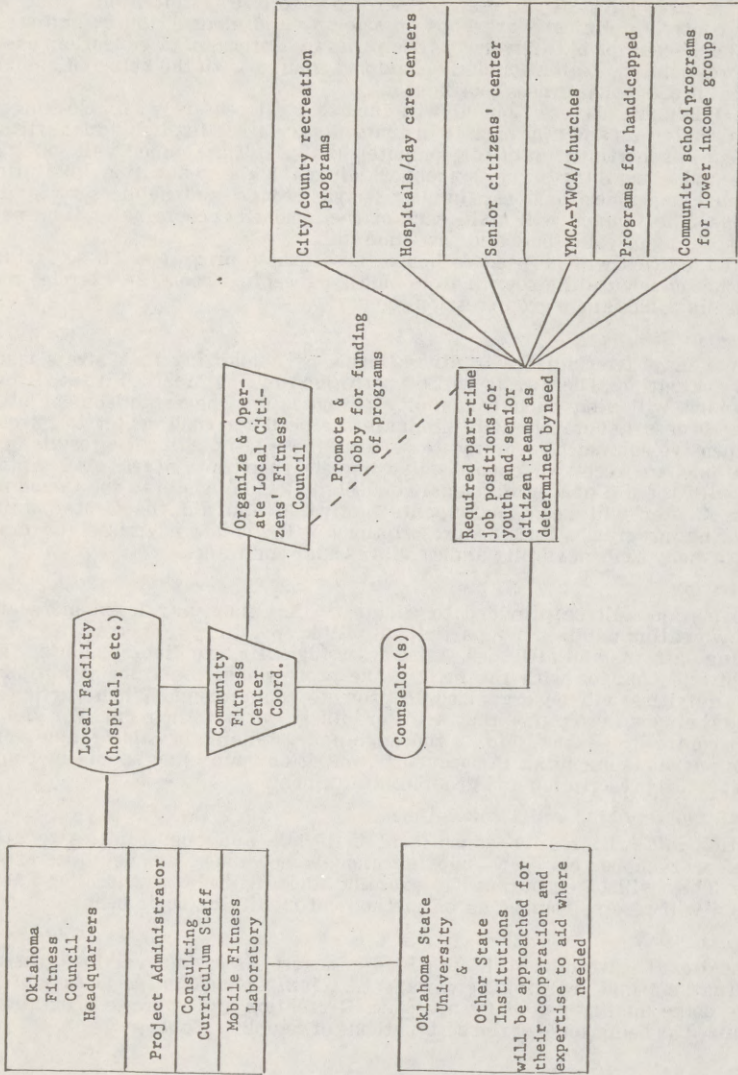
#### *C. Clinics on Smoking and Alcohol Abuse*

Participants will receive educational materials and opportunities to attend clinical workshops related to smoking and alcohol abuse, as their interests indicate. They will be encouraged to examine their attitudes toward these activities and will receive counseling on methods of modifying their behavior.

#### *D. Stress*

Educational material will be provided on stress, assessing reactions to stressful situations and learning new ways to relax. Counseling services will help clients make quality use of leisure time. Recreation and exercise programs are recognized as being some of the best methods of reducing stress.

A STATEWIDE COMMUNITY FITNESS CENTERS PROGRAM\*



\*Having screened and selected 20 experimental towns, the sequence of events represented by the flow chart will be the same in each town.

### *I. Purpose*

To make available to all parts of the state of Oklahoma sophisticated methods of fitness evaluation and nutrition and health information, making possible the development of quality fitness programs in the small communities of the state. The idea behind the mobile unit is to enable small communities to offer physical fitness programming without assuming a sizeable capital expenditure on an individual basis by incorporating a cost sharing program for the use of the mobile fitness laboratory.

### *II. Method*

To accommodate a statewide program, the mobile assessment laboratory will move from location to location, much as the TB mobile units once moved, to serve local units on a periodic basis. The fitness evaluation program will have three major components: (A) assessment, (B) programmed improvement, and (C) evaluation.

A. Assessment covers the necessary physical examinations, sophisticated stress tests, and nutrition evaluation to determine a person's overall fitness level. A diet and exercise regimen will be prescribed to help the person improve his/her physical condition.

B. Programmed improvement includes those individual and group techniques which will be organized to motivate the person to follow his/her improvement program. Local coordinators will be designated to monitor the progress of program participants and to organize individual and group events to encourage participation. Programs will be devised for special populations such as the handicapped, heart patients, lung patients, diabetics, geriatric groups, etc.

C. Evaluation will offer periodic assessment of the participant's progress and necessary alteration of his/her program. Evaluation data will be accumulated and computerized to provide a base for follow-up research and consequent program development.

The mobile lab will also house a health information center offering the most current literature in the areas of nutrition, exercise, and general health. Due to the cooperative nature of the program, the Oklahoma Fitness Council will have the ability to tap valuable statewide resources such as universities and public health agencies in order to assemble the highest quality literature to aid local programs. A network of this type also makes possible the rapid exchange of current health information between the various communities.

### *III. Organization*

The overall program will be promoted and operated under the auspices of the Oklahoma Fitness Council. A central office housing the executive vice president and his staff has been located on the campus of Oklahoma State University. This embryonic structure is supported by contributions from major state industries and Oklahoma State University.

Technical assistance is, at present, provided by the Department of Health, Physical Education and Leisure Services at Oklahoma State University. It anticipated, however, that an affiliation can be developed with additional Oklahoma professional organizations in the fitness field to provide increased consultative services and to expand mobile assessment services. Special programs will be designed for handicapped and elderly persons and the training of para-professionals to operate the programs.

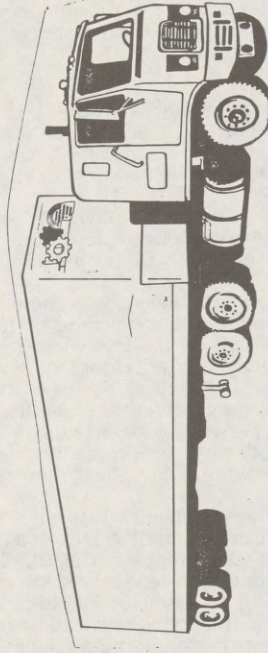
### *IV. Funding*

Funds to launch the statewide assessment programs, including the design and operation of the experimental mobile assessment laboratory, will be sought from federal, state and private sources. The lessons learned from establishing this initial statewide program will be incorporated into a model which could be replicated in other areas of the country. The model approach should be especially attractive to private state foundations.

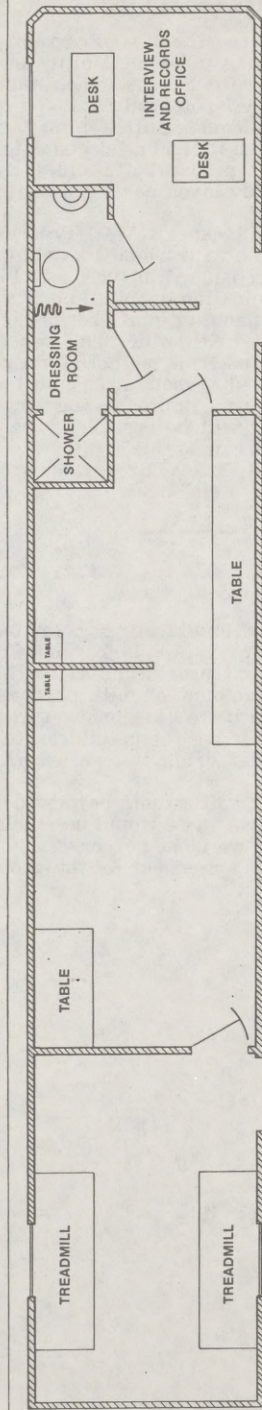
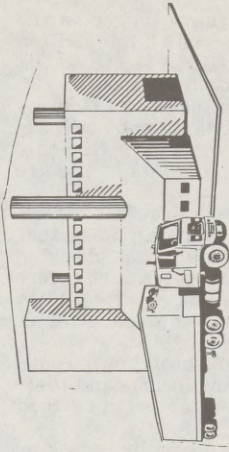
As each local unit is organized, annual dues can be charged to cover most of the operational needs of a local program. In addition, local units would have some fund raising capability through the marketing of fitness equipment and materials. Some on-going support to undergird the program and give it stability can also be provided by state agencies such as education, welfare, recreation and/or industrial development.

# **MOBILE FITNESS LABORATORY OUTREACH AND OPERATIONS:**

**Rapidly  
accelerates  
Oklahoma's  
fitness  
programs  
by pooling  
resources and  
expertise from Industry,  
Higher Education and Government.**



# ON LOCATION AT THE INDUSTRY



## Testing For:

- Weight analysis
  - Pulmonary function
  - Strength
  - Flexibility
- Reaction time
  - Heart rate
  - Electrocardiogram
  - Etc.

STATEMENT OF DENITIA HARRIS, R.D., THE CHICKASAW NATION TRIBAL  
OFFICE, ADA, OKLA.

Senator Bellmon, we really do need the WIC Program. I have taught on the college level for the past 15 years. In this time I have served on state nutrition committees and projects, worked with School Lunch and Title VII etc. I feel WIC to be the program with the best potential for doing long term good.

As you know the importance of adequate nutrition for the fetus cannot be over-emphasized. The future health of an individual depends to a large extent on the nutrition foundation established in prenatal life and early childhood. Not only is the foundation for a healthy body layed down but the food habits of life are established.

I have been working with the Chickasaw WIC Program to acquaint myself with the eating habits of the people with whom I would be working, I ask that the WIC recipients list all foods consumed in the past 24-hours. I was checking the 5th list before I found any indication of milk and it was on the 28th before I found any fruit or vegetables other than pinto beans, corn and potatoes. With adequate funds WIC is a program with which children can be given a better start nutritionally and help them and their mothers form good habits.

Mr. Bellmon all the malnourished persons aren't so because of low income. Please help further the WIC. If it isn't limited to the very low income and there is sufficient funds for education it will be possible to help establish good food habits for life. How many programs can do this?

As good as the School Lunch and Title VII programs are, this really is locking the barn door after the mule has been stolen.

Thank you.

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STATEMENT OF KATY PHELPS, WASHITA VALLEY COMMUNITY ACTION,  
ANADARKO, OKLA.

Senator Bellmon: We provide a breakfast program for children in four of our sponsored neighborhood centers in Anadarko and Chickasha.

The regulations say that we must provide milk for the children, which we do. When we are monitored, the amount of milk purchased is figured against the number of children served, and if we have not bought the correct amount of milk (even though we know that if we force children to take milk who don't want it, they pour it out and don't drink it) we are threatened with cut-off of the program, etc.

If the regulations were to read: "Milk must be provided to all of these children who want it," I feel that much waste would be eliminated.

Milk is the most expensive item we must purchase, and it is a crime to have to buy it and then watch it being poured out on the ground.